Global Migrations, Ethical Imperatives for Care, and Transcultural Nursing Research

Susan J. Henly

#WorldOnTheMove

All of the world’s 7.4 billion souls are affected, in some way, by the unprecedented human migration occurring everywhere. The United Nations (2016) estimated that, last year, 244 million people were international migrants living in a country other than where they were born, an uptick of 41% from 2000. Internal migration—change of residence within national borders—is difficult to index and compare across nations but is also high in many parts of the world (www.gpem.uq.edu.au/qcprrimage). Among those who migrated in 2015, 65.3 million were forcibly displaced, 21.3 million (including 5.2 million registered Palestinians) were refugees, and 10 million were stateless (www.unhcr.org/en-us/figures-at-a-glance). Globally, nurses are also on the move (Nichols, Davis, & Richardson, 2010).

This level of displacement is the highest in human history. Vast economic and political powers that can be difficult to comprehend are in force. That migrating individuals and families experience immediate and long-term health consequences placing major limits on physical, emotional, and social well-being is clear, however. Economic migrants face adaptations to new cultures. Asylum seekers and refugees face perilous journeys. Social media and the news show haunting and unforgettable images of danger—often ending in death—and entrapment in camps with little hope of moving to a place of safety. Those who reach a secure destination are challenged with resettlement in all spheres of their lives. The history of past migrations under coercion and duress teaches that social, economic, and health outcomes are long-lasting, affecting generations: Think about the Middle Passage of the slave trade, the Cherokee Trail of Tears, the Great Hunger of Ireland, and the Vietnamese “Boat People.”

The challenges for today’s host countries and healthcare systems in responding to the physical and emotional aspects of migrant health are staggering. Echoing Robertson and Hoffman (2014), “There is nursing work to be done to...more intentionally connect the human rights framework with the actions of nurses...to address the complex problems associated with displacement and resulting in health inequities.” The responsibilities of nurses are to promote health, prevent illness, restore health, and alleviate suffering while respecting human rights and the values, customs, and spiritual beliefs of those receiving care (International Council of Nurses, 2012). Effective and compassionate enactment of nursing for migrants in concordance with our codes of ethics depends on a knowledge base for practice that is sorely in need of development.

China is currently experiencing international and domestic migration related to massive economic expansion and urbanization. In this issue, Li, He, Luo, and Zhang (2016) describe the conflicts and challenges arising in hospital care attributed to cultural and linguistic differences between patients who are migrants and hospital staff, including nurses. Nurses within China are also migrating, creating similar issues when providing care to patients from the local area. Their research focuses on understanding the perceived transcultural self-efficacy of nurses; their hope is that findings can be used to design ongoing education to enhance transcultural self-efficacy of hospital nurses to improve nursing care for the increasingly diverse populations served by Chinese hospitals.

All human beings have the right to the highest attainable standard of health (www1.umn.edu/humanrts/gencomm/escgencom14.htm). Nurses have a critical role in supporting migrants to lay claim to that right. Transcultural nursing research focused on physical and emotional compromises to health of migrants and pathways to health equity is needed to inform nursing care. It is among the highest of priorities for nursing research.

REFERENCES


