

GUEST EDITORIAL

## **Nursing Scholarship in Global Health**

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In the call for papers for this Global Health issue of *CJNR*, we stated that “global health perspectives transcend the local (and national) level and target health issues and challenges at a more interdependent and world-wide level.” It is therefore fitting that Lisa Merry’s article, “Global Health for Nursing . . . and Nursing for Global Health,” be included. In her piece, Merry articulates what a meaningful definition of global health for nurses and nursing should encompass and suggests what nurses and nursing could contribute to global health. Advocacy for social justice, caring in the process of promoting healing and alleviating suffering, and enhancement of nursing capacity globally are her suggestions for nursing roles. This is an important article, as we need more clarity on what we as nurses can offer in our work to promote health equity for individuals and populations locally, nationally, and globally. We also need to voice our strengths and contributions to the larger interdisciplinary health and social science community in order to fulfil our potential as partners in health-care and health-system development.

Two important matters arose as we reviewed manuscripts. First, how should we as Canadians define or classify countries as belonging to particular groups? Second, what is the state of current nursing scholarship in global health? Each of these matters will be discussed briefly.

While these terms were not used, articles referred to countries in terms that in the past correlated with the First, Second, and Third worlds. Country classifications in the submitted manuscripts included developed/developing, industrialized/industrializing, North/South, and high/low/middle income. We have chosen to use the terms “high-income countries” (HICs) and “low-and-middle-income countries” (LMICs), as these are the terms that appear most accurate, are currently favoured by international agencies, and imply fewer value judgements than, in particular, “developed/developing.”

In selecting manuscripts for inclusion, we evaluated and re-evaluated what we wanted to achieve in this Global Health issue of *CJNR*. For example, it was interesting that many of the submissions were not based

on empirical or interpretive research but were, rather, discussion or literature review articles. Our vision of global health is broad, but we wanted depth and critique within each article that would move thinking about global health forward. Thus two articles offering critical analyses of existing studies and other literature appear in this issue. "Intimate Partner Violence: A Global Health Perspective," by Sepali Guruge, offers a sophisticated discussion of what is known about a worldwide phenomenon that nurses are well positioned to address. The concept of intersectionality is introduced and the connection to migration is highlighted. In the article "Tuberculosis and Common Mental Disorders: International Lessons for Canadian Immigrant Health," Amy Bender and colleagues review literature in order to better understand the synergies of tuberculosis, mental disorders, and underlying social conditions as they impact on the health of immigrants. TB and depression are recognized as significant causes of morbidity internationally, and both emanate from complex interactions of multiple social determinants of health. Nurses are at the forefront of primary health care in many parts of the world and are well positioned, both alone and in partnership with others, to make significant contributions through direct clinical practice; health worker and public education; program development, implementation, and evaluation; advocacy for health promoting policies; and research. Bender and colleagues synthesize the literature and draw attention to the strong connections between TB and depression and/or anxiety as co-morbidities, stigmatizing, and etiologically similar. Globalization contributes to the presence of co-morbidity through immigration and increased international travel, and these authors suggest that recognition of the potential for mental health disorder in the treatment of TB would improve health outcomes. Both of these articles are thought-provoking and could be useful in setting the context for innovative global health research projects and programs.

Fewer manuscripts emerged from completed research initiatives. In "Balancing Tensions in Anti-colonial Research: Lessons Learned by Collaborating With a Mining-Affected Indigenous Community," C. Susana Caxaj and colleagues report that over 75% of transnational mining companies are based in Canada. As Canadian nurses interested in global health, therefore, we should be concerned about environmental and other health risks in mining communities worldwide. Using a community-based research approach in a Guatemalan community, the authors studied the systematic impact that mining can have on the health of Indigenous communities and demonstrate that a community's resistance can be a resource for health promotion. Using an anti-colonial analysis lens, they were able to discern three central tensions in relation to community agency/community victimhood, common ground/distinct identities, and commitment to outcomes/awareness of limita-

tions. The theoretical perspectives introduced in this article reveal the inequity, vulnerability, and marginalization present in many Indigenous communities. The authors suggest ways to build meaningful and productive research relationships that do not further disempower such populations.

The articles submitted for consideration revealed a strong interest by academic nurses in community-based and participatory action research. The Happenings contribution in this issue, prepared by Solina Richter and Annali Botha, introduces comparative interdisciplinary research on homelessness in South Africa and Canada. Thus attention is drawn to another recognizably at-risk population, including the need to include multisectoral decision-makers, health- and social-care providers, and other stakeholders to address complex global health-equity issues.

In “Leaving the Philippines: Oral Histories of Nurses’ Transition to Canadian Nursing Practice,” Charlene Ronquillo uses oral histories to look at the experiences of nurses educated in the Philippines as they transition to a new health-care context in Canada. Themes include family settlement as a priority, discrepancies between expectations and actual experiences, the need to constantly prove oneself, and perceptions of racism. This article is timely and speaks to the work of Salimah Valiani in her book *Rethinking Unequal Exchange: The Global Integration of Nursing Labour Markets*, which is reviewed by Jordana Salma in this issue of the Journal.

In the Discourse contribution, “Global Health Research as Seen Through a Health-Systems Lens,” Nancy Edwards and colleagues highlight an important gap in global health research. The authors stress the importance of analyzing and comparing the sociopolitical context across settings and argue for the adoption of a health-system lens to enable researchers to explore issues within complex health systems. They suggest that a health-system orientation requires the strategic involvement of decision-makers and health-care providers on research teams. The authors conclude their Discourse piece with a critical, highly relevant, and thought-provoking question: Are we providing the next generation of nurse researchers with the skills required to make this paradigmatic shift in our approach to health research?

Collectively, the articles included in this issue of the Journal demonstrate the growing interest of nurses in global health research and the theoretical and methodological approaches commonly used in nursing research focused on health inequities. Edwards and colleagues challenge us to revisit our approach to research both as nurse researchers and as educators. As guest editors for this issue, we add a plea for recognition of the importance of interprofessional and interdisciplinary partnerships for increasing the sophistication and the comprehensiveness of our research. We also recognize the importance of contextualizing our research histor-

ically, theoretically, and socially. Global health research is complex both conceptually and methodologically. In differentiating global health from international health and public health, Koplan et al. (2009) make four points: global health has a focus on “issues that directly or indirectly affect health but that can transcend national boundaries” (p. 1994); addressing global health issues often requires global cooperation; both population and individual interventions are relevant; and interdisciplinary and multidisciplinary partnerships, including those beyond the health disciplines, are key.

As nurses, we need to make our voices heard and to have our current and potential research and practice contributions recognized. We need to become more politically sophisticated and contribute to policy development. There are challenges ahead. Our graduate programs should prepare nurses for leadership in health promotion and health-system research as well as for nursing research. We hope that this Global Health issue of *CJNR* moves us forward as partners in the search for health equity worldwide.

### References

- Koplan, K. P., Bond, C., Merson, M. H., Reddy, K. S., Rodriguez, M. H., Sewankambo, N. K., et al., for the Consortium of Universities for Global Health Executive Board. (2009). Towards a common definition of global health. *Lancet*, 373, 1993–1995.

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