



## The Role of Global Health Nurses in Addressing Health Disparities

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### Abstract

Understanding health disparities is crucial as today's world is interconnected. Health disparities refer to differences in the health status of different population groups. They are associated with a wide range of factors including social, economic, and racial/ethnic backgrounds. Understanding health disparities is a fundamental part of the discipline of global health. Health disparities undermine the achievement of any of the Sustainable Development Goals. Health disparities can exist between and within countries. Factors affecting health disparities can differ between and within countries. It is crucial for global health nurses to understand health disparities as they may be called upon to take action to address them. (Artiga et al., 2020)

Nurses around the world practice in diverse communities and have excellent insight into the unique strengths and requirements of the individuals and communities they serve. The five principles of public health nursing include community involvement, partnership working, protecting and promoting health, working with vulnerable groups, and equity. To achieve health equity, nurses must engage in advocacy, education, and community engagement to make a long-term difference in the health of a community. Given the interconnected nature of today's world, nurses everywhere are global nurses who must be able to recognize health disparities and advocate for health equity in their communities. (Nardi et al.2020)



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The role of the global health nurse in addressing health disparities combines patient advocacy, education, and community outreach. Many health disparities are linked to poor access to care, making it vital for nurses to work in all areas of the community they serve, particularly with patients and communities most at risk. A critical component of nursing is the relationship we build with our patients, which is why community outreach is important. Understanding the culture of a community and its population is crucial in teaching preventative care strategies and emphasizing the need for patients to take that extra step for themselves and their families to become advocates for their own health. Participation in education and community outreach can lead to the identification of issues with a patient or family member, allowing nurses to make a bigger difference in the prevention and treatment of health disparities. Identifying these issues sooner enables patients to receive the help and intervention they need, resulting in better long-term treatment outcomes. Often, disease management can be greatly impacted by earlier diagnosis and intervention. Furthermore, helping patients manage health disparities from multiple angles may allow them to engage in an increased quality of life despite their medical conditions.

A critical component of becoming aware of and understanding health disparities is identifying the populations and individuals who are greatly affected by them. Nurses can connect with patient populations and accomplish the goal of helping patients learn how to be empowered in their healthcare by advocating for it. Due to the nature of public health and the image of the nurse, we have increased connectivity in the areas we work and can conduct community outreach with patients and communities traditionally affected by poor access to healthcare and higher health disparities. This includes conducting clinician-led rounds with staff at a local free clinic that serves primarily uninsured and minority patients, and working with an after-school grant to assess the health education needs of teenagers as they complete a cooking class that empowers them to develop their own healthy meal planning, beginning at a low socioeconomic status. Additionally, we work with jail populations who have been released on parole or have sought services to assess their medical status as part of applying for assistance in secure living arrangements structured for re-entry parolees.

## **1. Introduction**

Belief in health justice for everyone seems to be nearly universal in all corners of our planet. Yet, we recognize that health disparities that systematically favor some members of our society over others occur everywhere. Internationally, one in three people lacks access to essential medicines. In many parts of the world, people earning the lowest wages receive the worst possible care because of economic, social, and gender disparities. Women are primarily affected by home-based violence, with up to 70% in some countries reporting to be victims. In Tanzania, 54% of current pregnancies are unintended. Once born, children in poverty are



the most likely to die before the age of five, mainly from preventable causes. However, children born into poverty in low- and middle-income countries have an 80% chance of survival at one year of age and a 60% chance at five years of age. Ethnic minorities worldwide suffer from early death and disability due to disparities that deny them access to basic human needs, including food, clean water, shelter, basic education, and health care. Why can't we establish justice, ensure domestic tranquility, and promote the general welfare of all citizens? (Wilkinson & Gathani, 2022)

Since most people will never have the privilege of reading our work, we decided to speak to the nurse either in the classroom through our classes or via this essay. Our focus in this essay is to discuss the roles of global health nurses in addressing health disparities and assisting vulnerable and marginalized populations in gaining access to culturally congruent and respectful healthcare. The essential knowledge and skills that a global health nursing professional should possess will be described. We hope to convince the reader that creating a more just world benefits all of us. The specific definitions of some concepts like health disparities, health inequities, and social determinants of health are analyzed, as well as research that demonstrates the worldwide impact of health disparities. Finally, we discuss responses to health disparities, underscoring a whole of society approach where all sectors and disciplines work together locally and globally to collectively address the social determinants of health. (Yoder et al., 2022)

## **2. Understanding Health Disparities**

A health disparity can be defined in numerous ways. At their core, health disparities are differences in health outcomes—disease outcomes, mortality rates, and disability rates—closely linked with social, economic, and environmental disadvantages. People or populations are unjustly disadvantaged, sometimes because of explicit systems or policies, leading to poor health outcomes and, often, the perpetuation of health disparities within families and communities. Health disparities are very complex and often involve a large number of factors such as race, ethnicity, age, and sexual orientation at a minimum, and often include many other factors as well. In addition, many people are disadvantaged because they are in more than one minority group that is not receiving equal treatment and protection under the law, including housing, employment, education, and health care. (Schillinger2020)

Health disparities may be demographic variable-based or geographic area aggregation-based. Demographic variable-based health disparities are differences in health outcomes related to age, sex, race, ethnicity, or socioeconomic status. Many health disparities are related to poverty, and as a result, racial and ethnic health disparities have been shown to represent almost all health disparity conditions and health care outcomes. Health disparity differences may also be based on where people live or other groupings that can be determined by individual characteristics, such as military status. The relative scale and scope distribution of



health disparities depend on the categories of variables that are used to define health disparities. Some disparities are based on attributes that transcend national boundaries; others are localized and can only be understood under the veil of a given social, economic, political, and cultural context. Even though not all individuals suffer from health disparities, all humans should be part of the solution, as the success of actions taken to address health disparities is likely to have broader health effects. Digging deeper into the root causes of disparity is the essence of why global health nursing addresses health disparities. Health status, vulnerabilities, and individual health outcomes are influenced by biological, behavioral, environmental, socioeconomic, and health system factors. These determinants are influenced by policies, laws, rules, programs, and social conditions. These, in turn, affect local, regional, and national health capacity and overall health system performance. (Lin, 2020)

## **2.1. Definition and Scope**

A health disparity is a particular type of health difference that is closely linked with social, economic, and environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, geographical location, or other characteristics historically linked to exclusion or discrimination. Health disparities result from social injustices, a lack of health equity, and unequal access to resources and opportunities to attain and lead healthy lives and are influenced by the complexity of intrinsic, modifiable, and environmental factors. This has led public health and nursing to define health within the dimensions of complex interactions of person, environment, and the broader determinants that include politics, culture, institutions, organizations, economics, social norms, and policies. (Harari & Lee, 2021)

Concepts related to health justice include underlying aspirations for social justice, such as the equitable distribution of social determinants of health, the presence of social policies that contribute to optimal health, participation by clients, nurses, and other healthcare professionals in plan development, and the availability of resources necessary to accomplish the plan and thus are central to the core competencies of public health nursing. Health disparities have an intrinsic intersection with nursing's commitment to social justice in considering populations of concern within public health nursing practice. It is essential that health disparities are defined clearly to guide intervention strategies. Indeed, nursing students learn that this is essential for effective community assessment, program planning, and policy development. Global health disparities exist when there are observable, avoidable differences between two or more populations; this definition lends itself to an appreciation for the complexity and the multidimensionality inherent to these issues. These disparities also



highlight the interplay or impact of these dynamics across larger populations, thereby informing national and global public health policies. (Hosseinzadegan et al.2021)

## **2.2. Global Health Disparities**

Health disparities have been shown to exist in every country across the globe. Below, different health disparities that persist globally are presented as a means of illustrating both the disparity in access to health and the effect that local, national, and global economics have on health. This serves as the basis for understanding what is discussed in the next section, which is the groups of people who experience these disparities. The health disparity will be presented with the focus on the people or population that experiences the disparity. However, it is recognized that these health disparities are unjust; the following sections will explore groups of nurses and midwives, both globally and transnationally, who strive to work for health equity, where these disparities cease to exist. (Bartley & Kelly-Irving, 2024)

Global health disparities are reflected in different ways. Fifty million women around the world have no access to obstetric care. The Islamic nations bordering the Arabian Gulf have the highest number of deaths from breast cancer per 100,000 women annually. Eighty percent of people living with HIV/AIDS worldwide are in sub-Saharan Africa, and there are fewer, and often no, providers and medications in these low-income countries to treat the increasing numbers of patients affected by HIV/AIDS. Not surprisingly, sub-Saharan Africa is home to two-thirds of the global HIV-positive children younger than 15 years. In other resource-poor African countries, there is one doctor to every 40,000 patients, compared to one doctor to every 100 patients in high-income countries. The reality of these disparities is reflected in the chapters to follow. Globally, 358,000 women die every year from complications related to pregnancy. (Bello et al., 2020)

## **3. The Impact of Health Disparities**

Health disparities and their far-reaching impact on individuals and communities across the globe have been well documented. These discrepancies often translate into lower quality of life and reduced life expectancies, increased chronic health conditions, increased disability, and decreased productive activity for healthier communities. Low economic and social standing, leading to increased stress and strain, often predict future health outcomes, with living situations worsening the longer such disparities persist. In reality, health disparities arising from social determinants like reduced education, low income, cultural diversity, social exclusion, and working or living environment issues place added strain on healthcare facilities. Discriminated against groups use more healthcare resources and services but have reduced access for contingency care. (Rigolon et al.2021)

Health disparities contribute to a cycle of poverty, as ill health for the adults of multicultural or diverse societies can result in reduction or termination of treatment for the overall family



economic services, such as childcare or eldercare, and reduce economic security. Both, in turn, may lead to loss of employment or a reduction in job quality. People living in poverty are greatly affected by several challenges and barriers, often born through social constructs and strengthened by economic disparities. The psychological effects from the above-described disparities add further burden. An employed and insured citizen from a discriminated against group may feel disenfranchised in any or every variety when these societal burdens are not adequately addressed. They may feel that they are working hard, but nothing ever seems to pay off. As time goes on, they may become more and more resentful, and trust toward political systems and healthcare systems can steadily be shown to erode. (Abramo et al., 2020)

#### **4. The Role of Global Health Nurses**

In addressing health disparities, major nursing organizations and public health leaders recognize the powerful role nurses play. Nurses have a long-standing commitment to caring for others while also speaking out against unfair health outcomes. Nurses are adept at identifying and analyzing disparities and use the language of public health to generate data and promote evidence-based strategies to promote health equity. In several countries, health inequities are addressed in the context of social justice, and nurses are recognized as authorities on and advocates for health and social justice, making it a natural responsibility. (Florell, 2021)

Global health nurses can no longer work solely as health managers; they must also fully engage with the world of policy to assure that they are able to fulfill their obligations as advocates for health and human well-being. Emphasizing the importance of nurse leaders and nurses' professional societies in supporting global leadership, individual psychiatric mental health nurses are identified as being successful and assertive when pursuing global and international policy. Beyond policy, nurses can act to influence health disparities on an individual, clinical level, stating that as they walk the community they can set up screenings, provide education, refer, and support inter-agency collaboration and interdisciplinary practices to enhance access and well-being. Beyond an individual level, interdisciplinary, organizationally based patients' rights or ethics committees often become advocates for community outreach, education, and health screening. Nurses make valuable contributions in assessment, committee work, outreach, and identifying local priorities. Additionally, community/public health workers in other professional fields collaborate with public health nurses worldwide to reduce health inequities through health promotion and prevention activities. (Anders, 2021)



## **4.1. Advocacy and Policy**

Advocacy and Policy in Global Health Despite its transformative potential, making a case for equity in global health is a struggle. However, nurses can, and should, play a large role in making it. In this section, I explore what that role can look like. I argue that it is not only necessary to go beyond volunteer work and immediate service to address the systemic barriers to equity. Embracing advocacy also means accepting and engaging in policy. Nurses have a variety of opportunities to influence policy on many levels, whether by applying to join working on more bilateral diplomacy-based policies, or through local governments, regional bodies, or international organizations. (Wakefield et al., 2021)

Recent years have seen a few victories for healthcare workers fighting for change. From 2004 to 2006, nurses and midwives joined churches and school boards to lobby the New Hampshire legislature to expand the Child Resilience Center of the Community Health Institute to four locations. The centers provide services regardless of income, insurance, or consent from having a legal guardian. One became a division of child psychiatry, and now the rest are part of the Division of Community Behavioral Health. Nurses from the global health field are in a particularly good position to write blogs and op-eds, teach, or give public seminars about health disparities. Most poor countries barely allow nurses to hold down jobs, let alone envision them as policy advisors. But the testimony and protest from poor places within reach of U.S. and international workers lie at the intersection of governing boards and clinic rooms. (Bastable, 2021)

As noted in 1990, any successful effort to reduce disparities must move beyond individual- and community-based solutions to address the structures of power and privilege, and their resultant policies that drive the patterns of health and disease. Nurses, who must run individual and community street-level-facing programs, meet with local council members every couple of weeks or each time they are held, will find this thinking and research essential to practice. When the powerful combine to manipulate the rules, nurses will need to organize with others in the streets and at the policy tables to stop them. Public health workers can hang signs and gowns on the curtain to let public health research into the rooms of governance. Findings and discussions with government and non-governmental entities, along with movement building, will be essential to integrating that thinking and research within the heavily tilted systems where global health nurses and their research can mean the most for the most people. (Simon et al., 2022)

## **4.2. Community Outreach and Education**

In order to begin addressing the nursing gap within global health and specifically provide an understanding of the various nursing roles that exist within global health, we interviewed 33 Canadian global health nurses. These nurses were engaged in global health work in a variety



of capacities and were employed in NGOs, academia, health care facilities, and overseas placements. Data was collected through one-on-one interviews and via email when in-person interviews with participants were geographically unfeasible. Transcripts were coded using open coding techniques to develop some of the nursing categories discussed below. Based on our work to develop eight categories of nursing practice that exist within the umbrella of global health work, and taking into consideration the messages of our respondents, we have written this Working Paper to provide an extensive overview of each of the nursing roles described by our participants. (Walton-Roberts, 2020)

It is essential that nurses provide interventions at the community level. Community outreach and education are major components of the practice of global health nursing and a major component of addressing health disparity, both in global health and in the United States. A community consists of, at a minimum, a group of individuals who have something in common. These communities can be defined broadly or narrowly. Reflecting on her work as a nurse who provides community outreach to homeless women, it is noted that the "community" changes depending on what issue they are working on. The community varies based on the issues, and they provide a variety of resources, including information, access for transportation, and court consultations. This empowers the "community" by addressing their basic needs. Nurses can work on community and global levels, both as part of a coalition as well as on the local and international level. (Schwerdtle et al.2020)

## **5. Challenges and Opportunities**

Several challenges confront all nurses, including those in global health, as they work to address health disparities. First, lifestyles and leading causes of death and disability can affect different populations due to regional exposures unique to certain areas in the world, a fact underscored by the cultivation of area-specific expertise of some nurses. Second, for nurses attempting to advance public health, resources can be a clear limitation. Addressing social determinants of health, in particular, could lead to change in nurses' roles, but as of yet, they do not possess the resources to definitively meet these challenges on behalf of the patients and populations they serve. Similarly, as nurses offering care directly in a culturally distinct region, the impoverishment of cultural competencies hinders the foundation of the nursing practice. Nurses are also expected to incorporate non-Western medical knowledge and beliefs into interventions in a way that is sensitive, respectful, and empathic, showcasing deep integration into the local culture. Other long-standing challenges could undoubtedly be amended. That education is needed in diverse forms emphasizes a practice reality that has a measure of subjectivity. Given the breadth of an entire population's needs and/or services in a given global placement site, education should be practical and tailored and maybe interdisciplinary, preparing nurses to work in complex systems. But it should also foster ethical reflection supporting both deliberate attention and spur-of-the-moment action



encompassing principles of nursing and advocacy for universal human rights. Indeed, interviews with global health nursing leaders reveal urgent and emerging issues that demand strategy innovation. The health impacts of climate change and internal displacement, for instance, are also felt by refugee-hosting communities. Thus, global health concerns are inherently supranational, transnational, and transcultural and thus require interdisciplinary solutions that draw upon the expertise within diverse fields. What is needed is adaptability, but this learning must also be ongoing. Global health nursing is characterized by improvised exploration, absorption, and translation. The same might well be said of this field's strategies. Both must be imbued with a high level of adaptability. We cannot rest on our laurels nor trust any one-of-a-kind model to successfully sustain our mission, but must continue to educate while remaining open to new global health challenges. (Holeman & Kane, 2020)

## **6. Conclusion**

In conclusion, health disparities are a complex issue that carry serious implications for the health status of individuals, their families, and the community as a whole. All nurses must understand what disparities are and the extent of their impact to start making necessary changes to enable the general public to live their best lives. Reduction of health disparities is a priority for the nation and the world. But what can nurses do? They can be advocates for change; they can be educators for all who come in contact with them; and they can start to reverse disparities one community at a time. Nurses working today have many individuals in their own country who are impacted by disparities. Being a truly global nurse is not just about what is witnessed in other countries. It is about how one can help diminish inequities in one's own community and country! This is what global health nurses should be doing. Addressing health disparities is a complex multifactorial issue and takes a multidisciplinary team approach to improve health outcomes. Collaborating with others is a strategy to work on creating health equity. This is a strategy that must be done; it cannot be optional. Working in the disaster-prone community following the wildfire reinforced that oftentimes nurses may be the health voice at the table to discuss the needs of a population. Addressing these needs will enhance the health outcomes of a community. Only when these individual issues are addressed can we truly begin to address global health disparities and work towards achieving equity. Nurses are strategic and must lead change to address social determinants of health and overall community health. The urgency is real and the opportunity is now. (Whitehead & Dahlgren, 2021)

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# Power System Technology

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