In 1993, while leading a medical team to the Dominican Republic, I had the privilege of visiting a local hospital. I was surprised to learn that hospitals in this country do not provide patients with things like medication, meals, or even basic care like bed baths. If patients are to receive medications, the family must purchase these and give them to the nurse who will administer them. If the patient is to eat, the family must bring the food to the patient. Basic care like bed baths are provided by the family. It was this experience that opened my eyes to the fact that nursing is practiced so differently around the world.

Approximately a decade later, I would attend an emergency nursing conference in Australia and was equally surprised when I asked one of the attendees the biggest challenge she faced as an emergency nurse in her country. I was told her greatest challenge was being able to find inpatient beds for ED patients so they didn’t have to hold patients. It was then that I realized that nurses face as many common challenges as they do differences in providing care across borders.

It is these observations of our international community, along with many others, that have driven me to pursue an international strategy within the Emergency Nurses Association in 2018. I recognize that for as many differences that exist in the delivery of nursing care around the world, there are as many similarities. It is hard to imagine how much we could gain from one another if we work together with our international colleagues to share knowledge and resources.

Although ENA has long identified itself as an international organization, we have often shied away from truly pursuing an international strategy. I believe part of that reason is that we have often viewed international work through a philanthropic lens, believing that a global strategy meant giving away our resources. Yet I have learned that the international community has as much to offer us as we have to offer them.

This became abundantly clear in 2008 when I joined an ENA TNCC dissemination team in Perth, Australia. It was there that we visited an emergency department and saw a life-size poster outside which read “Stop Staff Abuse – No Excuse” (Figure). Although workplace violence was coming to the forefront in the United States at that time, we had not taken

FIGURE
Workplace violence poster prominently hung at the entrance to Royal Perth Hospital in Perth, Australia. Reprinted with permission from Jean Proehl.
the issue on as aggressively on this side of the Pacific Ocean. It was obvious we had much to learn from our Australian counterparts about dealing with workplace violence.

I also believe ENA is rich with resources that we can share with the world. In 2014, I co-led the first ENA humanitarian medical team to Cambodia. As part of that trip, we visited a large University–based hospital in the capital city of Phnom Penh. We happened to arrive at approximately the same time the victim of a motorcycle crash arrived in the trauma resuscitation bay. The patient had an obvious femur fracture and his thigh was swollen maximally from blood loss. We watched for quite some time as this gentleman lay on the stretcher receiving minimal medical care. Oxygen was not applied, no intravenous line was initiated, vital signs were not measured, and no attempts at application of a traction splint were undertaken. It was obvious how much a TNCC course would benefit the care provided in this facility.

I look forward to all we can accomplish in 2018 to reach out to our international community, both to learn from them as well as share with them all that we know. As part of the commitment to our global strategy, you will find that the “International Nursing” section of the Journal of Emergency Nursing will appear in all issues throughout 2018. This is one of many ways we can highlight the incredible work of nurses not only here in our country but around the world.