

The Impact Of Nursing On Global Issues

Posted on August 27, 2021

1. Introduction

The word “vulnerable” is derived from Latin, which means wounded. The vulnerability of the population can be caused by plenty of reasons, but in this research paper, we will emphasize the population that is wounded by the sufficiency of nursing that leaves them handicapped in the perspective of their health (Shi & Stevens, 2010). On the other hand, “disparity” is defined as a difference by the Webster dictionary. It is a neutral idea and may look rational that different people have different health problems that need different quantities and types of care. For instance, young people are expected to be healthier than elder people. Similarly, football players have a greater probability of leg fractures than players who do not. The objective of this discussion on health disparities is not just to highlight the differences in health between different classes but to figure out the solution for these differences in order to achieve the third SDGs goal of the United Nation.

2. Global Issues Leading to Vulnerable Populations and Disparity

In the present world, substantial disparities can be observed in healthcare for vulnerable populations. Plenty of groups are considered vulnerable populations, including chronic health conditions, those economically disadvantaged, and those with ethnic and racial minorities (Frohlich & Potvin, 2008). Before moving forward, we need to discuss the major kinds of vulnerable populations in the healthcare sector around the world including in the United States. The health and healthcare problems of vulnerable populations may be intensified by social factors. After a keen evaluation of a plethora of medical literature, we find that there are five kinds of vulnerable populations in the world who are facing severe access to care, greater risk factors, and increased mortality and morbidity as compared to the common population. 1) Chronically disabled and ill, 2) Homeless and/or low-income groups, 3) certain geographical communities, 4) the very old and very young population, and 5) the LGBTQ population (Krahn et al., 2015).

Chronically ill and disabled people are documented as the most vulnerable population in the world. As compared to a healthy population, they consume more healthcare dollars. Another strand of literature claims that homeless and low-income individuals are more likely to have chronic disabilities and illnesses. As far as certain geographical communities are concerned, people living in rural areas frequently have worse healthcare as compared to other population groups. Similarly, The American Public Health Association is paying key attention to the climate change impact on vulnerable populations, which severely affects the very old and very young population class. Lastly but

importantly, due to the fear of facing discrimination, one out of five LGBTQ communities has evaded in search of medical care in the world.

2.1 Factors Responsible for Vulnerability of Population

As per the WHO official website, the biggest factors responsible for the vulnerable populations and disparity at the present time are climate change and air pollution. WHO-funded research finds that 9 out of 10 people all over the world breathe polluted air daily, which is the greatest environmental risk to health. The burning of fossil fuels is documented as a key determinant of air pollution and climate change. Population vulnerability to these dangers and so the threat of substantial influences differs by country, highlighting an imperative problem of health disparity, both across individual societies and globally, from a north-to-south perspective (Gee & Payne-Sturges, 2004).

The global health system is facing multiple health challenges. This sector has reached a crucial time period on the subject of human resources. A key factor responsible for the vulnerability of a population in terms of healthcare is the sufficient capacity of the health workforce. A lack of qualified nursing staff has been recognized as an important barrier to eliminating the population health vulnerabilities of the world. The 40-million-job estimate is a historical projection rather than a current workforce count. WHO currently projects a global health-workforce shortfall of about 11 million workers by 2030, while its nursing and midwifery fact sheet estimates shortages of 4.5 million nurses and 0.31 million midwives by 2030. Noncommunicable diseases, including cardiovascular disease, cancer, chronic respiratory disease and diabetes, account for roughly three-quarters of global deaths. Key factors boosting these diseases include air pollution, unhealthy diets, use of alcohol, physical inactivity, and tobacco use. Similarly, the fragile and vulnerable setting is also recognized as a factor in increasing the size of the vulnerable population. Almost 25% population of our planet lives in places where weak health services and protracted crises leave them without access to primary healthcare.

Antimicrobial resistance is another prominent threat to population vulnerability. The greatest successes of modern medicine include the development of antimalarial, antivirals, and antibiotics. But these medicines are running out in the world. The ability of fungi, viruses, parasites, and bacteria (antimicrobial resistance) to resist these drugs is another threat that takes us back to the periods when we were unable to treat infections. Moreover, weak primary healthcare is another factor responsible for the vulnerable populations and disparity at the present time. The majority of the countries around the world do not have an adequate primary healthcare system. Key reasons may be the unavailability of financial resources and the lack of educated people in the healthcare departments. In addition, despite the availability, vaccine hesitancy is another serious threat that can reverse all advancements made in improving global health-related vulnerability (Woolf & Braveman, 2011).

Healthcare professionals can play a significant role in coping with these problems, for instance, speaking out to protect vulnerable populations, pushing for a speedy accomplishment of the UN SDGs

goals, forcing political leadership, promoting improved energy efficiency and renewable energy sources, and framing climate change as a key public health issue. Historically, nurse practitioners have played a key role in caring the vulnerable populations, including the working poor, immigrants, and uninsured people. Healthcare of these vulnerable populations needs a particular skill set for the most favourable helpfulness. Literature shows that nurse practitioners' skill development is essential in caring for these populations.

3. Sustainable Development Goals

The Sustainable Development Goals (SDGs) is a pool of seventeen universal goals proposed by the United Nations in 2015 to improve the global living standards of people with sustainability. Being part of UN Resolution 70/1, these goals are anticipated to be accomplished by all 191 UN member countries by the year 2030. The majority of the goals are mutually dependent and each has pre-defined targets that are measured with related indicators. For the purpose of brevity and easy trackability, updated data on these goals has been made accessible in simple, understandable language. Researchers have designed plenty of tools to visualize and track the advancement of a particular country towards a particular goal. The paper in hand revolves around the third SDGs goal titled "Good health and well-being for people" which makes sure healthy lives and encourages well-being for all of all ages. Figure 1 describes all UN SDG goals in a concise way (Hák et al., 2016; Xiao, 2018; Dossey et al., 2019).



Figure 1: United Nations SDGs Goals for 2030

3.1 My part as a Nurse in upholding the SDGs Goals

Nurses, through the careers they have picked, make sacrifices day in and day out to help others. We are often overly involved as caring people, giving, kind-hearted role models and angles. So how much more we can do to uphold the SDGs goals is an important subject for discussion. United Nations provides key importance to health in SDGs goals where the third goal "Ensure healthy lives and promote well-being for all ages" exclusively belongs to it.

As one of the matchless health professionals and being part of the biggest percentage of health professional teams, nurses have the built-in responsibility to participate in the United Nations mission to implement the SDGs goals around the globe. Our work has a wide-reaching impression on executing the SGD goals because we provide a range of services and work in a wide variety of conditions. Being a nurse, I understand well-being, hygiene, and health and also have the knowledge of gender importance in the health sector. I also have information about the most vulnerable population concerning illnesses, and facts about non-communicable and communicable diseases. So, I can play a key part in implementing the majority of SDG goals (Dossey et al., 2019).

3.2 Future Responsibilities as a Nurse Involving Ethical Norms in Healthcare

The medical world without the nursing department is nearly terrible to imagine. Everywhere we turn, nurses are there for patients from all walks of life to provide services. They work in different environments, for instance, businesses, churches, schools, hospitals, and wellness clinics. As nurses are on the frontline of healthcare service delivery, we are in a solid place to help the world achieve SDGs goals in numerous ways. As in other professions, nursing has its own distinctive ethical norms which outline the responsibilities of nurses during medical practice. We are accountable for providing quality services to our patients/clients. We are unquestionably challenged with numerous ethical norms in our professional practice, so we should know the ethical codes of conduct which are fundamentals for the ethical decision-making process (Rosa, 2017).

One of my dynamic goals as a Nurse is to eradicate health disparities in my country and play an active part in lowering the vulnerable population size in terms of healthcare. I have categorized my future responsibilities as a nurse into four parts: 1) Respect for others, 2) Commitment to the patient, 3) Honesty and Self-Integrity, and 4) Professional responsibilities. Being a nurse, my key responsibility would be to respect the value and dignity of my colleagues and patients. Irrespective of medical conditions or personal attributes, I will treat all persons equally. My second ethical responsibility as a nurse would be to work with the patient to provide healthcare that enables his/her social, emotional, and physical well-being. My other ethical responsibility is to maintain self-integrity and be honest with colleagues and patients. According to medical literature, nursing also has a number of ethical responsibilities from the perspective of the nursing profession. I will always try to improve both the conditions of employment and the healthcare environment to maximize the delivery of quality healthcare services.

References

- Dossey, B. M., Rosa, W. E., & Beck, D. M. (2019). Nursing and the Sustainable Development Goals: From Nightingale to now. *AJN The American Journal of Nursing*, 119(5), 44-49.
- Frohlich, K. L., & Potvin, L. (2008). Transcending the known in public health practice: the inequality paradox: the population approach and vulnerable populations. *American journal of public health*, 98(2), 216-221.
- Gee, G. C., & Payne-Sturges, D. C. (2004). Environmental health disparities: a framework integrating psychosocial and environmental concepts. *Environmental health perspectives*, 112(17), 1645-1653.
- Hák, T., Janoušková, S., & Moldan, B. (2016). Sustainable Development Goals: A need for relevant indicators. *Ecological Indicators*, 60, 565-573.

Krahn, G. L., Walker, D. K., & Correa-De-Araujo, R. (2015). Persons with disabilities as an unrecognized health disparity population. *American journal of public health, 105*(S2), S198-S206.

Rosa, W. (Ed.). (2017). *A new era in global health: Nursing and the United Nations 2030 Agenda for Sustainable Development*. Springer Publishing Company.

Woolf, S. H., & Braveman, P. (2011). Where health disparities begin: the role of social and economic determinants—and why current policies may make matters worse. *Health Affairs, 30*(10), 1852-1859.

World Health Organization. (2016). *World health statistics 2016: Monitoring health for the SDGs sustainable development goals*. World Health Organization.

Xiao, L. D. (2018). Fostering international collaboration to achieve the Sustainable Development Goals by mobilizing resources—My experience in the World Health Organization Nursing and Midwife Scholar Programme. *International nursing review, 65*(1), 5-7.

Shi, L., & Stevens, G. (2010). *Vulnerable populations in the United States* (Vol. 23). John Wiley & Sons.