Ethical Principles and Guidelines of Global Health Nursing Practice

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ABSTRACT

Background: Nurses are among the many U.S. health professionals engaged in international learning or service experiences and often travel to low-resource countries lacking guidance for ethical practice, respect for host partners, or collaborative work in different health systems.
Purpose: The aim of this study is to develop evidence-based principles or guidelines for ethical global health nursing practice.
Methods: A three-round Delphi study was conducted. Global health nurse experts participated in Round 1 focus group, followed by nurses with global health expertise ranking global health nursing statements in Rounds 2 and 3.
Discussion: Findings led to 10 Ethical Principles for Global Health Nursing Practice and 30 statements for Ethical Guidelines in Global Health Nursing. These Ten principles address beneficence, nonmaleficence, dignity, respect, autonomy, social justice, and professional practice. The 30 guidelines offer more specific actions nurses must consider when working in global settings.
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The number of U.S. health professionals engaged in international learning or service experiences has grown exponentially (Crump, Sugarman, & WEIGHT, 2010; Kulbok, Mitchell, Glick, & Greiner, 2012; Lasker et al., 2018). Healthcare students and professionals from high-income countries (HICs) (see Table 1) seeking global health opportunities frequently travel to low- and middle-income countries (LMICs) where they may be unintentionally creating a burden on the host communities and clinics they hoped to help (Crump et al., 2010; Lasker, 2016; Melby et al., 2016). Community members of LMICs who receive North American

volunteers note the benefit of the goods that volunteers bring (O'Sullivan & Smaller, 2016), the relationships that are made, and the opportunity to learn about each partners' respective country (Reynolds & Gasparini, 2016). Nurses have made equitable relationships and sustainable programs central to their practice. However, face-to-face contact when immersed in an international placement creates a different set of concerns for nursing practice. Issues such as engagement with international partners, provision of supplies, adherence to host country regulations and licensure, and participation in sustainable programs

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Table 1 – World Bank 2018 Country Income Level Classification	
Country Classification	Gross National Income per Person
Low-income country (LIC)	$0−1,005/person
Lower middle-income country	$1,006−3,955/person
Upper middle-income country	$3,956−12,235/person
Low- and middle-income countries (LMICs)	$0−12,235/person
High-income country (HIC)	$12,236 or more/person

World Health Organization (WHO) member states are represented in four economic groups based on the World Bank's annual classification. This classification relies on gross national income (GNI) per capita and it is reported in U.S. dollars. WHO groups these classifications into low- and middle-income countries (LMICs), which includes all countries designated as low-, lower middle-, and upper middle-income countries. This standard classification method is used in global health to benchmark country's development related to healthcare infrastructure, services that are available, and citizens' educational attainment.

World Bank. (2018). Word Bank country lending groups: Country classification. Retrieved from https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups

World Health Organization: Health statistics and information systems. Retrieved from http://www.who.int/healthinfo/global_burden_disease/definition_regions/en/

within a different culture offer unique ethical challenges for visiting and host country nurses. These issues are also a concern for nurses and nursing students traveling abroad for global health experiences (Levi, 2009). The aim of this study was to identify specific ethical principles for nurses studying and practicing in international settings to address these concerns.

As participation and commitment to global health nursing builds both within countries and across international borders, the need for ethical principles to guide the nursing profession in global health nursing practice has become imperative. The absence of ethical guidelines that specifically focus upon ethical global health nursing practice across cultural and international borders limits the selection of a theoretical framework for the study. However, equity, partnership, and competency perspectives for global health providers (Farmer, Kim, Kleinman, & Basilico, 2013; Leffers & Mitchell, 2010; Upvall & Leffers, 2018; Wilson et al., 2012) suggest that those with global health expertise and ethics background (Crigger, 2008) can assist health professionals in building frameworks to achieve ethical practice. Consequently, these theoretical perspectives from the literature led to the selection of the Delphi method to ascertain the informed judgment of a large pool of nurses with global health expertise to address ethical practice.

Literature Review

Much of the literature related to global health nursing practice describes the implementation of global health into nursing curricula (Okatch, Sowicz, Teng, Ramogola-Masire, & Buttenheim, 2018; Parcellus & Baernholt, 2014; Riner & Phillips, 2018), international nursing experiences (Kulbok et al., 2012), reviews of specific areas of global health nursing (Hunter et al., 2013; Joyce et al., 2017), and a review of global health research ethics (Brisbois & Plamondon, 2018). There are two studies that provide evidence for preparation and best practice in global health nursing. Wilson et al. (2012) described global health competencies for nursing in the Americas. Nurse educators from the United States, Mexico, and Brazil were surveyed to establish a list of global health nursing competencies (Wilson et al., 2012). These competencies include demonstrating "an understanding of cultural and ethical issues in working with disadvantaged populations" (Wilson et al., 2012, p. 216). Leffers and Mitchell (2010) developed the conceptual model for partnership and sustainability in global health recently revised by Upvall and Leffers (2018). These models describe the nurses' roles in developing equitable partnerships in a host country or setting to work together to build sustainable interventions that lead to host project ownership. The models support bidirectional partnership that is placed in the context of each partner's history and politics of the visiting and host partners. However, neither the competencies nor the conceptual models offer specifics that define ethically competent global health nursing practice.

Other health providers have considered guidelines and ethical practices in global health. North American physicians and health systems report that short-term medical experiences in global health (STEGHs) should provide care that is delivered with cultural humility, with collaborative and bidirectional relationships with host partners, and care that is sustainable and builds the capacity of the host population (Catholic Health Association, 2015, DeCamp, 2011; Lasker et al., 2018; Melby et al., 2016). Health providers participating in global health experiences must use safe clinical judgment and have appropriate training and skills to deliver care (Catholic Health Association, 2015). Additionally, STEGHs should provide social value, be subject to ethical review (DeCamp, 2011), and provide appropriate preparation and training of the providers (Catholic Health Association, 2015; Lasker et al., 2018).

The need for ethical principles in global health nursing has been noted in the literature (Crigger, 2008; Crigger, Brannigan, & Baird, 2006). Discussions surrounding global health nursing ethics focus on examining Western practices and worldviews when immersed in a different culture (Crigger et al., 2006),

interacting in a collaborative manner (Hunter et al., 2013), nursing student photography at international sites (Maltby, 2017), and stating the need for nurses to understand ethical issues (Wilson et al., 2012). The Working Group on Ethics Guidelines for Global Health Training (WEIGHT) (Crump et al., 2010) developed a consensus-based list of ethical practices that cover pre-departure training, communication, and partner relationships. This provided general guidelines for all disciplines engaged in global health activities but does not address unique ethical issues in nursing practice. Additionally, organizations such as the Catholic Health Association of the United States, Operation Smile, and Unite for Sight offer ethical guidelines for health clinicians participating in international service. There has also been consideration as to whether ethical principles of global health nursing would be different from ethical principles for nurses working within their own borders (Crigger et al., 2006). Hamadani, Sacirgic, and McCarthy (2009) argue, however, that global health is a specialty and therefore requires a unique set of ethical practice guidelines.

Nurses engage in global health endeavors both within and across international borders often crossing cultural or linguistic boundaries to practice in settings that differ from their own. To develop principles or standards, it is necessary to include and systematically validate a variety of perspectives from nurses across nations. The research question is: What are the ethical principles and guidelines for nurses practicing in global health settings to guide best practice in global health nursing?

Methods

Design

The Delphi method was used to ascertain key principles and guidelines of ethical global health practice. This method is an iterative research process of several rounds of participant, or panelist, engagement to gain agreement among a group of experts on a topic that has not been previously studied (Helmer, 1967; Hsu & Sandford, 2007; Kenney, Hasson, & McKenna, 2001; Polit & Beck, 2012). Unless survey items such as competencies already exist, Delphi uses qualitative methods to initially elicit and analyze experts' judgments on a specific topic and then relies on quantitative methods to rank and analyze those opinions (Hsu & Sandford, 2007), thus providing a reliable expert perspective of a particular topic. Panelists in a Delphi study are specifically selected for their expertise in the area under examination (Hsu & Sandford, 2007). This is an acceptable research method in nursing and allied health professions to find expert agreement when setting research priorities (Brenner et al., 2014; Spies, Gray, Opollo, & Mbalinda, 2015) and developing

educational guidelines for international placements (Pechak & Black, 2014).

We used the definition offered by Upvall, Leffers, and Mitchell (2014) to define global health as a borderless endeavor to address health needs by delivering nursing interventions through "individual- and/or population-centered care addressing social determinants of health with a spirit of cultural humility, deliberation, and reflection on true partnership with communities and other healthcare providers" (p. 6). From this definition and the literature, we defined global health nurse as a nurse who reaches beyond local boundaries to address health needs and deliver ethical, evidence-based, holistic interventions to individuals, families, and populations with consideration of cultural humility, equitable partnerships, and within the context of political, economic, and historical environments.

Round 1: Qualitative Focus Group Approach

The study protocol was approved by the investigators' institutional review boards. The study consisted of three rounds of data collection. In Round 1, we employed a focus group qualitative approach to construct survey items because currently no ethical guidelines specific to global health nursing practice exist. Nineteen nurses who met the criteria of global health expert were contacted via email to participate in a Skype focus group interview. Ten global health nurse experts were able to participate in the expert panel to ascertain the key features of ethical principles of global health nursing practice. Global health nurse experts were identified by the investigators as nurses who have demonstrated significant leadership in global health nursing through nursing practice or scholarship. Their leadership was recognized if they served in executive positions in organizations that represent global health nursing, published in global health nursing literature, practiced in a nursing leadership position internationally, and were identified as an international nursing leader. The focus group interview enabled the panel of experts to identify and to discuss key components to be considered in the development of the items for the survey in Rounds 2 and 3 (Morrison-Beedy, Cote-Arsenault, & Feinstein, 2001).

The nurse expert focus group participants suggested that the ICN Code of Ethics (ICN, 2012) be used to frame the statements that emerged from the analysis in order to address the limitation of global perspectives posed by the focus group sample.

Two of the researchers analyzed the focus group transcript for codes relevant to ethical nursing practice. Once the codes were identified, they were compared with the ICN Code of Ethics statements and a relationship between the codes and some of the ICN ethical statements was noted. An example of the relationship between the ICN Code of Ethics and the focus group findings was the global health nurse experts' discussion about supporting equity and resources necessary for host country nurse partners to provide safe

care for nurses delivering chemotherapy in low-income settings and the ICN statement of the nurse advocating "for equality and social justice in resource allocation, access to health care and other social and economic services" (ICN, 2012, p. 2).

Next, the codes were clustered into thematic categories in order to develop the statements for the survey. Once the themes were identified, they were compared with themes and statements related to ethical nursing practice from a search of the literature. Additionally, the ICN Code of Ethics (ICN, 2012) was compared to the themes from the focus group interview for congruence of potential survey statements and expansion of the initial statement list. As a result, some highly relevant statements from the ICN Code of Ethics were included in the list of statements to be validated for global health ethical practice. The final statements developed from the focus group interview, the literature, and the ICN Code of Ethics were then returned to the expert panelists for confirmation. Eight panelists responded to the statement selection.

Rounds 2 and 3: Quantitative Approach Using E-Survey

Rounds 2 and 3 employed an online survey of nurses using SurveyMonkey for those with global health nursing expertise to rank the statements developed from the expert panel in Round 1. Nurses with global health expertise (Rounds 2 and 3) were defined by the investigators as nurses who had participated in international nursing experiences, had a minimum of 3 years affiliation with an international global health project (from an education, practice, or research perspective), and self-identified as having global health nursing expertise. Round 2 and 3 participants were recruited via online invitation through nursing and health organizations that have a global focus. Those organizations included American Public Health Association, Public Health Nursing and International Health Sections; Association of Community Nurse Educators; Catholic Health Association—International Outreach; Global Health Delivery Online; Global Health Nursing and Midwifery Community; Global Nursing Caucus; Global Alliance of Nursing and Midwifery (GANM); and Sigma Theta Tau International. Each organization gave permission for use of their Listserv for outreach. Approximately 30 other recognized global health nursing experts were contacted via email outreach. Snowball sampling was encouraged for survey participation to gain input from the greatest number of nurses with global health nursing expertise. The survey responses were anonymous. Consequently, we were not able to know if the participant was recruited from their organization email, a personal email, or snowball sampling.

Each statement was ranked on a seven-point Likert scale with 1 rated as "not important," 4 rated as "moderately important," and 7 rated as "highly important." A seven-point scale was used because seven points have been found to more accurately evaluate a participant's response on electronic surveys (Finstad, 2010). One hundred fifty-three nurses with global health expertise responded in Round 2 and 128 nurses completed Round 3 surveys. Although some authors suggest that Delphi samples be limited in number (Hsu & Sanford, 2007), the decision to seek as broad a sample as possible was based upon the goal of gaining greater international participation and perspectives through organizations with a strong global presence. As the Delphi approach adapts to the use of the Internet to reach a wider number of experts, the concern is less about the number of participants and more about enlisting enough participants to ensure appropriate representation (Rowe & Wright, 2011).

Findings

The analysis of the expert panel focus group indicated that the North American global health nurse experts incorporated the broad ethical principles of beneficence, nonmaleficence, dignity, respect, autonomy, and social justice into global nursing and discussed their specific concerns for violations of these principles. In the focus group discussion, the topics ranged from broad concerns for frameworks such as the Sustainable Development Goals to specific concerns for nurse behaviors that could violate broad ethical principles. For example, statements from the focus group transcript that indicated concerns for nurses who practice beyond their home country scope of practice while in international settings reflect the importance of respect within global health nursing practice and were identified as a theme of respect. Another example of both dignity and respect emerged in conversations about culture, the impact of colonialism, and power differentials within a global health partnership. The Round 1 focus group discussion strongly emphasized the importance of striving to achieve bilateral and mutual partnerships. The principle of nonmaleficence was operationalized through discussions about the number of health brigades that bring donations of medications and other supplies that frequently are not labeled in the host country language, or regulated by the host country. Discussion of the use of photography and imaging shared through social media reflected further concerns about patient privacy.

Analysis of Rounds 2 and 3 included individual content validity index (I-CVI) of each survey item and confirmation by an investigator from a LIC. According to Polit and Beck's (2006) criteria, a statement that rated an I-CVI of 0.78 or higher by participants was retained. Therefore, the investigators retained statements that were rated 0.78 or higher at the "highly important" rankings of 7 on the Likert scale. Additionally, each investigator reviewed the statements, and those

statements that were reported as highly important to the global health nurse expert focus group were also retained. Round 1 produced 131 statements to describe ethical global health nursing. The Round 2 I-CVI analysis greatly reduced the number of statements to 53 and these statements were ranked by nurses with global health expertise in the Round 3 survey. Following Round 3 analysis, the statements of ethical principles of global health nursing practice were sent to the panel of experts for validation. The Round 1 panel of global health nursing experts agreed with the findings.

Following Round 2 and 3 analysis, 40 statements were retained to describe the ethical principles of global health nursing practice. Further analysis by the investigators yielded 10 principle statements to guide ethical global health nursing practice (Table 2) and 30 statements that can serve as practice guidelines to support ethical nursing practice (Table 3). The principles reflect the broad perspective of ethical global health nursing practice of social justice, equality, respect, professionalism, and collaboration with international partners that was described by the panel of global health nurse experts in Round 1. The guidelines are more specific actions for nurses engaged in global health practice. The guidelines can be used for U.S. nurses, nursing faculty, and nursing students as they participate across international borders on short-term medical missions, service learning experiences, educational exchanges, or consultations in LMICs. Examples of the guidelines are "the global health nurse ensures personal safety and the safety of others" and "the global health nurse assures that appropriate approvals, registrations, or licensure is obtained in order to practice nursing across international borders." The practice guidelines are divided into general global health ethical professional practice and then specific topical areas related to global health nursing

of preparation, donations, nursing practice, and evidence-based practice in global health nursing.

Discussion and Recommendations

The results of this Delphi study led to the selection of the 10 Ethical Principles for Global Health Nursing Practice and the 30 statements for Ethical Guidelines in Global Health Nursing. Round 1 of this study with global health nurse experts highlighted that North American nurse involvement in international settings showed ethical concerns for privacy, respect, lack of bidirectionality in the work, violation of nursing regulations, and donations of medications leading to the development of broader ethical principles for global health nursing. These concerns were supported in Rounds 2 and 3 with participants rating statements related to the same factors as the focus group as "highly important."

The 10 Ethical Principles for Global Health Nursing Practice (Table 2) were supported by previous work of North American physicians and health systems (Catholic Health Association, 2015, DeCamp, 2011; Lasker et al., 2018; Melby et al., 2016). Like other health provider colleagues, the ethical principles for nursing also support cultural humility; bidirectional, collaborative relationships with host partners; sustainable practices; and capacity building with the host partners. Five of the statements for the Ethical Principles for Global Health Nursing Practice are from ICN Code of Ethics (ICN, 2012), which was drawn from a broader international nursing consensus on these principles. These principles can guide ethical global health practice, education, and research for nurses from HICs. However, all principles would need to be validated by

Table 2 – Ethical Principles of Global Health Nursing Practice
1. The global health nurse promotes an environment in which the human rights, dignity, values, customs, and spiritual beliefs of the individual, family, and community are respected. (0.90)
2. The global health nurse advocates for equality and social justice in resource allocation, access to health care and other social and economic services (ICN, 2012). (0.76)
3. The global health nurse demonstrates professional values such as respectfulness, responsiveness, compassion, trustworthiness, and integrity (ICN, 2012). (0.92)
4. The global health nurse values diversity of opinion, beliefs, culture, and perspectives. (0.88)
5. The global health nurse consistently maintains standards of personal conduct, which reflect well on the profession and enhance its image and public confidence (ICN, 2012). (0.77)
6. The global health nurse strives to foster and maintain a practice culture promoting ethical behavior and open dialogue (ICN, 2012). (0.77)
7. The global health nurse must demonstrate responsibility and accountability for nursing practice and for maintaining competence by continual learning (ICN, 2012). (0.79)
8. The global health nurse strives to promote safe working conditions for nurses globally. (0.74*)
9. The global health nurse sustains a collaborative and respectful relationship with coworkers in nursing and other fields (ICN, 2012). (0.81)
10. The global health nurse works in partnership with host country nurses, groups, and governmental and nongovernmental organizations. (0.79)

 * Indicates the ethical principle was indicated important by the panel of global health nurse experts. Numbers in the parentheses indicate the I-CVI value.

Table 3 – Ethical Guidelines for Global Health Nursing Practice

Professional Practice
1. The global health nurse consistently acts in a professional manner. (0.92)
2. The global health nurse responds according to the scope and standards of nursing practice including the nursing code of ethics (ICN, ANA, and host country). (0.79)
3. The global health nurse will follow the principles of nonmaleficence of first do no harm to promote safe and healthy healthcare environments. (0.89)
4. The global health nurse will maintain ethical standards for personal conduct with people in all global health settings. (0.89)
5. The global health nurse is committed to personal and professional growth in maintaining and enhancing competencies in clinical, education, research, and/or administrative practice. (0.75)*
6. The global health nurse maintains professional, respectful, and caring relationships/interactions characterized by integrity, honesty, and transparency when dealing with international patients, colleagues, and communities. (0.91)
7. The global health nurse will ensure that he/she maintains health and culturally appropriate behavior in regard to communication, dress, judicious use of alcohol, medication, and other substances and will follow safe sexual practices. (0.81)
8. The global health nurse will ensure personal safety and the safety of others while participating in travel associated with nursing practice in international settings. (0.80)
9. The global health nurse respects the economic and resource status of host country populations in his/her communication and use of material resources while in global health settings. (0.69)*
10. The global health nurse will uphold ethical standards for the nurse and those to whom care is delegated to ensure patient safety and quality of care. (0.87)
11. The global health nurse holds in confidence personal information and uses judgment in sharing this information (ICN, 2012) within the cultural norms of the setting. (0.82)
12. The global health nurse will adhere to ethical guidelines for informed consent for patients who agree to nursing assessments and treatments with emphasis on "do no harm." (0.82)
13. The global health nurse will ensure that the use of technology such as shared Internet sites, social media, regarding photographic images, and audio and video recordings adheres to informed consent, privacy, dignity, and the rights of people. (0.82)
14. The global health nurse will adhere to ethical guidelines for informed consent and protection of human subjects for research that is consistent with the regulations of the home country and institution and national regulations of the host setting. (0.89)

Preparation for Global Health Nursing Practice
1. The global health nurse will prepare to visit an international setting by learning about the history, politics, culture, health, and economic system in that country. (0.72)*
2. The global health nurse will be knowledgeable about ethical standards of practice in the host setting. (0.72)*

Donations in a Global Health Setting
1. The global health nurse is mindful of sustainability and environmental concerns of donations and provision of supplies to international partners and strives to develop solutions with international partners to meet the needs of the community. (0.75)*

Global Health Nursing Practice
1. The global health nurse ensures that appropriate approvals, registration, or licensure is obtained in order to practice nursing across international borders (0.76)*
2. The global health nurse will strive to practice at the highest standard of nursing care within the limitations of resources, training, and adequate staffing. (0.83)
3. The global health nurse respects the culture of the people in the host setting. (0.88)
4. The global health nurse will engage in shared dialogue with nurses from the host setting to deepen understanding of local practice and professional issues. (0.76)*
5. The global health nurse is honest and transparent when communicating with international patients and communities. (0.83)
6. The global health nurse will collaborate with nurses and health professional in the host setting to identify community priorities/needs and cultural practices that may impact health and healthcare delivery in the host setting. (0.81)
7. The global health nurse will strive to develop sustainable host country partnerships with emphasis on mutual trust, respect, integrity, transparency, and commitment. (0.81)
8. The global health nurse will ensure that he/she maintains health and culturally appropriate behavior in regard to communication, dress, judicious use of alcohol, medication, and other substances and will follow safe sexual practices. (0.81)
9. The global health nurse will ensure personal safety and the safety of others while participating in travel associated with nursing practice in international settings. (0.80)
10. The global health nurse will uphold ethical standards for the nurse and those to whom care is delegated to ensure patient safety and quality of care. (0.87)

Evidence-Based Global Health Nursing Practice
1. The global health nurse will ensure the protection of vulnerable populations in global nursing research and the application of stringent ethical principles related to the conduct of research. (0.91)
2. The global health nurse will meet ethical research standards of the host country regulatory authorities. (0.88)
3. The global health nurse will collaborate with host country nurse to advance their knowledge and skill to conduct nursing research and to use research evidence in practice. (0.77)*

* Indicates the guideline was noted as important by the panel of global health nurse experts. Numbers in the parentheses indicate the I-CVI value.

further research that represents broader international nursing perspectives. Additionally, our findings supported commonly stated ethics of the nursing profession: beneficence, nonmaleficence, social justice, autonomy, dignity, and human rights, as well as themes of nursing practice: professional behavior and public image, lifelong learning, and responsibility and accountability for nursing practice (American Nurses Association, 2015; ICN, 2012).

The 30 guidelines for ethical global health nursing practice build on the 10 ethical principles and further support nurses' professional practice regarding preparation for global nursing experiences and travel, and delivery of nursing care including confidentiality, resources, and cross-cultural nursing practice. The guidelines offer more specific direction to global health nursing actions regarding respect, privacy, and appropriate donations; use of technology and social media; required host country approvals and licensure; and global health nurses' host country collaboration that are consistent with the literature (Catholic Health Association, 2015; Crump et al., 2010; Leffers & Plotnick, 2011). These guidelines also offer important direction to the novice global health nurse, organizations that participate in global health nursing, and nurse educators who teach future global health nurses appropriate actions in international settings. Only one of the 30 guideline statements is from the ICN Code of Ethics (ICN, 2012). This would be expected as the guidelines are more specific to nursing practice and not broad ethical statements. The 30 guidelines for ethical global health nursing practice support Hamadani et al.'s (2009) view of the need for specific set of ethical practice guidelines because global health is a unique specialty.

There are limitations to the study due to the focus group sample; English survey responses; access to the Internet; diversity of cultural perspectives, professional status, resource availability, and health systems globally; lack of interprofessional focus, as well as consistency of item meanings; and respondent fatigue. The concerns for ethical practice that led to the initial focus group work were not intended to represent the views of nurses globally without input from a broader audience. However, the logistics and cost of hosting focus groups with nurses from settings throughout the world prohibited a wider sample of nurses to begin this work. In an attempt to broaden the sample to increase diversity, perspectives, and participation, the survey was distributed to a global audience to widen the representation of global health nurses to this process.

In this research, we recognized that most participants were from HICs, with 79% of the respondents in Round 3 from the United States or Canada. Despite this limitation, we also recognized that the global health ethics concerns that have been observed were by nurses from HICs participating in global health experiences in LMICs. Additionally, one of the investigators was from Kenya and had worked with U.S. organizations that come to support health programs in Kenya. She was able to provide a valuable lens of a host country partner in data analysis.

Foremost for the limited perspective offered by North American nurses was the diversity of cultural perspective and shared meaning of survey items. Despite the extensive North American nurses' experience in global health settings, and mandates for cultural competency (Douglas et al., 2014), the survey construction and ranking resulted primarily from the work of the North American nurses. Another limitation follows from this. We define global health nursing as within country and across international borders (Upvall et al., 2014). However, the operational meaning of global health work within one's country for the North American nurses can differ significantly from that of nurses in other countries and communities.

Furthermore, some survey respondents noted the potential for response fatigue due to the large number of statements in Round 2 of the survey. This might have impacted validity of the data but decisions for item inclusion were based upon the similarities between statements that arose from the focus group and some from the ICN Code of Ethics. We chose to include both in order to measure how well the statement captured its ethical meaning. As noted in the methods section, consensus was built for the final 40 statements that are the Ethical Principles and Guidelines for Global Health Nursing.

Finally, the work focused solely upon principles specific for nursing practice without integration of what has been published in other health disciplines. Past efforts to address ethics for global health (Crigger, 2008; Crump et al., 2010; Levi, 2009; Suchdev, Ahrens, & Click, 2007) began the ethical dialogue for healthcare professionals from HICs who worked in LMIC settings in educational or service roles. Recent publications provide guiding principles for international activities, guidelines for short-term global mission trips, and guidelines for short-term global activities (Catholic Health Association, 2015; Lasker et al., 2018; Melby et al., 2016). None of these publications speak specifically about nursing activities in global health settings. The *Ethical Principles and Guidelines for Global Health Nursing Practice* offer a significant beginning for nursing science to examine the unique elements of global health ethics for nursing practice and for nurses internationally to advance the framework.

Conclusion

The Delphi methodology enabled the inclusion of 128 nurses with expertise in global health settings to develop the *Ethical Principles and Guidelines for Global Health Nursing*. Our findings offer a framework for ethical practice to support best nursing practices in global health settings. This framework can support global health nursing practice, teaching, and research activities to address best practice and to address power imbalances when partnering in a global setting. The 10 principles address beneficence, nonmaleficence,

dignity, respect, autonomy, social justice, and professional practice into their responses but discussed their specific concerns for violations of these principles. The 30 guidelines offer more specific actions nurses must consider when working in global settings. We recommend that the study be replicated in other global settings both in HICs and in LMICs to better understand the perspectives of nurses across the globe. Second, we recommend studies to help articulate commonalities and differences in global health nursing within one's own country to clarify a definition of global health nursing.

Finally, this study has policy implications to advance ethical guidance for nursing education, research, and practice at the institutional and regulatory levels. For example, sending universities or organizations can adopt the global health nursing ethical principles and guidelines in education and practice when working with international partners. At the regulatory level, educational accrediting bodies such as Commission on Collegiate Nursing Education (CCNE) and professional organizations such as the American Nurses Association and other ICN member organizations can support policies that hold global health nurses accountable to assure licensure for nurses working and teaching across international boundaries. Additionally, global health nurses must adhere to and support national policies related to licensure, practice, partnerships, and donations across international borders. Nurse researchers can investigate the impact of policy changes related to ethical medical supply donations or equitable global partnerships. The *Ethical Principles and Guidelines for Global Health Nursing Practice* offer a starting point to address growing global health nurse engagement, practice, education, and research in establishing best practices of global health nursing.

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Supplementary materials

Supplementary material associated with this article can be found in the online version at doi:10.1016/j.outlook.2018.06.013.

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