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EDITORIAL

TALENTED CARING NURSES ARE NEEDED IN A GLOBAL WORLD

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Nursing professional practice has been strongly impacted by the increase of global affairs and the appeals for international exchanges arisen by globalization. Moreover, in the last decades, nursing scholars, graduate and undergraduate students from different continents and countries have been involved in joined research projects, knowledge exchange, and capacity building projects that concurrently contribute to the enrichment of knowledge transference, public good, and the achievement of the corporate university project. Besides to the aforementioned initiatives, one also observes an intense demand for nurses in developing countries divulged in the media[1] that may stimulate Brazilian nurses' migration, following a tendency that has been observed in North America and Europe in recent years.[2]

The possibility of deepening those initiatives, as well as the opportunity of practicing in a foreign country is undoubtedly invaluable. They not only contribute for one's professional and personal growth, but also for enhancing scholarship, health care and nursing education, particularly when articulated to knowledge transfer and exchange projects. However, to deepening these experiences and produce consequent long-term outcomes, it is important to surpass the preliminary stages.

Beyond of language barriers and logistic issues, the achievement of a collaboration that transcends formal agreements, and effectively contribute to transform professional practices, demands a genuine interest in looking at and getting involved with an universe that initially may be overseen, misinterpreted or stereotyped. Classical anthropology has taught a lot about the importance of immersion and participant observation in order to enhance our knowledge of the other's universe, but sometimes we seem to forget or underestimate their lessons. Indeed, there are not recipes or formulae that can be rigidly applied for overcoming initial assumptions, stereotypes or idealizations that surround international relations, but definitely they need to be tackled if one wants truly engage in prolific collaborations.

My experience as a faculty member, who have had the opportunity of teaching and developing scholarship with nursing colleagues and students prior in Brazil, and currently in Canada, grounds my belief that international collaboration and engaged critical thinking may make a difference in the improvement of care received by our patients. Specially when associated to a

genuine, diligent commitment with knowing another's context international exchange may be conducive not only to the production of relevant knowledge, but also to the transformation and enhancement of health care and nursing care delivery. Based on this assumption I would like to share some of my observations with readers.

In the case of Brazilian and Canadian nurses, the results of such collaborations are promising and may become extremely rewarding for those interested in looking inside our societies and getting involved with their betterment. Beyond the first impressions and stereotypes, there are much more challenges, commonalities, and shared desires than one could initially suspect.

In a first glance, Brazil and Canada have some similarities that facilitate these cultural exchanges and professional collaborations. Both countries have a large territory composed by regional natural diversities and a multicultural societal organization. Both Brazil and Canada had been colonized, and populated by migratory waves throughout their history, and these immigrants have strongly contributed to shape the multicultural diversity that characterizes these countries societal organization. Both countries belong to G20, the highest income countries in the world. While Canada's total population was about 34, 480,000, Brazil's total population was about 196, 700,000 in 2011[3]. Still according to the World Bank data, in 2011, Brazil presented a Gross Distribution Product (GDP) of US$ 2477 trillion, while Canada's GDP was about 1736 trillion. However, while in Brazil the poverty ratio at national poverty line was of 21.4% as announced by the World Bank, Canada displayed a rate of 9.6 per cent, according to Statistics Canada data.

The existence of a public funded health care system is another commonality between Brazil and Canada. Nevertheless, while Brazil has further advanced in the strengthening of a Primary Health Care network and has a massive offer of services in this level of the system, Canada's health care system is still predominantly run in acute hospital settings and emergency departments. In spite of the existence of community health care units, home care, and health promotions policies, the intense use of high technology and hospital services increase amazingly the spending with health, which create significant problems of accessibility.

The constantly emphasized shortage of health care professionals, particularly nurses and family physicians has contributed even more for inequities in terms of access to health care, due to the long wait times and the lack of an integrated system and primary health care delivery, e.g. Family doctors, also called general practitioners are the only professionals responsible for admitting and discharging patients in the hospitals even despite of the existence of the category of Nurse Practitioners in certain Canadian provinces, who are suppose to complement the physicians work and take care of patients with chronic disease or healthy individuals (adults, children and seniors).

In contrast to the 287.119 nurses registered in 2010, who constitute approximately 18% of the total nursing workforce (1, 449, 583), also composed by nursing technicians and nursing assistants in Brazil, there were 287,344 registered nurses (RNs) compounding Canada's workforce, in which the advanced nursing practitioners, designated as nurse practitioners (NPs) were included in 2010.[4] It is interesting to notice that from the total, 23,076, that is 8.6%, are educated internationally nurses.

After this first glimpse, however, one observes that more differences than similarities make up the nursing practice developed in these countries united through international cooperation agreements since 2011.

In Canada, the threat of nursing shortage seems a chronic issue[5] and the presence of nurses in the list of skilled workers needed in the country is an important indicator of such need.

Although in Brazil there is not properly a shortage of nurses, there is a proportion of 1.5

professional per 1000 inhabitants, ratio that is slightly lower than the one recommended for the World Health Organization (2 professionals per 1000), according to the Brazilian Federal Council of Nursing[6]. Approximately 32.000 family health care teams have absorbed an expressive segment of nurses in the increasing primary health care programs fostered since 2000.

These features may explain the strong engagement of Brazilian nurses in community practices, primary health care and shared mental health care, e.g. Another aspect that is noticeable within nursing scholars and practitioners in Brazil is the interest in qualitative research methodologies, and an inclination for approaching any clients' conditions as a result of social determinants of health. Although this is an empirical and personal observation, I would dare to say that there is a prevailing tendency in ideologizing the health problems amongst the Brazilian nurses and nursing students. This position, although may not guarantee political engagement, at least make them very attuned of their role as agent of social change. On the other hand, Brazilian nurses are somewhat more suspicious, resistant and skeptical with the promising outcomes of evidence based practices, and their associated standardized technologies. For the bad or for the good, contrary to all the investments made by Brazilian nursing leaders and scholars for integrating standardized tools into bedside care, Brazilian nurses, fortunately, seem still prefer to permeate their clinical judgment by practical reasoning and tailor their actions based on a great dose of craft work. It maybe happens due the influence of a cultural trait well known as the "jeitinho brasileiro", that is, a kind of Brazilian style – a symbol of uniqueness as nation.

Conversely, the emphasis on acute care associated to the intense use of high-technology and its high expensive cost shapes nursing practice in a substantial distinct direction in Canada. Canadian nurses are experts in standardization and confident in their potentiality. The Evidence Based Practice movement is strongly disseminated within the practitioners' everyday life and diligent nurses amongst its conceptualizers and adepts in the academia and in the clinical settings. Nursing research is highly valued and well funded in Canada, and it is not limited to the university environment since it is practiced and highly encouraged in the hospitals too. There is a concern in quickly translate the results of research in practice, and there is a strong incentive to the development and dissemination of knowledge transfer methodologies. This posture is critical in a society in which there is a constant preoccupation with rationalization and cost-effectiveness. Nursing associations are sensitive to this issue and engage themselves with the production of practice guidelines that contribute to nurses continuing education. However, besides the advances that this body of knowledge facilitates, one observe an intensive technologization of nursing practice under the argument of optimizing efficiency and safety and reducing costs of health care.[7] Often the use of these technologies is focused on diminishing hospital length of stay and nursing care plays a central role in achieving this goal. As a result, a precious amount of nurses' time is spent with the filling of a number of forms resulting from the implementation of clinical pathways, e.g., instead of providing a more comprehensive and individualized nursing care, which some nurses identify as being a constrain to optimum health care, as Rankin and Campbell (2006) brightly explore in their groundbreaking study.

What we can learn from both scenarios is that there is a lot to be learn and accomplished yet in both Brazilian and Canadian contexts. When one looks at them more attentively and get genuinely involved with the actual issues experienced in the front-line, it is undeniable that both Canadian and Brazilian nurses have more common challenges than they might suspect. What is at stake in both contexts are the threats that affect the nurse-patient relationship either due to

overcrowded services that reduce our time for effectively being able to assess patients and propose individualized interventions that actually allow us to refer to them as safe and patient-centered or due to the excessive use of standardized technologies that replace our clinical thinking, and transform ourselves in mere executors of seemly "neutral" scientific guidelines. It is time to rethink our values and realize that our true partnerships, either in Brazil or Canada, need to be strengthened with our patients too. And that it is more than time for protecting the still existing conditions for at least hearing our patient issues, in a globalized world in which listening, that so antique nursing skill, has run the risk of becoming a luxury. Better to take advantage of the new winds of innovation coming from the streets, social media, community health care centers, homes, hospital wards, classrooms, an so on. Global citizens want to be heard. Thanks to their cultural background and history, both Brazilian and Canadian nurses are more than talented for engaging in this endeavor.

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