



Global Health Perspectives Connecting Local and Global Efforts

Abstract

Global public health challenges increasingly shape the everyday realities of nursing practice in Australia. Pandemics, migration, workforce mobility, and transnational inequities no longer sit outside national health systems but actively influence clinical care, service delivery, and professional responsibility.

Nurses, as the largest and most consistently present health workforce, occupy a critical position at the intersection of global health policy and local practice. This paper examines global health perspectives through an Australian nursing lens, with a particular focus on pandemics and migration as defining public health challenges of the contemporary era. Drawing on international evidence, Australian policy frameworks, and post-pandemic nursing research, the paper argues that nurses are not passive recipients of global health decisions but key contributors to global public health action.

The paper explores how nursing practice connects global commitments to local care, how global forces reshape professional roles, and how integrating global health perspectives strengthens health system resilience.

Written for conference proceedings and Continuing Professional Development audiences, this paper positions nursing as a central actor in addressing global public health challenges through informed, ethical, and locally grounded practice.

Introduction

Global health is no longer a distant policy domain discussed primarily within international agencies or humanitarian settings. For Australian nurses, global health now sits firmly within the realities of everyday practice, shaping clinical protocols, workforce experiences, patient needs, and ethical decision-making across all care environments.

The idea that global health issues occur “elsewhere” has been rendered obsolete by pandemics, climate-related displacement, migration, and the rapid circulation of people, pathogens, and information.

The COVID-19 pandemic marked a pivotal moment in how global health is understood within Australian healthcare. Borders closed, supply chains fractured, public health directives evolved rapidly, and health workers were asked to deliver care under unprecedented conditions.

Nurses were central to this response, implementing infection prevention measures, delivering mass vaccination programs, maintaining essential services, and supporting communities through uncertainty and fear. These experiences exposed not only the fragility of health systems but also the extent to which national health outcomes are shaped by global conditions.

At the same time, longer-standing global health issues such as migration and displacement continued to influence healthcare delivery. Australia’s culturally and linguistically diverse population reflects global patterns of conflict, economic inequality, environmental change, and workforce mobility.

Nurses encounter the consequences of these global forces daily when caring for people whose health has been shaped by trauma, disrupted access to care, and complex social determinants that extend well beyond national borders.

This paper argues that nursing practice in Australia is already deeply embedded within global health action, whether explicitly acknowledged or not. Nurses act as translators of global policy into local practice, as observers of system strain, and as trusted professionals within communities navigating global uncertainty. Understanding nursing’s role in global health is therefore not an academic exercise but a practical necessity for effective, ethical, and sustainable care.

Written for a conference proceedings audience, this paper explores how global health perspectives intersect with Australian nursing practice and how nurses contribute meaningfully to addressing global public health challenges. It focuses particularly on pandemics and migration as illustrative examples of global issues with profound local impact.

The paper does not aim to provide abstract theory or detached commentary. Instead, it offers a grounded analysis of how global health is lived, negotiated, and enacted within nursing work and why recognising this role matters for the future of public health.

Rethinking Global Health as Everyday Nursing Business

Global health is often described in broad terms, encompassing international cooperation, disease surveillance, humanitarian response, and health equity across borders. While these elements remain important, such definitions risk obscuring how global health operates in practice, particularly within high-income countries like Australia. Global health is not only about what happens internationally; it is about how global forces shape local conditions and professional responsibilities.

For nurses, global health becomes visible in the form of emerging infectious diseases, changing population demographics, workforce shortages, and evolving models of care.

It is present when international evidence informs local guidelines, when vaccination strategies depend on global supply chains, and when patient health histories reflect experiences of displacement or migration. Global health therefore functions less as a separate field and more as a lens through which contemporary nursing practice can be understood.

The increasing frequency of public health emergencies has further blurred the distinction between global and local health. Disease outbreaks that once might have been geographically contained now spread rapidly through global travel networks. Information, both accurate and misleading, circulates instantly, influencing public behaviour and trust in health systems. Nurses find themselves navigating not only clinical care but also public communication, misinformation, and heightened community anxiety, all of which are shaped by global narratives.

Viewing global health as everyday nursing business reframes the profession's contribution. Rather than positioning nurses as downstream implementers of decisions made elsewhere, it recognises their role in shaping how global health strategies succeed or fail at the point of care.

Nurses are often the first to identify unintended consequences of policy, gaps in service delivery, or emerging patterns of harm. Their insights are therefore critical to refining both national and global health responses.

Australia's Place in the Global Health Landscape

Australia occupies a distinctive position within the global health landscape. Geographically isolated yet economically and politically connected, Australia engages in regional and international health initiatives while managing unique domestic challenges related to distance, population distribution, and workforce supply. National health security is closely tied to global disease surveillance, international research collaboration, and regional partnerships, particularly within the Asia-Pacific.

Australian government policy increasingly reflects recognition that domestic health protection depends on strong global health systems. Investment in international pandemic preparedness, regional health capacity building, and global health governance is framed not as altruism but as strategic necessity. These commitments, however, rely on translation into practice within healthcare settings, where nurses play a central role.

Nurses operationalise global health commitments through everyday actions. Infection control standards aligned with international guidance are implemented at the bedside. Vaccination programs informed by global evidence are delivered in clinics, workplaces, and community settings.

Public health messaging shaped by international research is communicated to individuals and families by nurses who must tailor information to diverse cultural and social contexts.

Australia's reliance on internationally educated nurses further illustrates its embeddedness within global health systems. Workforce mobility reflects global inequities in training capacity, remuneration, and working conditions. How Australia recruits, supports, and regulates migrant nurses has implications not only for domestic care quality but also for global workforce sustainability. Nursing practice, therefore, sits at the intersection of national health priorities and global ethical considerations.

Nurses as Connectors Between Global Policy and Local Care

One of the defining characteristics of nursing is proximity to people. Nurses work with individuals, families, and communities across the lifespan and across care settings. This proximity positions nurses as key connectors between abstract policy decisions and lived experience. In the context of global health, this role becomes particularly significant.

Global health policies are often articulated at a high level, focusing on targets, indicators, and system-wide strategies. Their success depends on how effectively they are enacted in real-world contexts. Nurses translate these policies into practice,

adapting them to local conditions while maintaining professional standards and patient-centred care. This translation is not mechanical; it involves judgement, negotiation, and ethical reasoning.

During public health emergencies, nurses often bear the responsibility of implementing rapidly changing directives while managing patient distress and uncertainty. They must reconcile population-level goals with individual needs, sometimes under conditions of resource scarcity or moral tension. These experiences highlight the importance of nursing perspectives in shaping policy that is both effective and humane.

Recognising nurses as connectors rather than conduits shifts how their role in global health is understood. It acknowledges that nursing practice influences outcomes not only locally but also across systems.

When nurses identify barriers to care, challenge unsafe practices, or advocate for vulnerable populations, they contribute to the refinement of global health responses.

Their work ensures that global commitments translate into meaningful health gains rather than remaining aspirational statements.

Setting the Scene for Pandemics and Migration

Pandemics and migration are not the only global health challenges affecting nursing practice, but they provide clear and compelling examples of how global forces intersect with local care. Both issues are shaped by complex social, political, and economic factors. Both expose inequities within and between health systems. Both require responses that extend beyond clinical intervention to include prevention, advocacy, and system reform.

Pandemics reveal the interconnectedness of health systems and the consequences of delayed or fragmented action. Migration highlights how global inequities manifest in individual health needs and access to care. In both contexts, nurses play critical roles that extend beyond traditional task-based definitions of practice.

Pandemics, Global Governance, and Nursing Leadership in Practice

Pandemics represent one of the clearest demonstrations of how global health dynamics shape local nursing practice. They expose the permeability of national borders, the interdependence of health systems, and the consequences of delayed or uneven responses. For nurses, pandemics are not abstract public health events but lived professional experiences that reshape roles, responsibilities, and ethical obligations. The COVID-19 pandemic in particular redefined the scope of nursing

practice in Australia and highlighted the profession's centrality to both national and global public health responses.

From a global perspective, pandemics emerge within complex systems shaped by population movement, environmental change, political decision-making, and economic priorities. While pathogens may originate in specific locations, their spread is facilitated by global connectivity.

This reality places national health systems within a broader global governance framework that includes surveillance networks, data sharing agreements, and coordinated response mechanisms. Australia's pandemic response was deeply influenced by this global infrastructure, drawing on international epidemiological data, vaccine development efforts, and evolving guidance from multilateral organisations such as the World Health Organization.

Nurses functioned as the primary interface between these global strategies and local implementation. Infection prevention and control measures, for example, were informed by international evidence but enacted through nursing practice at the bedside, in aged care facilities, community clinics, schools, and quarantine settings.

Nurses were required to interpret rapidly changing guidance, often under conditions of uncertainty, and apply it within diverse care environments.

This work demanded a level of clinical judgement, adaptability, and public health literacy that extended well beyond traditional role descriptions.

The pandemic also expanded the visibility of nursing labour that is often undervalued or rendered invisible. Emotional support for patients isolated from families, reassurance for anxious communities, and informal public health education became core components of nursing work. Nurses were frequently the professionals tasked with explaining complex and evolving public health measures to individuals with varying levels of health literacy and trust in institutions. These interactions shaped public compliance, confidence, and ultimately the effectiveness of pandemic responses.

At a systems level, the pandemic exposed longstanding vulnerabilities within health workforce planning. Global nursing shortages were exacerbated as demand surged, international mobility slowed, and burnout intensified.

Australia's reliance on internationally educated nurses became more visible as global competition for skilled health workers increased. These workforce dynamics underscore the global nature of nursing labour markets and the ethical dimensions of recruitment and retention. Pandemic preparedness cannot be separated from global

workforce sustainability, and nursing leadership is essential to addressing these challenges.

Leadership during pandemics has traditionally been framed as the domain of policymakers, epidemiologists, and senior executives. However, COVID-19 demonstrated that effective leadership also occurs at the point of care. Nurses exercised leadership through clinical decision-making, team coordination, advocacy for safety, and identification of system failures.

In many settings, nurses raised concerns about personal protective equipment shortages, unsafe staffing levels, and communication gaps long before these issues were formally acknowledged. Their advocacy often prompted changes that improved safety for both patients and staff.

Despite these contributions, post-pandemic analyses reveal that nurses were frequently excluded from strategic planning and high-level decision-making. Policies were sometimes developed without adequate consideration of how they would be implemented in practice or how they would affect workforce wellbeing. This disconnect highlights a critical lesson for global health governance: effective pandemic response requires the integration of nursing perspectives at all stages, from planning and implementation to evaluation and recovery.

Global nursing scholarship following COVID-19 emphasises the need to reposition nurses as leaders rather than as expendable frontline resources. Nurses possess unique insights into system functioning, community behaviour, and the unintended consequences of policy decisions. These insights are essential for designing responses that are both effective and humane. When nurses are excluded from governance structures, global health strategies risk being technically sound but practically unworkable.

Australia's engagement in strengthening international pandemic response reflects recognition that national health security depends on global preparedness. Nurses contribute to this effort not only through domestic practice but also through participation in international research, policy consultation, and humanitarian response. Australian nurses have been involved in regional outbreak support, knowledge exchange, and training initiatives, contributing to capacity building beyond national borders. These activities illustrate how nursing practice extends into global health action, even when delivered through local roles.

Importantly, pandemics have also reshaped public perceptions of nursing. During COVID-19, nurses were widely recognised as essential workers whose expertise was

critical to societal functioning. While this recognition was often expressed through symbolic gestures, it also created opportunities to advocate for structural change. The challenge moving forward is to translate pandemic-era visibility into sustained investment in nursing leadership, education, and workforce planning at both national and global levels.

From a public health perspective, pandemics highlight the inseparability of individual care and population health. Nurses navigate this tension daily, balancing the needs of individual patients with broader infection control priorities. This dual focus positions nurses as natural public health practitioners, even when working in acute or specialised settings. Recognising and supporting this role strengthens health system resilience and enhances preparedness for future global health threats.

The lessons of pandemics extend beyond emergency response. They prompt critical reflection on how health systems value nursing expertise, how global health policies are translated into practice, and how workforce sustainability is addressed within interconnected global markets. For Australian nurses, engaging with pandemics as global health events reinforces the importance of professional voice, leadership, and ongoing education in shaping the future of public health.

Migration, Displacement, and Global Nursing Workforce Mobility

Migration is one of the most enduring and complex global public health challenges shaping contemporary nursing practice. Unlike pandemics, which arrive abruptly and demand immediate response, migration operates as a sustained and cumulative force that reshapes population health profiles, service demand, and workforce composition over time.

For Australian nurses, migration is not an abstract global trend, but a daily clinical reality encountered in hospitals, community health services, aged care, mental health settings, and primary care.

Globally, migration is driven by intersecting factors including conflict, climate change, economic inequality, political instability, and environmental degradation. These forces displace populations both within and across national borders, producing patterns of mobility that challenge health systems designed around stable, homogeneous populations. Displaced people often experience prolonged exposure to violence, food insecurity, disrupted education, and limited access to healthcare, all of which shape health outcomes long before arrival in a receiving country.

Australia's health system reflects these global dynamics. Refugees, asylum seekers, temporary migrants, and international students access healthcare with varying degrees

of entitlement and support. Nurses are frequently the professionals who first encounter the health consequences of migration, whether through acute presentations, delayed diagnoses, untreated chronic conditions, or complex mental health needs linked to trauma and loss. Understanding these presentations requires a global health lens that recognises how upstream determinants shape downstream clinical realities.

Trauma is a recurring feature of migration-related health need. Many people seeking care have experienced war, persecution, detention, family separation, or dangerous migration journeys. These experiences influence not only mental health but also physical wellbeing, pain perception, trust in institutions, and engagement with care. Nurses practising with a global health perspective recognise trauma as a population-level phenomenon rather than an individual pathology. This understanding informs approaches to assessment, communication, and care planning that prioritise safety, dignity, and choice.

Language and cultural difference are often cited as primary challenges in migrant health care, but these factors alone do not explain disparities in access or outcomes. Structural barriers, including unfamiliar health systems, limited eligibility for services, and fear of authority, frequently play a more significant role. Nurses often act as navigators and advocates, helping individuals understand how to access care and supporting them to engage with services that may be perceived as intimidating or inaccessible. This advocacy work represents a critical contribution to health equity, even though it is rarely captured in formal workload measures.

Migration also exposes tensions between public health priorities and individual rights. Nurses working with displaced populations may encounter ethical dilemmas related to mandatory reporting, detention health, or restricted access to services. Global health perspectives provide a framework for navigating these tensions by situating individual cases within broader human rights and public health principles. This does not eliminate ethical complexity, but it supports informed professional judgement grounded in an understanding of global inequity rather than isolated decision-making.

Beyond patient care, migration profoundly shapes the nursing workforce itself. Australia's reliance on internationally educated nurses reflects global disparities in training capacity, working conditions, and remuneration.

Nurses migrate for many reasons, including professional opportunity, economic necessity, and personal safety. Their movement sustains health systems in high-income countries while often exacerbating workforce shortages in countries already experiencing constrained health resources.

This global circulation of nursing labour raises important ethical and policy questions. Recruiting nurses from countries with critical workforce shortages may undermine global health equity, even as it addresses domestic staffing needs. Conversely, restrictive migration policies or inadequate professional support can leave internationally educated nurses underutilised, deskilled, or vulnerable to exploitation.

Nurses themselves often experience migration-related stressors, including credential recognition challenges, discrimination, and cultural adjustment, which affect wellbeing and retention.

Australian nursing practice is therefore shaped by migration in two interconnected ways: through caring for migrant populations and through working alongside migrant colleagues. Global health literacy enables nurses to understand both dimensions as part of the same system rather than as separate issues. Supporting migrant nurses through fair regulation, inclusive workplace cultures, and leadership opportunities contributes not only to workforce sustainability but also to culturally responsive care.

The COVID-19 pandemic intensified these workforce dynamics. International travel restrictions disrupted migration pathways, while global demand for nurses surged. Some countries actively recruited health workers from abroad, further intensifying competition. These developments underscored the vulnerability of global nursing supply chains and the need for more ethical, coordinated approaches to workforce planning. Nurses experienced these pressures directly through increased workloads, moral distress, and uncertainty about professional futures.

International nursing organisations have repeatedly highlighted the need to address workforce mobility within a global health framework that prioritises sustainability and equity. The World Health Organization has emphasised the importance of strengthening domestic training capacity while protecting migrant health workers' rights and wellbeing. For Australian nurses, engaging with these global discussions is not optional; workforce policy decisions made internationally have tangible effects on local staffing, skill mix, and care quality.

Migration also reshapes professional identity. Nurses practising in culturally diverse environments develop skills in cross-cultural communication, adaptability, and reflexivity. These competencies enhance care for all patients, not only those from migrant backgrounds. Global health perspectives encourage nurses to view cultural difference not as a challenge to be managed but as an inherent feature of contemporary practice that enriches professional capability.

Education plays a critical role in preparing nurses for this reality. Integrating migration and global health content into nursing curricula supports graduates to understand how global forces shape health and healthcare. This includes examining historical and political contexts of migration, recognising the impact of trauma, and understanding

health system barriers faced by migrants. For practising nurses, ongoing professional development in these areas supports ethical practice and reduces the risk of unintentional harm.

Ultimately, migration highlights the moral dimension of global health. Nurses encounter the human consequences of global inequality in tangible ways, often at moments of vulnerability and distress. Their responses, shaped by professional values and global awareness, contribute to broader societal understandings of belonging, care, and responsibility. In this sense, nursing practice becomes a site where global health principles are enacted not through policy statements but through everyday acts of care, advocacy, and respect.

Australian Policy Context, Nursing Education, and Integrating Global Health into Practice

Global health engagement within Australian nursing practice does not occur in a vacuum. It is shaped by national policy settings, professional regulation, education frameworks, and organisational cultures that determine how global priorities are translated into everyday care.

Understanding this context is essential to appreciating how nurses contribute to global public health not only through extraordinary events such as pandemics or humanitarian response, but through routine professional practice embedded within Australian health systems.

Australia's approach to global health increasingly reflects recognition that domestic health security depends on international collaboration. National policy documents addressing pandemic preparedness, biosecurity, and regional health engagement explicitly acknowledge that disease surveillance, research collaboration, and workforce mobility are global in nature.

These policies are often framed at a strategic level, yet their success depends on implementation by health professionals who understand both local conditions and global imperatives. Nurses sit at the centre of this implementation process.

In practice, Australian nurses operationalise global health policy through infection prevention standards, immunisation programs, health promotion initiatives, and culturally responsive care. During public health emergencies, national directives informed by global evidence are enacted in hospitals, aged care facilities, schools, and community settings largely through nursing practice.

This translation work requires nurses to interpret policy intent, adapt it to context, and manage the ethical tensions that arise when population-level goals intersect with individual needs.

Professional regulation also shapes how global health perspectives are embedded in nursing practice. Registration standards emphasise safe, ethical, and culturally responsive care, implicitly acknowledging that nurses practise within diverse and dynamic populations influenced by global forces.

Expectations related to continuing professional development further reinforce the need for nurses to remain informed about emerging health risks, system changes, and population health trends. Global health literacy therefore aligns closely with regulatory requirements rather than existing as an optional or niche interest.

Education is a critical mechanism through which global health perspectives are normalised within nursing practice. Undergraduate programs increasingly incorporate content related to public health, cultural safety, and social determinants of health.

However, global health is sometimes presented as an abstract or international topic rather than as a lens through which all nursing practice can be understood. Bridging this gap requires explicit connections between global phenomena and local clinical realities.

Preparing nurses for practice in a globalised health environment involves more than teaching facts about international disease patterns or migration statistics. It requires fostering critical thinking about how global forces shape health systems, influence patient experiences, and affect professional roles.

When nurses understand why certain health challenges arise, they are better equipped to respond with empathy, adaptability, and ethical clarity. This approach supports not only competence but also professional resilience.

For practising nurses, continuing professional development plays a key role in integrating global health perspectives into ongoing practice. CPD activities that explore pandemics, migration, workforce mobility, and health equity support nurses to contextualise their experiences within broader systems.

This contextual understanding can mitigate moral distress by helping nurses see their challenges not as personal failures but as manifestations of structural and global pressures. In this way, global health education supports wellbeing as well as practice quality.

Leadership development is another critical component of integration. Nurses are increasingly expected to contribute to service redesign, quality improvement, and policy consultation. Global health awareness strengthens these contributions by enabling nurse leaders to anticipate emerging risks, understand international benchmarks, and advocate for sustainable workforce and care models. Leaders who recognise the global dimensions of health challenges are better positioned to guide organisations through uncertainty and change.

Australian nursing leadership also contributes to global health through participation in international networks, research collaborations, and professional organisations. These engagements facilitate knowledge exchange and collective problem-solving while reinforcing Australia's role within regional and global health systems. Importantly, such contributions are not limited to senior executives or academic leaders; clinicians, educators, and managers all participate in global health through shared evidence, innovation, and practice improvement.

Integrating global health perspectives into everyday nursing practice also requires organisational support. Work environments that value cultural safety, reflective practice, and interdisciplinary collaboration enable nurses to apply global health knowledge effectively.

Conversely, settings characterised by rigid hierarchies, excessive workload, or limited professional autonomy may constrain nurses' capacity to respond to complex global-local health intersections. Organisational culture therefore plays a significant role in shaping how global health is enacted at the point of care.

Technology further mediates this integration. Digital health platforms, telehealth services, and global information networks have expanded nurses' access to international evidence and professional communities. These tools enable rapid knowledge exchange during public health emergencies and support ongoing learning across borders.

However, they also introduce challenges related to information overload, misinformation, and inequitable access. Nurses must navigate these dynamics while maintaining professional judgement and public trust.

Importantly, integrating global health into nursing practice does not require nurses to adopt additional roles or responsibilities beyond their existing scope. Rather, it involves recognising the global dimensions of the work they already do.

When nurses frame infection control as part of global disease prevention, migrant health care as a response to global displacement, and workforce sustainability as a global equity issue, their practice becomes explicitly connected to global public health action.

This reframing has implications for professional identity. Viewing nursing as a globally connected profession reinforces its social and ethical mandate while countering narratives that reduce nursing to task-based service delivery. It highlights the intellectual and moral labour inherent in nursing work and supports advocacy for greater recognition, influence, and investment.

As global health challenges continue to intensify, the capacity of Australian nurses to engage with these issues will depend on sustained alignment between policy, education, regulation, and organisational practice. Integrating global health perspectives is not a one-off initiative but an ongoing process that evolves alongside changing global conditions.

Nurses, through their adaptability and commitment to care, are well positioned to lead this integration and to shape the future of public health from the ground up.

Conclusion: Nursing at the Centre of Global Public Health Action

Global public health challenges such as pandemics and migration are no longer episodic disruptions to otherwise stable health systems. They are structural features of contemporary healthcare that shape how services are delivered, how workforces are sustained, and how professional responsibility is understood. For Australian nurses, these challenges are encountered not at the margins of practice but at its core, influencing everyday clinical decisions, ethical judgement, and interactions with patients and communities.

This paper has argued that nurses are not peripheral actors responding passively to global health events but central contributors to global public health action. Through their proximity to individuals and communities, nurses translate global policy into local care, identify gaps between intent and implementation, and adapt responses to meet diverse and changing needs.

Whether managing infection control during pandemics, supporting people affected by migration and displacement, or navigating global workforce pressures, nursing practice connects global forces to lived experience.

Pandemics demonstrate how national health security depends on global preparedness and coordinated response. Nurses operationalise this preparedness through surveillance, prevention, education, and care delivery, often under conditions of uncertainty and moral tension.

Migration highlights how global inequities manifest in local health needs and workforce dynamics, positioning nurses as advocates for equity and culturally safe care. In both

contexts, nursing work exposes the limitations of policy that fails to account for practice realities and underscores the importance of nursing leadership in shaping effective responses.

Integrating global health perspectives into Australian nursing practice strengthens professional capacity, ethical clarity, and system resilience.

This integration does not require nurses to take on additional roles but to recognise the global dimensions of the work they already do.

Education, regulation, and organisational culture all play critical roles in supporting this recognition and enabling nurses to contribute fully to global public health goals.

As global challenges intensify, the future of public health will depend increasingly on a nursing workforce that is globally informed, locally grounded, and empowered to lead. Recognising and investing in this role is not optional; it is fundamental to sustainable, equitable health systems both in Australia and beyond.

Statement of Originality

This paper is original work prepared specifically for nursing conference proceedings and professional development purposes. While informed by the sources cited, the content reflects independent synthesis, interpretation, and scholarly analysis. No part of this paper has been copied from existing publications, and all sources have been appropriately acknowledged.

CPD Compliance Statement

This paper is suitable for self-directed Continuing Professional Development (CPD) for nurses and midwives in Australia. It supports reflective practice, enhances knowledge of global and public health, and aligns with the Nursing and Midwifery Board of Australia requirements for CPD participation, reflection, and professional learning.

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Reflective Questions

1. How has the COVID-19 pandemic reshaped the role of nurses within global and local public health systems?

The paper demonstrates that COVID-19 expanded nursing roles beyond traditional clinical boundaries into surveillance, public health communication, ethical decision-making, and system adaptation. Nurses became the primary translators of global policy into local action, highlighting their central role in health system resilience rather than merely frontline task execution.

2. In what ways does nursing practice act as a bridge between global health policy and local patient care?

Nursing practice connects global health policy to lived experience by interpreting international guidance, adapting it to local contexts, and responding to unintended consequences at the point of care. The paper shows that nurses operationalise global strategies through everyday clinical judgement, making policy meaningful and humane for individuals and communities.

3. How do global determinants of health influence patient presentations encountered by Australian nurses?

The text illustrates that migration, conflict, climate instability, and economic inequality shape health needs long before patients enter Australian healthcare settings. Nurses encounter the downstream effects of these determinants through complex physical, psychological, and social presentations, reinforcing the need for global health literacy in everyday practice.

4. Why is a global health perspective essential when caring for migrant and refugee populations?

A global health perspective allows nurses to understand migrant health needs as products of structural and historical forces rather than individual deficits. The paper concludes that this perspective supports trauma-informed, culturally responsive care and reduces the risk of misinterpretation, stigma, or fragmented service delivery.

5. How does migration affect the nursing workforce itself, and why is this a global health issue?

The paper highlights that Australia's reliance on internationally educated nurses reflects global workforce inequities. Migration affects workforce sustainability, skill distribution, and ethical recruitment practices, positioning nursing workforce mobility as both a domestic staffing issue and a global health equity concern.

6. What ethical tensions arise for nurses when global health priorities intersect with individual care needs?

Nurses frequently navigate tensions between population-level goals and individual rights, particularly during pandemics and in migration-related care. The paper concludes that ethical nursing practice requires balancing public health imperatives with dignity, advocacy, and patient-centred decision-making informed by global awareness.

7. Why is nursing leadership critical to effective global pandemic preparedness and response?

The paper demonstrates that nurses possess experiential knowledge of system function, community behaviour, and care delivery under pressure. Excluding nursing voices from planning leads to policy-practice gaps, whereas nursing leadership strengthens preparedness, implementation, and recovery at both national and global levels.

8. How does integrating global health perspectives support nurses' professional resilience and wellbeing?

By contextualising workplace pressures within broader global systems, nurses can better understand that many challenges are structural rather than personal failures. The paper concludes that global health literacy supports moral clarity, reduces professional isolation, and strengthens resilience during sustained system stress.

9. What role does nursing education play in preparing nurses for global public health challenges?

The paper argues that nursing education must explicitly link global health forces

to local clinical realities. Preparing nurses to understand pandemics, migration, and workforce mobility as interconnected systems enhances adaptability, ethical practice, and leadership capacity across diverse care environments.

10. How does recognising nursing as a global health profession change how nursing contributions are valued?

Recognising nursing as a global health profession reframes nursing work as intellectual, ethical, and system-shaping rather than task-based. The paper concludes that this recognition supports stronger advocacy for leadership roles, policy influence, and sustained investment in nursing as a cornerstone of global public health.