CE

Global Voyeurism or Sustainable Ethical Practice?

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This is a conceptual article exploring global voyeurism and service, overlaying ethical considerations in service within the profession of forensic nursing. Key elements considered include examining and reflecting on personal motivations, benefits, and consequences of service when viewed through an ethical perspective. Through this article we seek to examine the relationships between poverty tourism and service, while better supporting individual forensic nurses in their quest to align their actions with the ethical and practice comportment standards within the profession of nursing service globally. We include definition of terms, including professional identity, ethics and social justice, poverty tourism and voyeurism, global and professional service, cultural humility, partnerships, and trusting relationships. We conclude with implications, and considerations for forensic nursing.

KEY WORDS:
Ethical practice; forensic nursing; global; service; voyeurism

Throughout our professional careers, we routinely encounter nurses we desire to emulate and/or nurses who in one way or another may show professional or ethical behaviors we find less appealing. With the increased incidence of available foreign travel, many of our colleagues have taken trips, either with groups with specific goals in mind, or individually as a response to an individual interest in a specific destination, or a specific individual goal. Many may have even dropped what they were doing when they saw a news broadcast of a tragedy of immense proportion. There is something to be said for checking those "must see" or "must do" items off your life list—we all travel to some extent to "see" things when we go places. However, what happens when that attraction, that thing you go to "see," is a group of people? How is it different than viewing animals in the zoo, supposedly in their natural habitat? It seems so exotic, unusual, and foreign. Getting to know the people is important, but when does it become voyeuristic? When is it important to build sustainable partnerships?

As authors, we were motived to craft this conceptual article based on comments overheard at a recent conference. Nurse 1 stated: "I visited there…. they did this wrong…this was so different…. they didn't understand…. they need ME to come back and fix it for them…because I have so much to offer." Meanwhile, Nurse 2 explicated, "I answered a call for assistance clear around the world from me…when we arrived, they shared what was successful so far in their unique setting…. we worked together to identify their next steps… and what they wanted from us. I hope we made a difference."

Nurses' work is inspired by the professional traditional value of social engagement/justice and responsibility (American Nurses Association [ANA], 2010; Watson, 2008) and driven by a desire to serve and connect with the community to improve the world around them. However, service is not clearly delineated specifically in forensic nursing literature (Riley & Beal, 2010). Even so, nurses have traditionally and are currently involving themselves with service as a personal and professional value that incurs action as a lifelong endeavor.

The fulfillment of ethical service for nursing as a profession has become challenging in two ways. The ethical comportment of global nursing and service has become problematic in consequence for populations, and at times, it has questionable positive impact on the target communities (Selinger, 2009).

Global opportunities for forensic nurses emerged with the coalescence of the International Association of Forensic

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Nurses in 1992, which established an organization for the new specialty of forensic nursing. Forensic nurses apply strategies and interventions for victims of violent crime and perpetrators of criminal acts who are now afforded a voice and provided a high standard of care. From the authors' experiences, examination of personal motivation in preparation of global service can add dramatically to the positive outcomes for both the destination population and the individual forensic nurse. The purpose of this article was to examine voyeuristic poverty tourism and global service in light of professional definitions of morality and ethics, and to suggest potential implications for forensic nurses exploring global service.

Definition or Terms in Context

- Autonomy or self-determination: A respect for patient autonomy is probably the single most discussed principle or concept in healthcare ethics (Regis University, 2017).
- Cultural humility: described as the ability to examine and reexamine one's own cultural lens in addition to honoring others' (Alsharif, 2012).
- Ethics: the branch of knowledge that deals with moral principles that govern a person's behavior or the conducting of an activity (Regis University, 2017).
- Forensic nursing: Virginia Lynch defines forensic nursing as the nexus of health and legal systems (Lynch & Barber-Duval, 2011).
- Poverty tourism/poorism: refers to cases in which financially privileged tourists visit impoverished communities for the purpose of witnessing poverty (Outterson, Selinger, & Whyte, 2012).
- Respect for person: the concept that all people deserve the right to fully exercise their autonomy (decision-making; Regis University, 2017).
- Service: the action of helping or doing work for someone, supplying a public need; service learning: a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience; and global service: involves serving around the world (Regis University, 2017)
- Self-determination: the process by which a person controls his or her own life.
- Social justice: the capacity to organize with others to accomplish ends that benefit the whole community (Regis University, 2017).
- Voyeurism: According to Duhaime Law Dictionary (2017), it is "the secret viewing of another person in a place where that person would have a reasonable expectation of privacy,…" (p. 1).

Professional Identity

The nursing profession holds a professional identity of personal responsibility for work and caring (Butts & Rich, 2015; Depolitti, 2008; Fagermoen, 1997; Riley & Beal, 2010; Wynd, 2003). In a study of nurses' professional identity development, Fagermoen (1997) found that human dignity was a core value. Depolitti (2008) found that professional identity was linked to a belief in responsibility for others (Riley & Beal, 2010). As a profession whose identity is linked with personal responsibility and advocacy, nursing may attract like-minded people with altruistic dedication to service. Furthermore, nursing works of social contract explicating ethical comportment of the work of nursing such as the *Code of Ethics for Nurses* (ANA, 2015) and *Nursing's Social Policy Statement* (ANA, 2010) indicate that service is indeed enmeshed in the work of nurses. Professional identity in the context of advocacy and responsibility toward others provides a foundation for examining the relevance of service. Professional identity underscores the need to examine nursing perspective, the practice environment, the nursing specialty, and the social elements of service and social justice that drives service in the profession.

Nursing, as a discipline, science, and profession, has traditionally upheld responsible and effective advocacy of a healthy social and physical environment as well as promoted well-being of individuals, families, and populations. Because of this traditional world view, many nurses are now searching for ways to serve around the world. As forensic nurses widen their perspective beyond the personal practice arena at home, a new world view is forming to include global service and an awareness of global health and person safety. As nurses travel and serve globally, the environment of care may be transformed to include a higher awareness of diversity of cultures and physical environments of care. Therefore, as professional specialty nurses, a clear understanding of avenues of service and ethical comportments of nursing is needed for global travel, global nursing, and global relationships.

Ethics and Social Justice

As a service profession, nursing has a responsibility to improve the status of human health globally (ANA, 2015). Nurses serve in a leadership role, organizing interdisciplinary teams involved in the delivery and education of care. There are two central components of advocacy and service: that of attending to the immediate needs and that of social justice. Both are critical to world human dignity, health status, and alleviation of human suffering (Butts & Rich, 2015). At the heart of service for a helping profession is social justice. Social justice requires that one not only contemplate but also actively create change for justice. To work toward justice, one must ask not only how he or she can help those

who need help but also why they do need help, plus how this will create a global impact.

For forensic nurses, it can be argued that clinically good actions are synonymous with ethically good actions. The logic behind this is that one might be able to diagnose a physical injury and know what is needed to treat and include it in the judicial system, but to know how, when, and whether to treat it requires knowing the larger context of the person's situation. Good clinical judgment would also conceptualize nonclinical actions needed to remove obstacles to ensure proper care, autonomy, respect for person, and reporting. These actions highlight what professional responsibility requires of nurses (Grace, 2018).

Poverty Tourism and Voyeurism

Poverty tourism, slum tourism, or poorism, also known as township tourism, slumming, reality tourism, misery tourism, exotic tourism, or poverty porn, are all expressions that denote a type of tourism in which tourists travel to less developed places observing people living in poverty and assist the economy through their travel. This type of travel also has the element of gaining understanding of cultures other than the tourist's (Englehart, 2014; Harrison, 2008). Poverty tourism tours are popular in places like India and Ethiopia and even places that have had natural disasters such as hurricanes, earthquakes, and tsunamis. It is reported that, after Hurricane Katrina in the United States, Louisiana became a popular poorism site (Lancaster, 2007). Critics say poverty tourism is likened to a kind of voyeurism, exploiting people less fortunate, snapping pictures, and leaving virtually nothing in return. However, what about the tourists who thirst for knowledge and understanding and who want something more authentic then the "fan zones"? Some poverty tourists' tours use portions of the profits to help alleviate poverty; however, it is incumbent upon the nursing profession, as well as individual nurses, to ask critical questions examining the efficacy and ethics of such endeavors.

Questions that are critical to attaining responsible and sustainable service are as follows: Is tourism enough? What are the consequences of tourism as a means to alleviate poverty and abuse worldwide? What do cultures, peoples, and communities actually and realistically need? Other critical questions to ask are as follows: What is the cost of tourism for the population, and what is the personal and/or social gain of cultural understanding for all? Finally, we must ask how our perceptions and profession and personal world views affect our ability to understand the varied needs and priorities of people and social structures around the world.

The idea of poverty tourism as a way to enhance economic strength has been in social and world dialogue since post World War II (Harrison, 2008). Proponents believe that, economically, tourism has the potential to raise the standard of living, support impoverished populations, reduce abuse,

and engage poor populations in world economics in a meaningful and productive way (de-marginalize). Tourism has been touted as an effective way to alleviate poverty worldwide (Bathum & Whitaker, 2014; Hartman & Kiely, 2014; McMillan & Stanton, 2014; Zoomers, 2008). However, critics have noted that poverty also has the effect of further marginalization, citing no substantial improvement overall in impoverished countries, thus voyeuristic (Harrison, 2008). Harrison (2008) further found other criticisms such as issues of sustainability, little or no market awareness, and ethical and moral issues. In addition, cultural differences play a large role in authentic understanding of culture and global population needs plus abuse awareness worldwide (Bathum & Whitaker, 2014; Hartman & Kiely, 2014; McMillan & Stanton, 2014; Zoomers, 2008); therefore, it remains incumbent upon forensic nurses to identify and understand not only their own perspectives and world views but also how their actions ultimately affect global communities.

In light of these complexities, forensic nurses should have a broad and competent understanding of professional service motivation. It may not be enough to go and visit— nursing, because of its historical and current responsibility toward social justice and core values, must provide services with awareness. Nurses should fully examine motive and intention for their choice of service and sharing and identify whether they are simply touring (and, through tourism and immersion into cultures, gain understanding), providing service, or both. Nurses must work to preserve the core values of autonomy, social justice, and self-determination (ANA, 2010, 2015).

Global and Professional Service

The next issue is that of travel with the intent to serve. Service is inherently and fundamentally separate from tourism. In addition, there is a severe shortage around the world for health professionals and specialty services such as forensic nursing in developing nations. In fact, the shortage is estimated at approximately 4.3 million healthcare providers, and "thirty-six of the 57 countries with severe shortages are in Africa" per 2006 reporting (World Health Organization [WHO], 2016, para. 1). Medical missions, nongovernmental organizations (NGOs), and service organizations around the world may fill part of this immediate problem; however, the WHO and the World Health Assembly call for centralized and more collaborative efforts to attain sustainable outcomes (WHO, 2016). The United Nations (2015) put forth *Millennium Development Goals* emphasizing both health and fundamental quality-of-life targets such as clean water, food, safety, and environment. Another foundational notion present in many health professions and founded in medicine is to "do no harm." It is inherent in the work of missions and service groups

that the volunteer be aware of the possibilities of harm and, to do so, must investigate the population, world organizations' knowledge and goals, and personal goals before serving. Nurses traveling abroad for the purpose of serving must also be aware of sustainable measures and health problems including chronic as well as communicable diseases, health problems, and abuse (Lasker, 2016; Leffers & Plotnick, 2011; McMillan & Stanton, 2014).

In service, many are open to the physical and environmental needs while considering autonomy of others, and they often utilize NGOs or other avenues to find and direct service opportunities with the goal of collaboration and improving the lives of others. This goal is congruent with the ethical position of the profession of nursing, as defined by the ANA (2015) Code of Ethics. Of concern to global service is the consequence of the service to the destination population, as well as sustainability and relevance of the service and education provided to those involved. When utilizing NGOs, it is the responsibility of the professional to critically examine the organization for integrity and its' sustainable impact on communities.

There are several issues associated with service both locally and abroad. The fundamental concepts that support successful global service include cultural humility, partnership, and trusting relationships. While attending to immediate needs, which are not long-term solutions but critical to needs, attention to social justice and longer-term solutions are also critical and may be lacking. There are many who believe that service and missions foster dependence rather than self-sufficiency or empowered communities and individuals (Crabtree, 2013; Larsen, 2015; Leffers & Plotnick, 2011; Levi, 2009). Another criticism of global service is that short-term interventions may not address sociopolitical contexts of vulnerable populations such as abuse (Crabtree, 2013; Crigger, 2008; Leffers & Plotnick, 2011).

As with any service, it is imperative that the forensic nurse be cognizant of sustainability and reverence toward cultural health and social beliefs and structures to support the intent of service. With the best of intentions, harm can occur without a working knowledge of the community as well as goals and information from global organizations such as the WHO and the United Nations. Conversely, greater good can come with forethought and careful examination. See Appendix for recommended reflection questions.

Cultural Humility

Cultural humility is described as the ability to examine and reexamine one's own cultural lens in addition to honoring others' (Alsharif, 2012). The process is a lifelong endeavor requiring constant and vigilant reevaluation. Cultural humility affords authentic honoring of established cultures, assures that services and assistance are congruent with persons, governments, and societies in destination populations,

and requires a strong belief that the culture other than one's own has inherent worth and ability to define and achieve success (Lasker, 2016; Leffers & Plotnick, 2011). Cultural humility is a foundational component of successful global service for the profession of nursing. Lack of cultural humility results in replacement of one's own view of what is needed and what will work for the destination society and does not respect their views, thereby creating an unsustainable and untenable relationship fraught with problems regardless of the ultimate goal of raising and maintaining a higher level of health and safety. In addition, cultural humility and the ability to see through another's eyes are the avenues toward attaining true partnership and learning from one another, an irreplaceable benefit to service and sharing.

Partnership

Whereas cultural humility provides a foundation, partnership is the structure and vehicle. Assessment of need as well as planning of intervention must be conducted in mutuality. Mutuality provides assurance of sustainability and relevance. The WHO's six-point agenda include partnership as one key strategy to achieving their goals (WHO, 2016). Without mutual identification of need and establishment of goals as well as intervention strategies, the possibility of doing harm rather than improvement is inestimable. Mutuality defines the essence of collaboration and partnership, and it might be said that partnership is a critical aspect of planning, action, and evaluation. Furthermore, partnership creates sustainability and autonomy for communities (Larsen, 2015; Stanhope & Lancaster, 2014).

Trusting Relationships

Establishment of trusting relationships is critical to promotion and achievement of mutual health promotion and safe health care. The relationship of trust is also critical to providing quality care in all populations and communities as well as with individuals. So, whether the goal is either to plan long-term solutions and create partners in communities to elevate, maintain, and sustain health and change legal precedence, or to provide care and assistance in crisis, relationships are foundational to success, not only for the individual or community receiving care but also for the forensic nurse as well. Relationships forged through sustainable service are lifelong and extremely meaningful and benefit both caregiver and care receiver. In fact, a more explanatory description of these terms is needed, because both receive and give equally in a truly mutual and trusting relationship. When traveling and working around the world, the caregiver is a novice to the community and its environment, and requires much from the care receiver to understand cultural norms, habits, and beliefs as well as legal precedence and for emotional and, many times, physical survival. It is important to

acknowledge and work in absence of hierarchy between the roles of provider and receiver. The roles may be more accurately described as visiting health contributor and resident health contributor. The trusting relationship is established over time and occurs in conjunction with sharing of thoughts, daily living practices, and cultural views. Critical elements of a trusting relationship include listening skills, communication skills, cultural humility, and elicitation of cooperative planning and needs identification (Larsen, 2015; Stanhope & Lancaster, 2014).

Implications and Significant Considerations

Service and tourism may not be antithetical as there are some similarities of mission and intent among them. However, there is urgency about the need to professionally and personally understand the differences. This is especially true for forensic nurses embarking on global service and travel as well as forensic nurses who have already begun their journey in global service.

One critical difference between voyeurism and service lies within the emphasis on action and engagement with and for communities and peoples. For service, a notable and critical aspect is action and helping through partnership resulting in empowerment and respect for the community and culture. Whereas empowerment, autonomy, and respect for persons are aligned with successful poverty tourism, helping and partnership are not targeted goals, and tourists may or may not be involved with goals and desire to plan for a sustainable means to alleviate poverty and abuse. Therefore, what is missing for tourism may be intentional action and partnership or social justice.

Similarly, achievement of learning and helping is true for all types of service; however, there is a required responsibility of action for nurses in health care to achieve this goal through work, service, and education. Opportunity to achieve awareness and understanding may be greater in service and working with community members as opposed to simple tourism or simply viewing from afar. Although all types target a desire to increase living status and reduce abuse, the focus on economic well-being and global economic involvement of the destination population is more closely aligned with tourism; the focus for health service in nursing is the creation of an empowered community in terms of health status and environment. Another unique focus for health service is on health and community assessment inclusive of community perspective, environment, traditions, and social relevance. What needs to happen is a convergence of community environmental, economic, infrastructural, political, and health goals to sustainably and effectively raise health status and reduce abuse.

Nurses must use awareness of these differences and similarities to differentiate and inform their goals. Thus,

providing an intentional and purposeful travel or service experience, emphasizing reflection with attention, and care to the outcome, effects their actions on the destination populations. Nursing's core values uphold choices between service and simple tourism. The fine distinctions of each provide opportunities for the creation of well-being and safety in the world. These opportunities come with great social and professional responsibility (i.e. social justice).

Implications for Forensic Nursing Practice

Global immersion of the forensic nurse through global service holds the promise of dramatic gains for the individual and the profession, as well as the destination population. Expanding the experience levels into other cultures introduces unexpected experiences that challenge our personal ethos. We then bring that expanded experience back to the home environment where we share that experience with our colleagues. Reflection regarding our experiences enhances or changes our world view (Lasker, 2016; Riley & Beal, 2010; see Appendix). Hopefully, our experiences inspire others to emulate our interests abroad and seek to expand their experience.

Forensic nurses gain new knowledge and skills through volunteering and providing service to communities (Hartman & Kiely, 2014; Riley & Beal, 2010; Young & Rupert, 2009). The experience possibly exposes them to diverse populations and an increased awareness of the practice implications surrounding their assessment findings. Riley and Beal (2010) found in their study of 36 nurse participants that nurses viewed service as a way of improving practice. Service also has the potential to meet leadership goals for nursing (Riley & Beal, 2010). Through community action and service, nurses further refine their abilities to develop instructional goals and objectives, initiate plans of actions, and develop evaluation strategies for planning, implementing, and evaluating service, thus leading to sustainability (Crabtree, 2013; Young & Rupert, 2009). Continued research will help guide best practices for forensic nurses.

Conclusions

With intentional planning, tourism combined with service can be transformational for both the forensic nurse and the destination population. Research is needed to address such issues as the role of formal and informal education regarding work with global communities to identify needs, identification of participants' gain in knowledge and skills, and measurement of participants' application of knowledge producing changes in global health and safety. Furthermore, research is needed to examine the effects (both long and short terms) of service and tourism on communities and population health. Global (and local) service provides an opportunity to create change in community health status.

Forensic nurses have unique skills and the ability to empower community members to take control of their health environment and status and to serve as their own resource for change for victims of crime and all persons involved with legal matters and health care. Because nurses are in a unique position to connect with humanity in all communities, they should meet the challenges of global and local involvement and initiate change through service, lifelong education, and research.

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■ Appendix: Reflection Considerations

Effective strategies for encouraging reflection are based on four core elements of reflection known as "the four Cs" (Eyler, 2002).

1. Continuous: The reflective process is implemented and maintained continuously before, during, and after the experience.
2. Connected: The service experience is directly linked and allows for "synthesizing action and thought."
3. Challenging: Travelers are challenged to move from surface reflection to deeper, critical thinking through the use of thought-provoking strategies by community facilitator.
4. Contextualized: Reflection is contextualized when it "corresponds" to the experience in a meaningful way.

Examples of Reflection Questions (based on the Experiential Learning Cycle) could include:

What?
—What might happen?
—What might I observe?
—What issue is being addressed or population is being served?

When you return questions, you will ask yourself.

So what?
—Will I learn a new skill or clarify an interest?
—Will I hear, smell, or feel anything that surprised me?
—How is your experience different from what you expected?
—What impacts the way I view the situation/experience? (What lens am I viewing from?)
—What did I like/dislike about the experience?
—What did you learn about the people/community?
—What are some of the pressing needs/issues in the community?
—How does this project address those needs?

Now what?
—What seems to be the root causes of the issue addressed?
—What other work is currently happening to address the issue?
—What learning occurred for you in this experience?
—How can you apply this learning?
—What would you like to learn more about, related to this project or issue?
—What follow-up is needed to address any challenges or difficulties?
—What information can you share with your peers or the community? Was it sustainable?
—If you could do the project again, what would you do differently?

With all these questions in mind, many find that journaling, blogging, or other ways of capturing thoughts can be meaningful.

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