

Chapter 15

Refugee Families and Undergraduate Nursing Service–Learning: Thinking Globally, Acting Locally

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ABSTRACT

This chapter describes a service-learning partnership between two refugee resettlement agencies and a school of nursing. The partnership has successfully completed its goals of both service and learning over many semesters to the present. This community-based learning opportunity has entailed a variety of health interventions with refugee families while the learning has involved essential competencies of cross-cultural nursing, insights into social determinants of health, and developing confidence in being able to problem solve in a complex mix of health, social systems, poverty, language, and cultural barriers. In addition, assignments connected with this community engagement have encouraged students to develop an awareness of global health issues while intervening locally with their assigned refugee family, thus thinking and acting globally. The authors will discuss lessons learned from this long-term relationship and suggested directions for future work.

INTRODUCTION

Through the past decades, agencies and institutions around the world have experienced a rapidly increasing globalization of goods, services, and people. Some of this has been motivated by economics. Sadly, major driving forces in the global movement of people have been wars, civil unrest, and persecution of one group by others. This chapter focuses on one particular category of people forced to flee their native homes by war, civil or otherwise, and persecution. When the United Nations High Commissioner for

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Refugees (UNHCR) officially recognizes a group forced to flee their homes for these reasons, they are given, by international law, the legal designation of “refugee” (UNHCR, 2016a). Schools of nursing are increasingly required to educate nurses able to adapt their approaches to people from diverse cultures and backgrounds. What follows is the story of how newly arrived refugee families in a southeastern U.S. city and a school of nursing collaborated to encourage healthier adaptation by the families to their new environment while enabling the nursing students to acquire essential knowledge and capacity in providing healthcare to people from diverse backgrounds.

BACKGROUND

History of Refugee Resettlement

The UNHCR was established by the United Nations in 1950 with the single purpose of assisting European refugees immediately following World War II. It was supposed to be a temporary agency with its work completed within four years. For the tragic reason that wars have continued with many millions of refugees from all over the world, the agency had its 65th anniversary in 2015. Sixty-five years later, the refugee situation is more challenging than ever with each new war or persecution producing thousands and often millions of refugees (UNHCR, 2016b). Coordinated and funded by the U.S. State Department, a few of these refugees, after a long and rigorous process, are accepted for resettlement in the U.S. The actual resettlement is managed by private, not-for-profit agencies, usually associated with a church. Examples of these are Catholic Charities Refugee Resettlement (Catholic Charities of Tennessee, 2016) and World Relief Refugee Resettlement (World Relief, n.d.a). Refugees awaiting resettlement are selected and assigned to receiving nations and cities through a process which attempts to be fair and humane in the distribution of cost and opportunity to both the refugee families and the receiving resettlement communities. One such receiving community has been the major metropolitan area in the southeast U.S. which is the setting for this chapter.

Refugees range from single individuals, male or female, to large, multi-generational families with children of all ages. They come with both advanced university education and professional credentials or no formal education at all. They come from rural areas without electricity or from major cities such as Baghdad with all the technical amenities of modern life. Examples of refugee nationalities include Burmese, Bhutanese, Kurdish, Iranian, Iraqi, Syrian, Somali, Congolese, Sudanese, and even Cuban. Religions are diverse and do not necessarily reflect the dominant religion of any nationality. For example, some nursing students visit Burmese Muslims who are a small minority in Myanmar, which has a Buddhist majority. Other students will visit Burmese Buddhist or Christian families. Similarly, some students will visit Iranian Baha’i and Iraqi Yazidi families, tiny religious minorities in Muslim majority nations. Other students visit Muslim families, which can range from strictly observant to more moderate practices of Islamic faith. Languages are even more diverse since those from Burmese nationality, for example, could be Chin, Karen, or any number of smaller people groups, each speaking a distinct language or dialect. The same is true of Sudanese who may speak Sudanese Arabic as a common tongue in addition to tribally distinct languages. No single approach to a group this diverse would be justified but cross-cultural nursing education does include some basic principles to enhance student learning.

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