

ISSN: 2175-4144

THE GLOBAL NETWORK OF
WHO COLLABORATING CENTRES FOR
NURSING & MIDWIFERY PRESENTS:

JUNE 2022 LINKS MAGAZINE



THE GLOBAL NETWORK OF WHO
COLLABORATING CENTERS FOR
NURSING & MIDWIFERY

WELCOME

June 2022

Welcome to the June 2022 edition of LINKS Magazine, the final installment from the Johns Hopkins School of Nursing Secretariat Team.

In both a welcome to the edition, and a farewell as your Secretariat, we want to take this opportunity to express what an honor it has been to serve as Secretariat for the World Health Organization's Global Network for Nursing and Midwifery Collaborating Centres. A warm welcome to our successor, the University of Technology Sydney who will nobly carry the torch from here.

We would like to thank each and every member of the Collaborating Centres and their contributors for the meaningful work that you do collaboratively and in individual practice to make the world a better place.

Be well,



Nancy Reynolds, PhD, RN, FAAN
Co-Secretary General



Patricia M. Davidson, PhD, MEd, RN, FAAN
Dean Emeritus
Co-Secretary General

TABLE OF CONTENTS

PAGE 01

Welcome Letter

PAGE 03

Collaborating Centers

PAGE 05

Midwifery Network Update

PAGE 09

Strategic Directions for Nursing and Midwifery in India: Continuing Professional Development

PAGE 13

Implementing the "Sustain and Retain" Model of Nursing

PAGE 16

Multi-Sensory Stimulation & Mental Health

PAGE 20

Adolescent Health & Development in Nursing Education

PAGE 24

Tele-Nursing: Unlocked Potential in Jamaica's COVID-19 Response

PAGE 28

Tips for Empowering New Grad Nurses in the United States

PAGE 31

Reflections on the Impact of the COVID-19 Lockdown in South Africa: A Case of Nursing Colleges

PAGE 35

University of Technology Sydney: Program Updates

PAGE 39

Summit to Advance PhD Nursing Programs in Latin America & the Caribbean



WHO COLLABORATING CENTRES

AFRO

- **University of Botswana**, WHO Collaborating Centre for Nursing and Midwifery Development
- **University of Natal, School of Nursing**, WHO Collaborating Centre for Educating Nurses and Midwives in Community Problem-solving
- **University of South Africa (UNISA), Department of Advanced Nursing Sciences**, WHO Collaborating Centre for Postgraduate Distance Education and Research in Nursing and Midwifery Development

AMRO

- **University of São Paulo** WHO Collaborating Centre for Nursing Research Development
- **McMaster University** WHO Collaborating Centre in Primary Care Nursing and Health Human Resources
- **University of Chile** WHO Collaborating Centre for Development of Midwifery
- **Pontificia Universidad Católica de Chile** WHO Collaborating Centre for Health Services and Nursing Development for Noncommunicable Disease Care
- **The UWI School of Nursing, Mona (UWISON)** WHO Collaborating Centre for Nursing and Midwifery Development in the Caribbean
- **UNC School of Nursing, University of North Carolina at Chapel Hill** PAHO/WHO Collaborating Centre in Quality and Safe Education in Nursing and Midwifery
- **University of Illinois at Chicago** WHO Collaborating Centre for International Nursing Development In Primary Health Care
- **University of Pennsylvania, School of Nursing** WHO Collaborating Centre for Nursing and Midwifery Leadership
- **University of Alabama at Birmingham, School of Nursing** WHO Collaborating Center for International Nursing
- **Columbia University, School of Nursing** WHO Collaborating Centre for Advanced Practice Nursing
- **University of Michigan, School of Nursing**, Office of International Affairs WHO Collaborating Centre for Research and Clinical Training in Health Promotion Nursing
- **Johns Hopkins University School of Nursing** WHO Collaborating Centre for Nursing Information, Knowledge Management and Sharing
- **New York University Rory Meyers College of Nursing** WHO Collaborating Centre for Gerontological Nursing Education
- **University of Miami, School of Nursing and Health Studies** WHO Collaborating Centre for Nursing Human Resources Development and Patient Safety

EMRO

- **College of Health Sciences, University of Bahrain** WHO Collaborating Centre for Nursing Development

- **Paracelsus Medical University, Institute of Nursing Science and Practice** WHO CC for Nursing Research & Palliative Care Education
- **Katholieke Universiteit Leuven, Research Unit, Institute for Healthcare Policy** WHO Collaborating Centre for Human Resources for Health Research and Policy
- **Nursing Research Foundation** WHO Collaborating Centre for Nursing
- **Lithuanian University of Health Sciences** WHO Collaborating Centre for Nursing Education and Practice
- **Israeli Ministry of Health, Nursing Division**, WHO Collaborating Centre for Leadership and Governance in Nursing
- **Nursing School of Coimbra** WHO Collaborating Centre for Nursing Practice and Research
- **Glasgow Caledonian University, Department of Nursing and Community Health** WHO Collaborating Centre for Nursing and Midwifery Education, Research and Practice
- **Cardiff University, College of Biomedical and Life Sciences, School of Healthcare Sciences** WHO Collaborating centre for Midwifery Development
- **Public Health England, Chief Nurse Directorate** WHO Collaborating Centre for Public Health Nursing & Midwifery

EURO

- **Christian Medical College and Hospital** WHO Collaborating Centre for Nursing and Midwifery Development
- **National Institute of Nursing Education, Postgraduate Institute of Medical Education and Research (PGIMER)** WHO Collaborating Centre for Nursing and Midwifery Development
- **University of Nursing, Yangon** WHO Collaborating Centre for Nursing and Midwifery Development
- **Faculty of Nursing, Mahidol University** WHO Collaborating Centre for Nursing And Midwifery Development
- **Ramathibodi School of Nursing - Mahidol University** WHO Collaborating Centre for Nursing and Midwifery Development
- **Chiang Mai University - Faculty of Nursing** WHO Collaborating Centre for Nursing and Midwifery Development

SEARO

- **University of Technology Sydney (UTS)** WHO Collaborating Centre for Nursing, Midwifery and Health Research Capacity-Building
- **James Cook University** Australia WHO Collaborating Centre for Nursing and Midwifery Education and Research Capacity-Building
- **The Hong Kong Polytechnic University (HKPU) School of Nursing**, WHO Collaborating Centre for Community Health Services
- **Peking Union Medical College School of Nursing** WHO Collaborating Centre for Nursing Policy-Making and Quality Management
- **St. Luke's International University, College of Nursing** WHO Collaborating Centre for Nursing Development in Primary Health Care
- **University of Hyogo, Research Institute of Nursing Care for People and Community** WHO Collaborating Centre for Disaster Risk Management for Health
- **Yonsei University, College of Nursing** WHO Collaborating Centre for Research and Training for Nursing Development in Primary Health Care
- **The Catholic University of Korea, College of Nursing, Research Institute for Hospice/Palliative Care** WHO Collaborating Centre for Training in Hospice & Palliative Care
- **University of the Philippines Manila** WHO Collaborating Centre for Leadership in Nursing Development

WPRO

MIDWIFERY NETWORK UPDATE



Forthcoming events for your diaries:

- **May 25th /26th 2022 at 21.00 UTC. Midwifery Network webinar 'Midwifery Workplace Culture and Supportive Strategies'.**

Hosted by Dr Christine Catling (Associate Professor, WHO CC for Nursing Midwifery and Health Development, UTS, Australia), it will include presentations and panel discussions with subject experts.

- **June 16th 2022, time TBC. A virtual Midwifery Network meeting will be held at this year's 14th Biennial GNWHOCCNM conference.**

Details will be announced soon.

**Please join us at these events!
We look forward to seeing you!**

Midwifery Network Update

Dr Liz Darling, Associate Professor and Director/Assistant Dean, Midwifery Education Program, McMaster University, Canada

Professor Billie Hunter, WHO CC for Midwifery Development, Cardiff University Wales UK

Professor Lorena Binfa, WHO CC for Midwifery Development, University of Chile, Santiago, Chile

On Wednesday March 30th, 2022, the Midwifery Network held its first webinar of this year. The topic was 'Global perspectives on the role of midwives in safe abortion care'. This important event was co-hosted by the McMaster Midwifery Research Centre as part of their annual online research symposium. Professor Billie Hunter began the session by providing attendees with an introduction to the Global Network of World Health Organization Collaborating Centers for Nursing & Midwifery and describing the activities of the Midwifery Network. The panel presentations were moderated by Liz Darling.



Panel speakers at the 'Global perspectives on the role of midwives in safe abortion care' webinar.

The first two panelists were Marina Baig and Arusa Lakhani of the Aga Khan University School of Nursing and Midwifery, Karachi, Pakistan. Marina spoke about the challenges of access to safe abortion in Pakistan, including the impact of stigma, and the role that midwives play in ensure safe post-abortion care. Arusa spoke about a project that she and Marina worked on to create an e-book on reproductive health for midwives and lady health visitors in Pakistan. The book includes content on safe post-abortion care and can be downloaded to a smartphone so that can be accessed when internet services are not available.

The next panelist was Cris Alonso, who is a consultant to the American College of Nurse Midwives. She spoke about how midwives in Mexico have contributed to changes in the cultural perception of abortion and improvements in access to legal abortion, as well as how midwives who provide abortion care in Mexico draw on the philosophy of midwifery to provide exemplary abortion care that is safe, respectful, and accessible.

Midwifery Network Update

Next, three speakers - Aimée Patricia Ndembi and Justine Mekui Ella from Gabon and Marijke Alblas from South Africa - presented about their work in Central Africa training midwives to provide post-abortion care. Aimée Patricia described how she and fellow social research activist, Gail Pheterson, created the Middle Africa Network for Women's Reproductive Health, or "GCG", to address high mortality rates from abortion complications in Gabon, Cameroun, Guinée Équatoriale. She also described the contextual factors that contribute to barriers safe abortion care in this region. Justine spoke about her work in Gabon as a midwife training and mentoring other midwives to conduct manual vacuum aspiration to provide post-abortion care, and how this has dramatically reduced delays in access to safe post-abortion care, particularly in rural Gabon. Marijke spoke about her work in several countries as a physician, training mid-level providers, including midwives, to provide post-abortion care, and she described some of the challenges and successes in this work.

The final speaker was Alix Bacon, president of the Canadian Association of Midwives, who spoke about the association's recent statement supporting the integration of midwives into the provision of abortion care in Canada to improve equitable access to abortion care across Canada. The webinar was attended by 156 participants from 26 countries, including: Antigua and Barbuda, Bahamas, Canada, Chile, Egypt, Ghana, Hong Kong SAR, India, Jamaica, Liberia, Montserrat, Netherlands, Nigeria, Panama, Saint Lucia, Saint Vincent and the Grenadines, Saudi Arabia, South Africa, Suriname, Tanzania, Trinidad and Tobago, Turkey, United Kingdom, United States, Virgin Islands (British), and Zambia.

We would like to thank our colleagues at McMaster University for their excellent support in co-hosting this successful event, which focused on such an important topic for women and midwives across the world.

STRATEGIC DIRECTIONS FOR NURSING & MIDWIFERY IN INDIA: CONTINUING PROFESSIONAL DEVELOPMENT



Strategic Directions for Nursing and Midwifery in India: Continuing Professional Development

College of Nursing, CMC Vellore

Dr. Vinitha Ravindran, Professor & Head of Dept. of CNE & Research

Dr. Vathsala Sadan, Dean, College of Nursing

There has been a constant thrust for Continuing Professional Development (CPD) in nursing globally. Engaging in CPD activities enables nurses to broaden their disciplinary knowledge, advance their competencies and engage in provision of ethical and safe care to clients in an evolving health care context. The statutory nursing councils in India have introduced the need of CPD for keeping nursing registrations active from the year 2014. This initiative has driven nurses, who otherwise were laid back in enhancing their nursing knowledge and skills, to be proactive in engaging in CPD activities. Continuing nursing education activities such as perusing higher studies or short training/courses and participating in workshops, seminars and conferences (Virtual/Onsite) have been included towards CPD. Further, nurses are encouraged to engage in research activities and publications in books and journals which are given appropriate credits towards CPD and renewal of nursing registration.



Strategic Directions for Nursing and Midwifery in India: Continuing Professional Development

College of Nursing, CMC Vellore has pioneered in ensuring CPD for nurse educators, clinical nurses and nurse leaders/administrators much before the CPD was mandated by the Nursing Councils in India. The Department of Continuing Nursing Education (CNE) and Research was established as a standalone unit in the Nursing College, CMC, Vellore in the year 2005 with the following objectives:

- Provide innovative educational programmes and training opportunities for nurses through short term courses.
- Enhance clinical competencies through clinical skill update workshop, refresher courses and advanced training.
- Encourage nurses to develop skills in conducting clinical as well as collaborative research.
- Promote dissemination of research findings and research utilization through publication of Indian Journal of Continuing Nursing Education (IJCNE) and research bulletin.

One of the highlights of the Dept. of CNE & Research is the publication of the Indian Journal of Continuing Nursing Education (IJCNE- www.ijcne.org).

The first issue of the IJCNE was published in the year 2000 as the second national nursing journal in India. Since then IJCNE has been published without lapse and has been instrumental in providing a platform for nurses in India to share and discuss on



clinical and research issues as well as publish their research projects. The journal has provided a learning portal for nurses across India to improve their clinical knowledge through clinical care studies and continuing education (CE) series. The research series published in every issue aims to augment the clinical knowledge with critical thinking by encouraging nurses to ask critical questions related to patient care in acute, rehabilitative and community care settings.

Strategic Directions for Nursing and Midwifery in India: Continuing Professional Development

The journal is online since 2019 and is an open access publication. For Nurses in India the journal has provided an additional advantage as it is indexed in Indian Citation Index and is included in the UGC care list. The number of scientific paper submissions has increased and the scope has widened since 2019. The advisory and editorial boards include renowned faculty from within and outside India and are supported by a strong team of peer reviewers from different disciplines. The Journal follows a double blinded peer review process and is published biannually.

The department conducts short courses on peritoneal dialysis, stoma nursing, chemotherapy and research methodology for nurses, students and faculty. Specific clinical guidelines are shared through monthly Clinical NurTure series. Monthly workshops and yearly conferences are conducted on topics proposed by participants in their feedbacks.

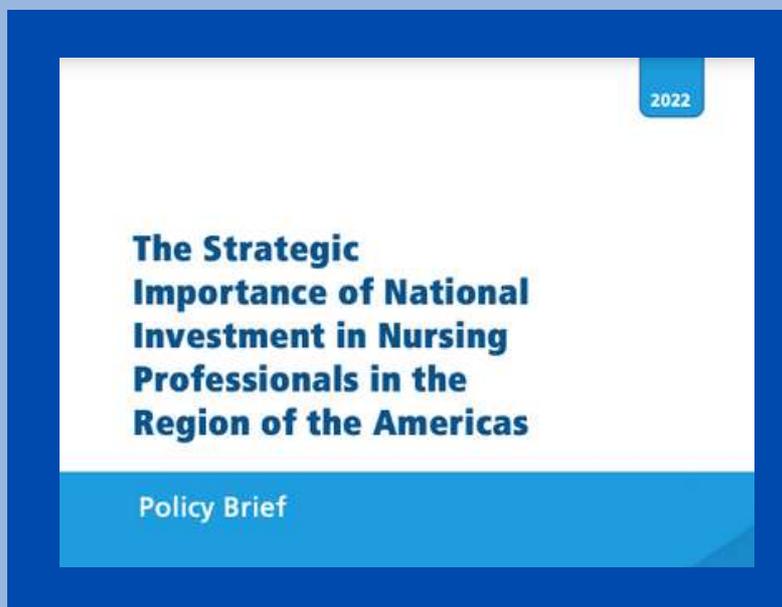
We wish that more nurses will come to know about our capacity building activities of Nursing and Midwifery workforce in India as well as in other countries and will be benefitted through our various continuing education and professional development activities.



**POLICY BRIEF:
THE STRATEGIC IMPORTANCE
OF NATIONAL INVESTMENT
IN NURSING PROFESSIONALS
IN THE REGION OF THE
AMERICAS**

The Strategic Importance of National Investment in Nursing Professionals in the Region of the Americas

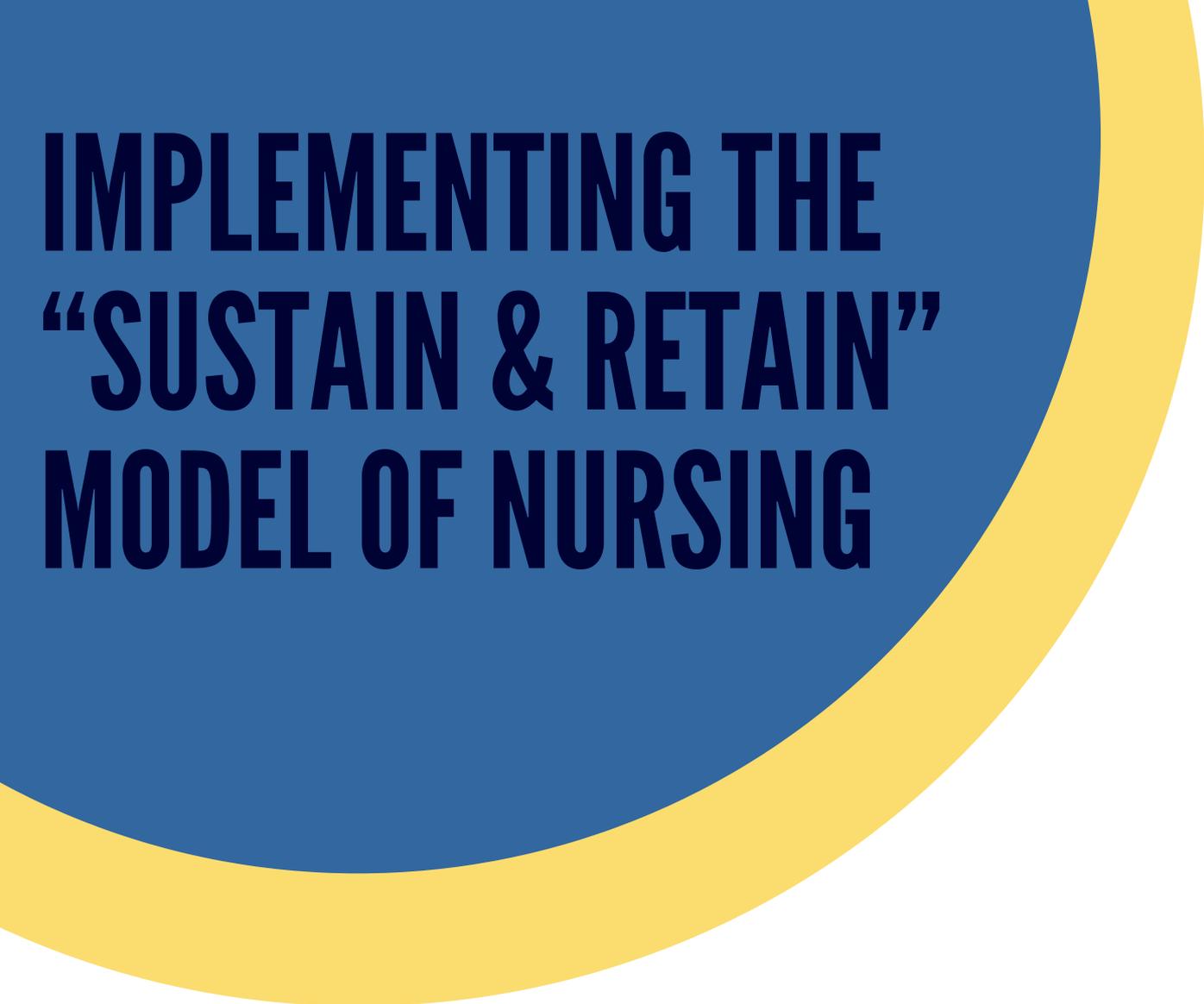
The Pan American Health Organization teamed up with the Johns Hopkins School of Nursing Center for Global Initiatives to draft the following policy brief. Please click the link in the image below to view the entire work.



This document addresses key policy questions relating to policy priorities for investment in the nursing workforce and calls on Member States to strengthen nursing within the context of their own country efforts through a host of measures such as engaging the expertise of nurses and including them in the development of human resources for health policies as directed by World Health Assembly resolution WHA64.7, Strategic Directions for Nursing and Midwifery 2021-2025, and the State of the World Report.

This document highlights key action points for targeted investment in the nursing workforce. Suggestions for action and strategies for strengthening the nursing workforce in primary health care services through investment in education, jobs, leadership, and service delivery are provided. The document provides information for country stakeholders with a strategic role in addressing health access barriers and attending to the health needs of the population, especially groups living in conditions of vulnerability, in rural and remote communities, and in places with a low density of other health professionals.





IMPLEMENTING THE “SUSTAIN & RETAIN” MODEL OF NURSING

Implementing the "Sustain and Retain" Model of Nursing

Karli McGuinness, MSN, Johns Hopkins School of Nursing

Could you imagine a world without nurses? Nurses are considering leaving the profession at concerning rates. As high as 90% of nurses with over 15 years of experience are contemplating leaving the bedside, while 72% reported feeling burned out well before the Covid-19 pandemic (Siwicki, 2022). The State of the World's Nursing Report data collected from 2019-2020 reflects that globally there was nearly a 20% shortage of nurses going *into* the pandemic (Health Workforce, 2020).

The pandemic did not cause nurse turnover, unappreciated and exploited feelings, or inadequate staffing. It magnified existing problems. Dr. Karlene Kerfoot calls for "'The Great Reset' as it is time to reset our profession to capture the knowledge gained in this crisis, and vow never to return to the old, comfortable, and ineffective ways of doing business in health care." This reset includes a five-step process including an overhaul in: leadership, frontline culture, the view of staff as an investment (not a cost), supportive technology, and messaging (Kerfoot, 2022).

Howard Catton (CEO, International Council of Nurses) agrees with "The Great Reset" in many ways. Catton believes that a change in messaging is paramount as "Registered Nurses (RNs) need to be able to articulate in a sophisticated manner what the job requires in order to demand support. Health as a critical component of peaceful societies, and conflict within political systems is directly linked to health. Rather than magnifying the soft skills of kindness and compassion, messaging around nursing should include the many highly complex, critical decisions that are made by the nurse to directly affect patient care on a daily (or even hourly) basis. There is a strong argument for giving the world's nurses a pay increase, coupled with a historic undervaluing of the work that nurses do, deeply engrained in gender dis-equality."

Further, one pathway to reduced access to healthcare resources includes the "changing landscape politically resulting in increased defense spending, and a decreased availability of healthcare spending, also effected by climate change and other political issues" says Catton.

Implementing the "Sustain and Retain" Model of Nursing

To address the broader issue of a global shortage of nurses willing to maintain employment, Catton emphasizes a "Sustain and Retain" model. He states, "recruitment and investment into nursing students, though important, will not provide relief in the workforce for three to five years. Furthermore, shortages are not distributed evenly, they are far worse in low- and middle-income countries. Therefore we need to focus our efforts on retention."

In order to retain nursing staff, in conjunction with safe work conditions, fair pay, and flexibility at work, Catton highlights "feeling valued and respected at work, and that you have a voice that is heard." In support, a study in Uruguay found that three out of four two-way interactions presented significant effects, showing that social support mitigated the negative effects that emotional demands and work overload have on work engagement. However, self-development opportunities only moderated the effect of emotional demands on work engagement but did not relieve the effects of work overload (Gabel-Shemueli et al., 2017).

The decision to leave or stay in nursing is influenced by a complex range of dynamic push and pull factors. Two themes, each with several subthemes, emerged from a 2022 analysis of a cohort of German nurses: a) PUSH FACTORS, i.e. factors that may push nurses to consider leaving the profession included limited career prospects, generational barriers, poor public image of nursing, and workplace pressures; b) PULL FACTORS, i.e. factors that nurses wished for and could keep them in the profession included professional pride, improved remuneration, recognition of nursing, professionalization, and improving the image of nursing as a profession. A key to tackling nursing shortages may be focusing on pull factors. Nurse managers should listen in particular to the perspectives of junior nurses directly involved in patient care, as well as give them opportunities to further develop professionally. These actions reinforce strong and supportive workplace relationships, the importance of paying an appropriate salary, and improve the overall public image of the nursing profession (Roth et al., 2022).

In the words of one of the foremost global advocates for nursing, Howard Catton states, "None of this is easy, but that is not an excuse to sit back. Quite the opposite, this is a time to stand up and lead like never before."

Acknowledgments to Howard Catton for his generous support in contributing to this piece.

References can be found on page 51-55



MULTI-SENSORY STIMULATION & MENTAL HEALTH: CONCEPTION, DEVELOPMENT, & FORM

Multi-sensory Stimulation & Mental Health: Conception, Development, & Form



*Roland Eßl-Maurer, BScN, MScN
Research Associate
Institute for Nursing Science and practice
Salzburg, Austria*



*Prof. JÜRGEN OSTERBRINK, Ph.D.; MN (HP), DHL (h.c.) RN
Professor and Director Institute for Nursing Science and -
practice Director WHO CC for Nursing Research and
Education
Salzburg, Austria*

Depression is a stress-associated, multi-causal clinical picture affecting about 280 million people worldwide, corresponding to approximately 3.8% of the population (WHO, 2021). Among mental disorders, depression is particularly important for health care and has a high mortality rate, especially due to suicide.

Depressive illnesses are often associated with other somatic or mental disorders (comorbidities), and from an epidemiological point of view, depressive disorders are especially associated with a high risk of both anxiety- and substance-related mental disorders. Moreover, a significant increase in the prevalence and burden of depressive disorders is expected as result of the COVID-19 pandemic (COVID-19 Mental Disorders Collaborators, 2021) and there is international interest in effective prevention measures for the general population that start at an early stage.



Snoezelen room



Light room

Multi-sensory Stimulation & Mental Health: Conception, Development, & Form

Add a against the background of this gap in research and care, the Institute of Nursing Science and Practice of the PMU, in collaboration with ANIMA MENTIS Fitness GmbH and taking into account current research findings, designed and developed evidence-based, non-pharmacological applications to promote mental health since 2017, which have been available to the general population in a treatment center in Vienna since autumn 2018. This application program has an individualized primary preventive approach to psychophysical health promotion and aims to improve mental well-being, increase resilience, and inhibit the manifestation of symptoms on an individual level. Thereby, this application program integrates and combines several evidence-based interventions in the sense of a treatment plan. Cognitive approaches through education, sensory perception by sensorial stimulation, and motor approaches by means of movement interventions are brought together in a combined analogue-digital setting.

The application program is structured in modules and includes applications in the treatment center and additional supporting digital content which can be used via a smartphone app. The application program is offered in the treatment center in different room concepts as mentioned below, which are thematically and technically aligned with the respective treatment aim.



360° multimedia room

- Exercise room – Yoga & cycling with specially selected music in a projected nature environment
- Light room – combined stimulation by bright light/ color light, scent, and sound
- VR room – virtual reality application with creative activity in a virtual nature environment
- 360° multimedia room – relaxation in a projected nature environment
- Snoezelen room – selective sensory stimulation based on the Snoezelen concept
- Seminars – education on specific topics such as lifestyle change, stress management, mindfulness, resilience, etc.
- Coaching

Multi-sensory Stimulation & Mental Health: Conception, Development, & Form

The selection of the indicated, adequate combination of different applications or program modules for each user, in the sense of an application plan, is based on a specifically developed standardized assessment procedure which includes various psychometric instruments for self-assessment and is carried out by psychologically trained staff members. With its modular structure and possible combinations of treatment units, the concept is also suitable for the use in forms of workplace health promotion.

The Institute of Nursing Science and Practice of the PMU is continuously evaluating the treatment offer under scientific aspects and found in a pilot study in 2020 in a first interim evaluation positive effects of the application program on mental indicators such as depression, stress, and anxiety. Currently, the focus is on the further development of the smartphone app with digital applications as an everyday assistant and option for reflection.

References can be found on page 51-55



ADOLESCENT HEALTH & DEVELOPMENT IN NURSING EDUCATION

Adolescent Health & Development in Nursing Education

Silvia Helena De Bortoli Cassiani^{1*}; *Bruna Moreno Dias*¹; *Martha Patricia Bejarano Beltran*²; *Lucy Marcela Vesga Gualdrón*²; *Gloria Mabel Carrillo*²; *Luz Mery Hernández*²; *Taycia Ramírez Pérez*³; *Germania Marivel Vargas Aguilar*³; *Aleymis Torres Chils*³; *Alicia Jeanette Donoso Triviño*³; *Rudi Amalia Loli Ponce*⁴; *Angela Rocío Cornejo Valdivia*⁴; *Juana Matilde Cuba Sancho*⁴; *Rosa Albina Velásquez Perales*⁴; *Yesenia Retamozo Siancas*⁴

1 Pan American Health Organization, Washington, D.C., USA

2 Universidad Nacional de Colombia, Bogotá, Colombia

3 Universidad de Guayaquil, Guayaquil, Ecuador

4 Universidad Nacional Mayor de San Marcos, Lima, Perú

Adolescence is an important stage of human development in which adolescents, who are neither children nor young adults, face specific developmental and health factors. Although considered a healthy group, adolescents around the world experience barriers to access health care (1).



When considering the role of nurses in health services and systems, strengthening the nursing workforce involves policy priorities focused on investments in education, jobs, leadership, and service delivery, as advocated in the report "Global Strategic Directions for Nursing and Midwifery 2021-2025" (3).

The report "Plan of Action for Women's, Children's and Adolescents' Health 2018-2030" of the Pan American Health Organization (PAHO) recommends implementing actions to reduce inequalities, promote health, increase access and strengthen information systems (2).

There are significant disparities in nursing education in the Region of the Americas, which affects the capacity of the nursing workforce and the quality of care provided (4). Understanding and improving nursing education processes will have a positive impact on population health. Nursing education programs must be able to ensure effective student learning, as well as meet quality standards and health needs (3).



PAHO, in partnership with PAHO/WHO Collaborating Centers and universities in Colombia, Ecuador, and Peru, is conducting a project aimed at building competencies and enhancing capacities of nurses working with adolescent girls in Latin American countries. This paper reports the activities carried out in the project "The role of nurses in improving health of adolescents' girls in situations of vulnerability".

Adolescent Health & Development in Nursing Education

The first activity of the project was the webinar “The role of nurses in improving health of adolescents girls in situations of vulnerability in Colombia, Ecuador and Peru” held in June 2021 with the objective of discussing the theme and identifying stakeholders. The event was attended by about 50 people and subsequently received 500 views of the recording on YouTube.

Based on the themes discussed in the webinar, and using an instrument developed and validated by the World Health Organization (WHO) (5), a survey was conducted to analyze the adolescent health and development component in nurse education.

The survey was answered by 84.1% of all schools of nursing in Colombia, Ecuador, and Peru (6); 31.6% of professors who teach adolescent health topics had no specific training in the subject and 18.9% had no training in education/pedagogy. The lack of adequate preparation of faculty in the field of education/pedagogy and in the specific subject of adolescent health limits the effective implementation of the training program.

Most schools report that there is a module dedicated to adolescent health (90.5%). In courses where the subject is not taught independently, the content integrates the subjects of child health, community/family nursing, and women's health.

Nurses need to be trained about the health situation, the epidemiological profile, and the laws and policies to guide their decision making, in addition to understanding the role of the school and the possible actions in the context of school nursing.

It is imperative to review and update the content of the curriculum to include current and relevant topics in the context of adolescent health and development. The main topics to be incorporated into the curriculum are behavior, gender identity and sexual orientation, bullying and cyberbullying, use of digital technologies, dating violence, parenting in adolescence, and pubertal delay.



Adolescent Health & Development in Nursing Education

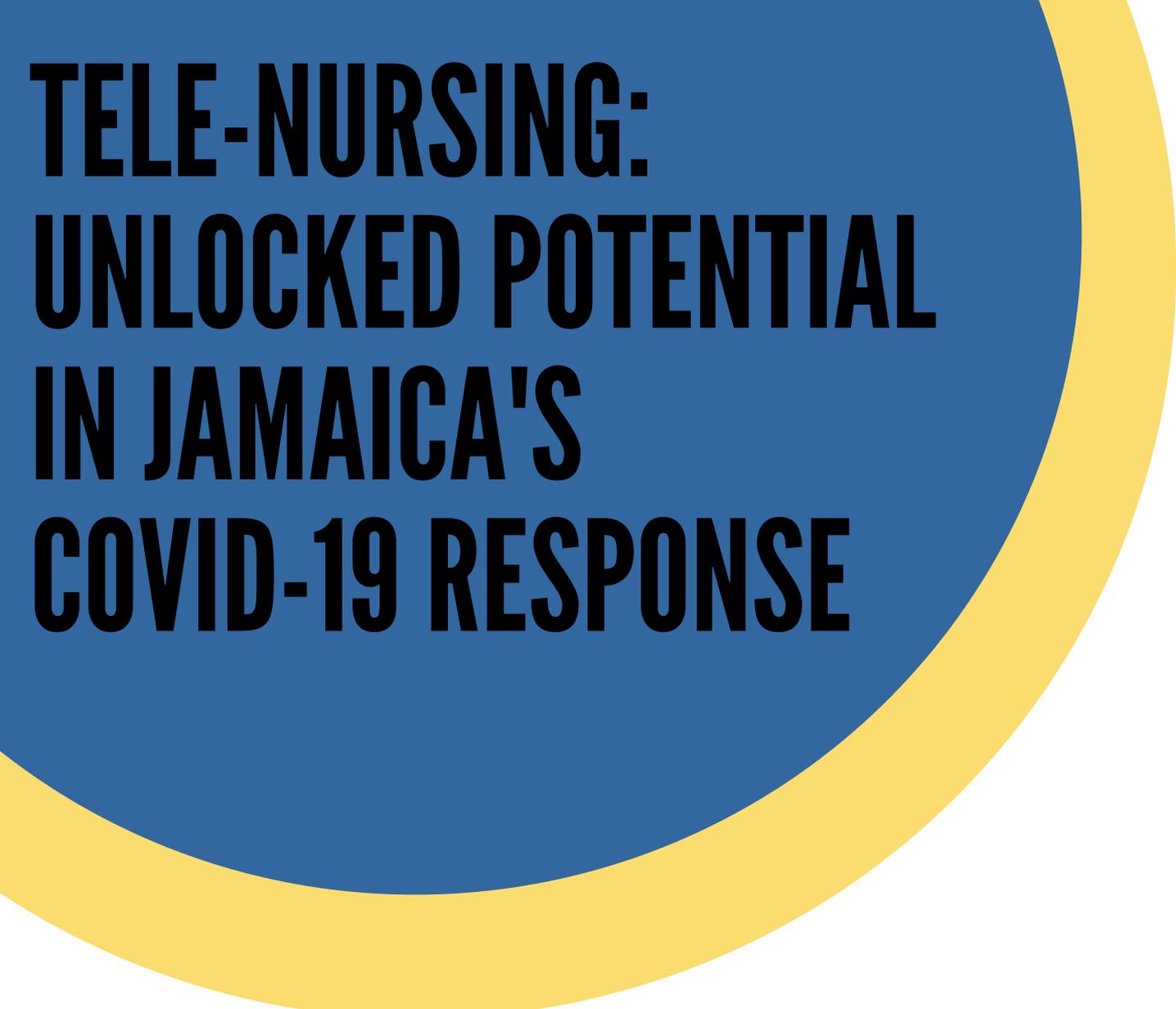
The analysis of the structure and content of the curriculum in the three countries allows drawing parallels and inferences for other countries in Latin America and the Caribbean.

The results obtained in the survey were presented in April 2022 at the webinar "Adolescent health and development in nursing education in Colombia, Ecuador and Peru". More than 300 people from seven countries of the Region attended the event. Among the participants were deans of schools of nursing, professors, nurses, and other stakeholders, with representation from several public and private educational institutions, ministries of health and health services.

The event constituted an important strategy for the exchange of experiences and topics such as: gaps in the training of nursing students and points of improvement for teaching plans; opportunities for professor training; advances in research; school nursing; collaborative and interdisciplinary practices; and importance of the integration of the clinical part and community services, among other topics.

The level of participation and the reflections presented reinforce the importance of the topic for nursing. In the coming months, PAHO will develop other actions within the scope of this project, including a forum for the exchange of experiences, the analysis of policies related to adolescents, the offer of qualification opportunities and the publication of technical documents. In this way, PAHO is expected to build competencies and enhance the capabilities of nurses working with adolescents.

References can be found on page 51-55



TELE-NURSING: UNLOCKED POTENTIAL IN JAMAICA'S COVID-19 RESPONSE

Tele-Nursing: Unlocked Potential in Jamaica's COVID-19 Response

**Author 1: and corresponding author Cynthia Pearl Pitter: PhD (pending), MScN (Ed), RM, RN.
Lecturer, The UWI School of Nursing, Mona*

*Author 2: Granville Pitter, Doctoral Candidate, MRes (Lond), MBA-MIS(UWI), Dip, Ed., BSc. (UTech).
Senior Lecturer, The University of Technology*

*Author 3: Deborah Adedire Udoudo, MScN, BScN Public Health, RN, RM,
Public Health Nurse, The Kingston & St. Andrew Health Department*

*Author 4: Judith Longmore Carridge, MScN (Admin), RM. RN
Director of Nursing, The University Hospital of the West Indies*

Since 2020, the Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) better known as COVID-19 has created havoc, impacting the quantity and quality of health care and services worldwide. The disease has reinforced vulnerabilities for persons living with non-communicable diseases. As of April 28, 2022, there have been 508, 827, 830 confirmed cases of COVID-19, including 6, 227, 291 deaths globally (World Health Organization (WHO), (2022)). The numbers although declining are still high and healthcare providers such as nurses still at risk. Like everywhere else, persons at risks in Jamaica particularly senior citizens were advised to stay home and avoid routine medical visits (Ministry of Health & Wellness, 2020). Similarly, most of the resources in the healthcare sector have since shifted to caring for persons infected with the deadly disease. Emphasis was placed on preventing the transmission of COVID-19 in healthcare facilities, among healthcare workers and minimize disruptions to essential health services (Centers for Disease Control and Prevention, 2020). The nurses responded as the demand for their service increases, many of whom also have their own psychosocial challenges to deal with.



The integration of digital technology into pandemic policies and response has been credited to the flattening of countries' COVID-19 incidence curves and maintaining low mortality rates (Whitelaw, et al, 2020). Similar initiative was adopted by Jamaica as the government's 2018 telemedicine was expanded to include dedicated hotlines and mobile apps, enabling citizens and visitors alike to report symptoms of the virus. This is commendable but given the increasingly demand for both technology and nursing services, as well as the change in the expectations of the nurse in this crisis, the utilization of technology in nursing services is long overdue in Jamaica.

Tele-Nursing: Unlocked Potential in Jamaica's COVID-19 Response

Telenursing is using technology to provide nursing services through computers and mobile devices (Advent Health University, 2017). Telenursing also referred to as virtual care nursing emerged as the modern gateway to meet the needs of patients and nurses as well as the development of nursing (Cloyd et al, 2020; Souza-Junior et al, 2016). This is not new, as prior to the pandemic, telenursing was already being adopted as a new and improved evidence-based practices and the standard for patient care worldwide (Balenton et al, 2017). However, the demand and usage has escalated since the pandemic as nurses seek to minimize the risk of infection transmission between themselves and patients. "Bedside nursing" care will never be replaced, and such the work of the nurse needs to be enhanced with cutting-edge technology and the continuous generation of bio informational developments and advancements (Balenton et al, 2017).



There are many success stories of telenursing improving the quality of life for patients especially those who are difficult to reach and need urgent attention. It is credited for the reduction of maternal stress levels (Asghari et al, 2021); management of persons with chronic conditions living at home (Kamei et al, 2021) management of school-aged children's mental health of (Rakhmawati, 2020) as well as the treatment and prevention of pressure injury in bedridden patients (Mamom et al, 2022). Telenursing is cost-effective; has the potential to improved financial savings, increase bed space and patient comfort. Additionally, it facilitates continuous monitoring of patients' condition and delivery of services to clients in distant communities (Mathur et al, 2020). It is not a one size fits all as the preference for physical hospital visits still lingers as well as the fear of nurses perceived as stepping outside their scopes of practice and the likelihood of technology failures.

Tele-Nursing: Unlocked Potential in Jamaica's COVID-19 Response

Nurses are consistently ranked as the most trustworthy professionals. They are uniquely positioned to be effective educators who can dispel myths and help people weed through false, politicized, or misleading information (Elmhurst University, 2022). If adopted, nurses in Jamaica could use telenursing alongside their traditional care to alleviate the suffering of patients with long term or terminal illnesses; care for the elderly, persons with disabilities or bedridden; those who reside in places that are difficult to reach; have difficulty getting to a health facility or waiting on long appointment for home visits (Kuriakose, 2011). Furthermore, nurses who were required to quarantine due to exposure could have continued working from home. With telenursing, overcrowding and nurses 'burnt out' hopefully will become obsolete.

Nurses have always featured prominently in disasters. Apart from the Poliomyelitis outbreak over 50 years ago, the COVID-19 pandemic is perhaps the greatest health challenge Jamaican health sector has faced. The difference is that the country now has the technological framework for nurses to become more accessible whether there is a health crisis or not. This new but not so new model of care is 'real nursing' that could revolutionize nursing practice. However, the required investment in nurses and resources as well as a shift in mindset are lacking. This is a call for all hands-on deck with nurses at the front managing this change. The future is here; investing in telenursing will unlock the power to transform nursing practice as Jamaica build back stronger.

References can be found on page 51-55



TIPS FOR EMPOWERING NEW GRAD NURSES IN THE UNITED STATES

Tips for Empowering New Grad Nurses in the United States

Karli McGuinness, MSN. Johns Hopkins School of Nursing

It is difficult to forecast the future culture of bedside nursing in the United States (US). On one hand, The Year of the Nurse followed worldwide applause for nurses and doctors during the height of the pandemic. Nurses were brought into a position of recognized value in a way the role had not been before. On the other hand, as the applause dies down, safety breaches due to unsafe nurse-patient ratios and violence towards nurses are on the rise.

Financially speaking, travel nurses in the US are being compensated far higher than their staff nurse colleagues, at rates that will be difficult to sustain. What does compensation for Registered Nurses (RN) look like in five years' time? Will travelers be willing to go back to a more traditional salary when the current pay bubble bursts? Will the value of nurses evolve to include higher pay for all clinical RNs? Is the future of nursing a bit less hopeful?

As a Nursing student myself, who will have graduated by the time this article is published, I am in good company with my peers as we hold concerns for the type of work environment we can expect to join for what we hope is a lifelong career.

In an excerpt from Dr. Nancy Reynolds (Johns Hopkins School of Nursing Associate Dean of Global Affairs, Director of the Center for Global Initiatives):

“The World Health Organization, International Council of Nurses, New York Times, and others are calling attention to the critical situation placing enormous strain on [the US] nursing workforce because of unsafe and often harrowing nurse/patient ratios. This is due less to a nursing shortage per se than a shortage of nurses willing to work under current conditions. Like others, faculty at Johns Hopkins University are educating marvelously bright, competent, and humanistic students for entry into the nursing workforce. But I have begun to worry to what end. For the first time in my academic career, I have heard students voice concern and reservations about entering workplace as a nurse because of the dismal conditions. A shortage of practicing nurses can help make them a highly desirable employee. But graduates should be judicious about the position they accept. If possible, they should avoid accepting the first available position that is offered unless it is in a workplace that provides safe conditions that allow the nurse to perform as the professional she or he has been educated to be. I would encourage nurses to look very carefully at the policies of the health care facility before taking a position.”

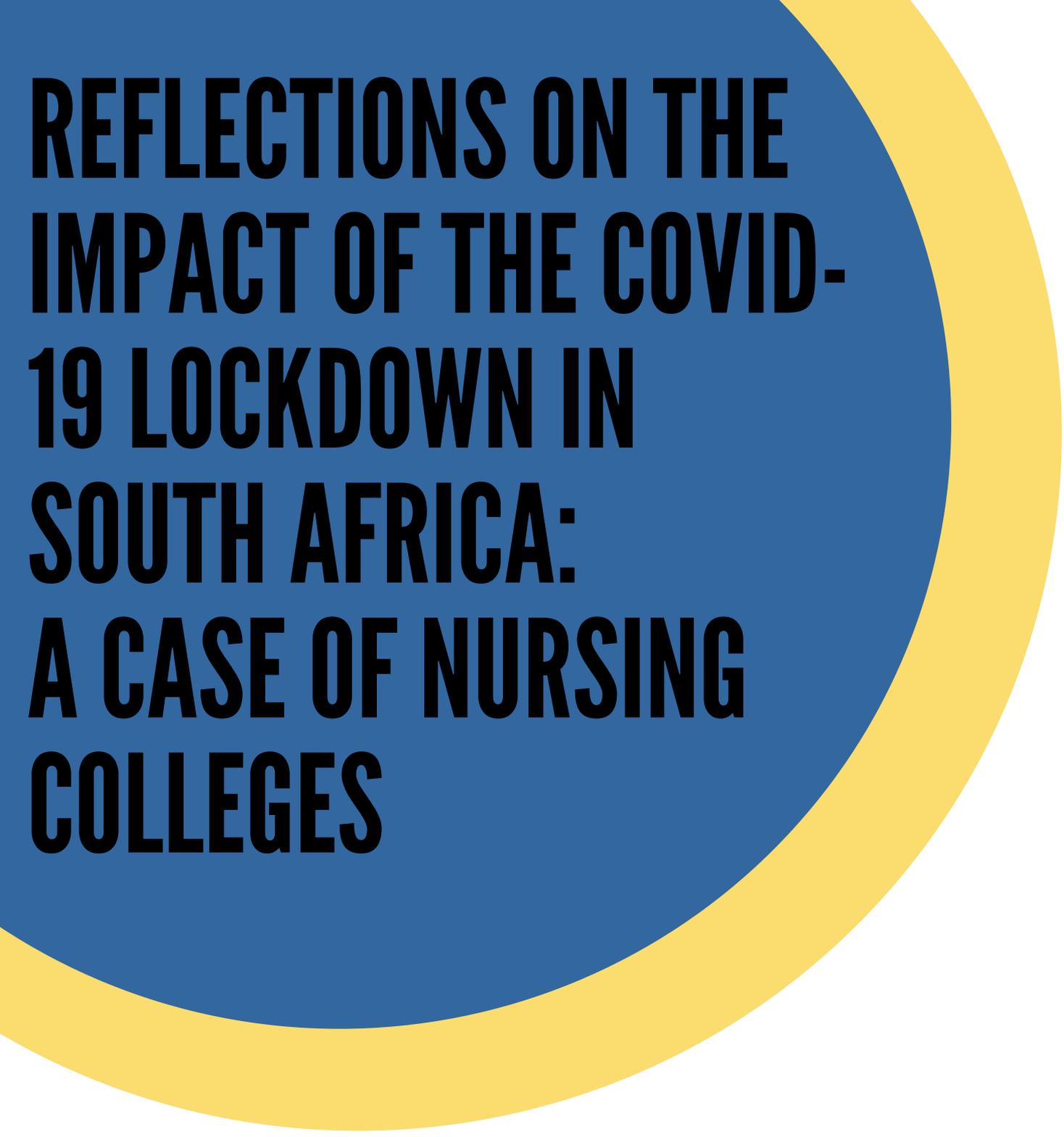
Tips for Empowering New Grad Nurses in the United States

In order to empower new grads and seasoned RNs alike, Dr. Reynolds and her team at the WHO Collaborating Centers created a list of questions that would be helpful for nurses to ask hiring managers when applying for a position in a health care facility in the United States:

- What do you do to protect the physical safety of nurses in the workplace?
- Do you have minimum nurse/patient ratios? What are these?
- Do you use travel nurses to fill in staffing gaps? How do you equitably compensate regular staff?
- Do you have an orientation program? Please describe.
- Do you have mandatory overtime?
- How do you show appreciation for considerable sacrifices nurses may make (a cup or t-shirt or a bonus or extra time off?)
- What is the mix of LPN, diploma, BSN and advanced practice nurses at the facility?

I had the opportunity to speak with Howard Catton (CEO, International Council of Nurses) to discuss the projected future of nursing. When asked what advice he would give new grad nurses entering the field his response was hopeful: “The same advice that was given to me when I was starting out as a nurse: if you are looking for a job that allows you to make a meaningful impact every day, look no further than nursing. If that is what is drawing you to the profession, then you have made the right decision, never lose sight of that. Make sure you have good friends around you that you can offload on when needed, to help you see the reality of situations and speak honestly with you. There is learning in everything that you do. Don’t spend hours thinking and planning about the future, life doesn’t quite work out like that. If you are working in a job that is satisfying and meaningful to you, you are in the right place. The drive, commitment, energy, enthusiasm comes from enjoying the work you are doing in the moment.”

Acknowledgments to Dr. Nancy Reynolds and Howard Catton for their generous support in contributing to this piece.



REFLECTIONS ON THE IMPACT OF THE COVID- 19 LOCKDOWN IN SOUTH AFRICA: A CASE OF NURSING COLLEGES

Reflections on the Impact of the COVID-19 Lockdown in South Africa: A Case of Nursing Colleges

*Dr Selina Mudau TS, Nursing Department,
affiliation institution is University Of Kwa-Zulu Natal*

According to the World Health Organization (WHO), the 21st-century global trends require that traditional and conservative approaches to health care delivery including its mode of education be seriously reconsidered if health global needs are to be met (WHO, 2015). Moreover, Educational institutions are sources of growth, development, and innovation. Such innovation applies to pedagogical practices as well (Ghilay, 2017). In the event of the COVID-19 pandemic, most countries were on national lockdown for more than a month (WHO, 2020), thus affecting teaching and learning. The emergency shift to online teaching and learning was applied across all disciplines to save the academic calendar.

Most African states are known to be lagging behind in Information technology (ICT) due to infrastructural problems such as poor electricity coverage, lack of bandwidth coverage thus no network coverage, lack of funding, and poor or no access to the internet gadgets (Kumi-Yebaoh et al., 2013; Sinclair et al., 2015). Accordingly, institutions encountering such challenges tend to drift between face-to-face teaching (80%) and virtual (20%) methods-blended learning. In relation to the instructors or lecturers, there are reported challenges irrespective of one being technologically novice or being experienced (Ghilay, 2017). According to Ghilay (2017), online teaching is best suited for quantitative courses (courses relying largely on knowledge rather than skills). On the other hand, soft skills such as clinical reasoning are best learned and assessed during physical contact with the student (Tshuma, 2016).

Historically, the SA Nursing Colleges were placed under the Department of Health administered by hospital nursing managers as part of hospital personnel, a situation different from the University nursing programmes which are under the Department of Higher education (RSA, 2017). More so, Colleges have been categorized to offer free education where students are serving both as workers who are paid stipends and/or students who are awarded bursaries (NNSP, 2017). Nursing Colleges enroll more students who serve the middle- and lowest-income groups, especially blacks who could not afford university tuition fees (RSA, 2020b). Most of such students could not afford ICT gadgets, thus affecting migration to online teaching. More so, the level of ICT infrastructure in the RSA Nursing Colleges is generally low (Mohudi, 2013).

Reflections on the Impact of the COVID-19 Lockdown in South Africa: A Case of Nursing Colleges

In the case of the COVID-19 pandemic academic calendars were temporarily halted and later extended to manage the spread of the virus. Options such as telemedicine and simulation were used to replace the practical allocation of students in clinical facilities. In England, health care training was provided through E-clinics and other digital platforms (Nursing Practice, 2020). Sadly, the situation is different in developing countries where there is lack of funding to provide digital devices and related resources.

In South Africa, like any other student, the nursing students have lost nearly 15 weeks from the first announcement (5 March 2020) of the state of emergency (RSA, 2020a). Generally, the reopening of clinical learning was marked with fear of caring for patients infected with COVID-19 among nursing, medicine and other allied health care students (Clinical Education, 2020). Furthermore, the resumption of learning was met with multiple interruptions especially in the clinical facilities when facilities had to be temporarily closed for deep cleaning after a positive case report among staff and patients, staff occupational leave leading to shortage and poor student supervision (Zali, 2020; Moatshe, 2020). Students' clinical learning was delayed leading to failure to comply with clinical hours towards course completion. The delayed course completion will impact the country's nursing personnel. The table below gives nurses' human resources shortage in RSA before COVID-19 pandemic.

Year	2011	2015	2020	2026
Existing public sector vacancies	45682	46603	47780	49231

Source: SANC 2019a

Table: 1 The projected strategic Professional nurses' distribution goals

Reflections on the Impact of the COVID-19 Lockdown in South Africa: A Case of Nursing Colleges

In South Africa, the health sector is marked with disparities based on demographic factors such as urban or rural, where the urban and rich are better resources with both human and infrastructure supply (RSA, 2017). The South African Nursing Council (SANC) (2019a) annual statistics recorded a total of 25 613 student nurses. The number was 20 822 Professional nurses, 2917 enrolled nurses, and 1874 auxiliary nurses against the total population of nearly 59 million who require nursing care across the health facilities in South Africa. The SANC annual statistics reported that Nursing Colleges are the largest supplier of Professional Nurse (80%) including other specialization such as advanced Midwifery, advanced Psychiatry among others. In 2019, The Colleges supplied 2279 Professional nurses while universities supplied 1324 in 2019 alone. Obviously, delayed course completion of student nurses COVID-19 lockdown will also delay the starting of community service which assists in relieving the burden of shortage in the health facilities. Such shortage plus the usual staff attrition, worsens the health disparities in the SA health system.

In conclusion, this paper draws the need to fast track training of more nurses, and provision of ICT infrastructure to curb the effects of COVID-19 in RSA.

References can be found on page 51-55



UNIVERSITY OF TECHNOLOGY SYDNEY: PROGRAM UPDATES

University of Technology Sydney: Program Updates

Collaborating Centre Team: University of Technology Sydney

Since 2006, the WHO Collaborating Centre for Nursing, Midwifery, and Health Development at the University of Technology Sydney (WHO CC UTS) has worked with and alongside key regional partners to undertake projects in support of WHO's programs and strategic directions within the Western Pacific (WHO 2021). Recently, WHO CC UTS has been working on the Review and Development of National Curricula for the Diploma of General Nursing (DGN) and Certificate for Community Health Workers (CHWs) program in Papua New Guinea (PNG) in partnership with the National Department of Health (NDoH). The aim of this program is to improve nursing and CHW education in PNG by updating the curricula and supporting professional development activities for graduates, educators, clinicians, and faculty. This aim is aligned with key policy priorities identified in the WHO's State of the World's Nursing Report (WHO 2020) and subsequent regional workshop, as well as the Global Strategic Directions for Nursing and Midwifery for 2021-2025 (WHO 2021). Specifically, it aims to support the development of effective, evidence-based, and sustainable education programs and curricula for future healthcare professionals, as well as the development of institutional capacity and leadership skills for nursing and CHW educators. Indeed, it is only by ensuring that educators are equipped with the best pedagogical methods and technologies that we can enable domestic healthcare workforces to meet future health system demand (WHO 2021, p.6).

The devastating COVID-19 pandemic has disrupted this program of work and continue to severely impact PNG health systems. However, strong working partnerships have allowed WHO CC UTS to continue supporting program activities whilst simultaneously ensuring that local stakeholders remain as safe as possible. The most recent work undertaken on this program has been the NDoH's baseline survey and analysis, to which WHO CC UTS provided practical training and logistical support.

University of Technology Sydney: Program Updates

NDoH Data Survey and Analysis

The success of the Review and Development of National Curricula program is contingent on the use of accurate and relevant baseline data to inform program activities, priorities, and directions. From October 2021 until late March 2022, WHO CC UTS supported the NDoH to complete their baseline survey and analysis of the perspectives of students, graduates, supervisors, and educators on current curricula content, critical gaps in training, and their own capacities and capabilities. Data collection was conducted in 8 provinces between October and February, and generated 489 responses.



NDoH Researchers from Team Kerema

While health, safety, and logistical issues related to the outbreak of COVID-19 and the resulting community lockdown delayed the data collection process, the 6 researchers from the NDoH overcame these immense difficulties to successfully complete their survey. The success of this endeavor owes much to the long-term relationships established between the National PNG staff and WHO CC UTS. These relationships ensured that there was a constant and open dialogue between each party. As a result, logistical issues and challenges were identified early and mitigated.

University of Technology Sydney: Program Updates

A 10-day workshop with the NDoH Research Team and the NDoH IT and Research Departments was conducted, beginning on the 14th of March 2022, with WHO CC UTS providing refresher training and guidance on recommended processes for data organisation, analysis, and coding to better support the most effective use of the data. Specifically, WHO CC UTS provided support on data organisation, data immersion, and strategies for identifying thematic content. The core objective of the workshop was to analyse the data and prepare the results for usage in the DGN & CHW Curricula review. This objective was successfully achieved thanks to the strong working partnerships established between the WHO CC UTS and NDoH teams.

The results of the survey will allow researchers to assess the effectiveness of the existing curricula, and to highlight critical gaps in skills and knowledge. They will likewise feed into a revised Faculty Development and Educators Needs Assessment Survey to be conducted by the WHO CC UTS and PNG research teams in 2022, in collaboration with all nursing and CHW institutes involved in the Program to Strengthen Health Workforce Education in PNG. This survey will assess the current context of practice and professional development needs of nursing and CHW faculty staff and educators to inform program priorities. Together with the baseline analysis, it will provide foundational evidence and knowledge to build capacity programs for educators and faculty that are fit for purpose, co-designed (Rumsey et al., 2022), and appropriate to the collectivist cultural context in the Pacific, with the aim of ensuring that graduate nurses and CHWs have the requisite knowledge, competencies, and attitudes to meet PNG's national health priorities (WHO 2021, p. 6).

References can be found on page 51-55

SUMMIT TO ADVANCE PhD NURSING PROGRAMS IN LATIN AMERICA & THE CARIBBEAN



Summit to Advance PhD Nursing Programs in Latin America & the Caribbean

Eileen T. Lake, PhD, RN, FAAN¹

Adriana Perez, PhD, CRNP, ANP-BC, FAAN, FGSA¹

Laura Vargas, PhD, MSW, MPA¹

Antonia M. Villarruel, PhD, RN, FAAN¹

¹University of Pennsylvania School of Nursing, Philadelphia, PA, USA

²Pan American Health Organization/World Health Organization, Washington, D.C., United States of America

Doctoral education is important for any profession to advance science, support evidence-based practice, advocate for evidence-based policies, and prepare the next generation of leaders within the profession and greater society. Yet doctoral education in nursing in the region of the Americas has been slow to advance. As of 2017, there were a total of 51 doctoral programs in 11 countries in the Latin America and Caribbean region (Pan American Health Organization [PAHO], 2019). Brazil has the majority of programs (n=37) while three countries (Argentina, Columbia, Chile, Mexico) each have two programs, and six countries (Cuba, Jamaica, Panama, Peru, Puerto Rico, Venezuela) have only one program. The majority of doctoral programs have only been established within the past 15 years.

A comprehensive report *Formación doctoral en enfermería en América Latina y el Caribe* (Doctoral Training in Nursing Latin America and the Caribbean) was developed by PAHO (2017), to facilitate the advancement of doctoral education in nursing in the region. This report provides a detailed report of programs within countries resulting from a detailed survey that assessed type of institution, types of programs, delivery format, curriculum details, programs of research, institutional support for the program and students, and requirements and profiles of students (national and international). Based on survey findings, four strategic areas to strengthen doctoral education in nursing with specific action areas at the local, country, and regional (PAHO) area were proposed. These 4 areas included: 1) cooperation and internationalization; 2) academic training congruent with the context and needs of country/region; 3) generation of knowledge transferable to practice and 4) program sustainability.

Summit to Advance PhD Nursing Programs in Latin America & the Caribbean

In addition to the Doctoral Formation report, a key policy instrument of relevance to PhD education was promulgated in 2018: The Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) was adopted by the PAHO/WHO and Secretaries of Health of the countries of the Region of the Americas (SHRA), as a strategic policy instrument that provides direction and political vision for health development in the Region for the next 13 years. Doctoral programs play a central role in achieving this vision by aligning education and training that is congruent with the SHAA2030 goals. The SHAA2030 values include attaining a high standard of health, Pan American solidarity, health equity, universality, and social inclusion. The eleven SHAA2030 goals encompass expanding access, strengthening stewardship and governance of national health authorities, strengthening human resources for health, health financing, access to medicines, vaccines, and priority health technologies, information systems, evidence generation and transfer, disaster preparedness, reducing communicable and noncommunicable diseases and health inequities.

To further advance the recommendations of the Doctoral Formation report, and in consideration of the SHAA2030, the World Health Organization Collaborating Center (WHOCC) for Nursing and Midwifery Leadership at the University of Pennsylvania School of Nursing along with PAHO leadership designed a two-day summit on the advancement, re-envisioning, and reaffirmation of doctoral nursing in the Americas. An international gathering of leaders and experts in nursing research and practice, the purpose of this summit was to develop recommendations for the growth and continued success of PhD nursing education throughout the Americas. This summit was part of the Penn Nursing WHOCC Terms of Reference developed with PAHO. This article describes the Summit structure and purpose, summarizes discussion by Summit participants, and proposes further actions to be taken. The emergence of the COVID-19 pandemic after the summit shifted PhD education to virtual learning platforms. The sudden shift to virtual platforms required by social distancing opened new possibilities for instruction, consultation, and collaboration with experts that were previously not feasible due to geographic distance. The actions identified through this summit to facilitate alignment of PhD programs with PAHO/WHO priorities and to build interinstitutional capabilities and collaborations needed to address these priorities can be facilitated by the widespread implementation of virtual platforms in educational and scientific endeavors.

Methodology

The first day, “Advancing PhD Nursing Education in the Americas,” (Avanzando en la educación de enfermería de doctorado en las Américas) was an opportunity for invited participants from Latin America and the Caribbean including members of the PAHO/WHO Pan American Network of Nursing and Midwifery Collaborating Centers (PANMCC) and other institutions in Latin America with PhD programs to share and discuss innovations and strategies in PhD nursing education in their country and within their universities (see Table 1). The day was structured around advancing the recommendations from the PAHO/WHO report, focusing especially on doctoral nursing education development and advancement. Table 2 displays the Day 1 agenda.

The Day 1 morning sessions were designed to set the stage for afternoon groupwork. In the opening session, the director of the secretariat of the global network of WHOCCs provided remarks on universal health priorities and PhD nursing education. Next, the PAHO/WHO Regional Advisor on Nursing and Allied Health Personnel, Dr. Silvia Cassiani, presented on advancing nursing through doctoral education. Then, a panel from five Latin American and Caribbean countries and two North American countries then presented challenges and opportunities for doctoral nursing education in Latin America and the Caribbean.

An early afternoon 45-minute roundtable session was held focusing on the alignment of doctoral programs with health priorities and PAHO/WHO priorities. Four tables convened assigned participants and a moderator to discuss questions in small groups (see Table 2). Each group compiled notes on flipcharts. Following the session, a staggered lunch hour was held to have participants visit tables they had not attended to review notes and provide input.

The afternoon began with a one-hour panel session on interprofessional collaborations and integration in doctoral programs. The three panelists were doctoral nursing coordinators from Latin and South American doctoral programs. A second one-hour panel was held on interinstitutional collaboration to advance PhD education in the PAHO region. The three panelists represented doctoral programs in Sao Paulo, Brazil, Bogota, Colombia, and Birmingham, Alabama (i.e., UAB).

A second 45-minute roundtable was held focusing on needs and opportunities for interinstitutional collaboration regarding PhD education and research. Discussion focused on how to establish a network of support within the context of challenges and opportunities discussed in previous panel sessions and the strategies outlined in the PAHO report. Four tables convened assigned participants and a moderator to discuss the questions in small groups (See Table 2). Once again, participants were invited to visit tables they had not attended to review and contribute to notes.

The agenda for the second day, was combined with a concurrent Summit for PhD deans and leaders in the United States, “Re-Envisioning PhD Programs of the Future”. In this Summit, invited participants from the top research-intensive universities across the United States examined recent advances in PhD education, discussed lessons learned and the competencies that new nurse scientists should gain through a research-intensive PhD program, and identified types of infrastructures and resources that were needed in the discipline, Schools of Nursing, and universities to advance PhD programs to support discovery and innovation. A comprehensive reporting of this second day is reported in a special issue of the Journal of Professional Nursing (Fairman et. al 2021).

Participants from the PAHO region participated in the plenary and panel presentations, and held concurrent discussions about the implications of presentations within the context of their countries and region. Both days combined panel talks and interactive roundtable discussions to generate actionable ideas and recommendations for participants’ respective regions of focus, culminating in a truly Pan-American effort to strengthen doctoral nursing education.

Results

The following are summaries of roundtable discussions.

Alignment of doctoral programs with health and PAHO/WHO priorities

Strategies to align PhD programs with PAHO/WHO priorities within institutions and countries

Several strategies were discussed in this roundtable. First, the need for integrating population health and WHO priorities into curriculum, dissertations, and a graduate competency profile were identified. Participants discussed not re-inventing the wheel or duplicating efforts, understanding that embedding these priorities across curricula might need further adaptation to reflect regional or institutional differences. Second, developing collaboration with international partners within the context of scientific mentorship was noted. Summit participants overwhelmingly discussed the importance of mentorship to ultimately increase an international scientific workforce that is prepared to address the most critical PAHO/WHO priorities. A third strategy was the mapping of existing faculty research that reflects PAHO priorities, which would also highlight any gaps. Fourth, the need for strategies to prepare students for interprofessional and international collaboration was seen as a priority and given the great exemplars that may already be in place, the need to spread and scale opportunities were discussed. And fifth, a need was identified to increase articulation of nursing research with health and social sectors in the local, regional, and national contexts.

Strategies to engage PhD students in areas aligned with PAHO/WHO priorities
Participants identified a need for increased funding opportunities for students to engage in PAHO/WHO research priorities. Along with a need for more funding, investments in human resources in clinical and research training of a competent workforce were viewed as essential to the formation of future generations of clinicians and scholars.

Participants identified a confluence of interests and priorities for individual institutions, countries, and the region that support alignment with PAHO/WHO priorities. First, there is a growing interest at the country level in improving the quality and rigor of training programs. Second, because of a rising common interest, participants of this workshop identified themselves as a resource and avenue for developing regional collaboration in training and development. Third, participants identified the importance of recognizing and leveraging the Year of the Nurse as a unifying call for nurse training and development globally to prioritize alignment with PAHO/WHO priorities.

Participants recommended updating and promoting the use of PAHO directories. These can be linked to institutional websites and can be used to demonstrate the alignment of faculty, visiting scholars, including dissertation committee members, to PAHO/WHO priorities. As a result, some faculty might be identified to teach concentrated courses or to lead to curriculum building and sharing. Overall, these strategies were described as opportunities to build or strengthen relations across institutions to achieve mutual research priority areas or to address common priority areas.

Summit participants discussed engaging PhD students through the United States National Institutes of Health research that aligns with PAHO/WHO priorities. This can help generate knowledge through nursing faculty globally. These collaborations may be enhanced with PAHO serving as facilitator and influencer with country ministries of health.

Interinstitutional collaboration regarding PhD education and research

Interprofessional opportunities for PhD students/research to collaborate and lead in addressing PAHO/WHO priorities

Forming interdisciplinary research collaborations is necessary to addressing PAHO/WHO priorities. This can also help position the nurse as participants and leaders in interdisciplinary teams. Important factors to consider were described as financial, aligning priorities with funding organizations and the need for developing strategies according to context. A consistent theme across discussions focused on building from current resources or financial opportunities that already exist across international, institutional and governmental entities. Participants emphasized the need for efficiency through international agreements and networks.

Building interinstitutional capabilities and collaborations

For doctoral programs in Latin America to align their education and training to reflect SHRA 2030 goals, interinstitutional capabilities and collaborations are a necessity. To work towards this vision, PAHO 2019 doctoral summit attendees identified two main areas of interinstitutional capacity building. The first was a focus on effective strategies for supporting interinstitutional programs of research and interinstitutional training of PhD students. The second area was creation of synergies to describe the impact of nursing research in specific areas or within countries.

Participants identified specific areas that are necessary to strengthen specific interinstitutional priorities related to both research collaboration and training of PhD students. Table 3 summarizes the strategic areas and interinstitutional priorities for research and training within each strategic area identified by participants. The strategic areas to strengthen interinstitutional collaboration are funding, training and research, mentorship and partnerships, and implementation strategies.

Funding was perhaps the most crucial strategic area identified to strengthen interinstitutional research and training of PhD students that aligns with PAHO/WHO priorities. Participants highlighted a need for scholars and institutions to seek and share information on national and local funding sources (e.g., governments and private funders at the local level), as well as international funding sources (e.g., foreign country funding focused on the Latin American region as well as private international institutions) more actively.

Similar to the funding priorities for research, funding the interinstitutional training of PhD students requires that institutions and program actively engage with existing international training opportunities such as the Fogarty or Fulbright programs and promote these opportunities among students. Funding for exchange programs is also essential to achieve an interinstitutional collaboration in training of PhD students within countries and across the region.

Training and research are essential aspects of an interinstitutional agenda. Participants agreed on the need to identify common research areas for collaboration and scholarship development. In a collaborative research and training environment, participants suggested that institutions clarify and share the mission of their programs to build capacity in interinstitutional training. Beyond complementary programs and training, interinstitutional training would benefit from the establishment of discussion forums, regular meetings, network building, and the promotion of sub-groups within and across institutions for students to work together.

During the roundtable discussions, participants emphasized the importance of forming and promoting research mentorship relationships between institutions. Partnerships between more established institutions with programs of research, and newer institutions/programs can be a way to strengthen capacity of researchers and scholarly production for both. In terms of interinstitutional training, participants identified the importance of optimizing and sharing existing infrastructure and research resources to improve training of PhD students. Developing a “sponsorship” model between institutions to provide training support was suggested as a means for more established institutions to help guide upcoming ones.

A final strategic area of interinstitutional research is building capacity for implementation. Replicating and expanding successful interventions aligned with PAHO/WHO priorities were seen as a means to grow scholarship and strengthen evidence-based practices in the region. Participants suggested that implementation capacity for training can be strengthened through existing experiences and networks of program faculty. Faculty networks offer an opportunity for students to be exposed to new scholarship and practice outside of their institution or program. Similarly, participants identified a need for expanding opportunities for interinstitutional faculty and student development through visiting professorships, internships, or summer programs across countries and institutions.

Participants identified synergies (Table 4) that can be developed around strategic areas to shine a light on the impact of nursing research within countries and across the Latin American region. Synergies within research included interinstitutional collaboration across countries to identify and propose unified research priorities that can be advanced and supported by PAHO. Another identified synergy focused on strengthening research training standards within countries that would in turn establish quality metrics such as Human Resources in Health training for research. Participants identified synergies between strengthening scientific collaboration within countries and across Latin America. Measures such as developing country level listservs of scientific topics of interest and promotion of regional research interest groups were suggested as means to improve scientific collaboration.

Finally, participants spoke to the centrality of dissemination and resource sharing to highlight the impact of nursing research. Group discussions centered on the importance of “telling our story” of the contributions of nursing research for itself and other disciplines/audiences. Participants noted that the experiences of nurses should be centered as uniquely informative to the process of scholarship development and training. Participants also suggested that the creation of a central repository of research products and information for the region could be vital to disseminating the impact of nursing research.

Identify specific technical assistance needed to address PAHO/WHO priorities across institutions.

In terms of technical or non-financial assistance needed, participants discussed facilitating the mobility of research experts, including interdisciplinary experts that may be shared across institutions. There was great enthusiasm related to the idea of forming mutual collaborations using a hybrid approach to offer research internships (*pasantia*). Some suggested starting with a list of institutions that are willing to collaborate, establishing a peer-to-peer buddy system and building a network of mentees that ultimately become mentors.

Some practical strategies discussed were the creation of a clearing house of materials, such as lectures on systematic reviews, access to libraries, and encouraging publications in open access to decrease actual costs for research. Some participants discussed reaching out to editors (e.g., the International Academy of Nursing Editors) for access to specific articles for methodologies, including conducting systematic reviews. Existing organizations that could provide assistance were identified. For example, Sigma Theta Tau International (STTI) was suggested as a potential organization and site that can serve as a repository for published and unpublished reports. They would be able to share metrics around access and use over time to track success. Other participants recommended that PAHO could bring groups together to describe the necessary core competencies for doctoral education and research. Participants agreed that it would be important to align technical assistance strategies to PAHO priorities.

Proposed Actions

Participants identified a number of actions to facilitate alignment of PhD programs PAHO/WHO priorities and build interinstitutional capabilities and collaborations needed to address PAHO/WHO priorities. These actions are presented below and organized by action at the program, country, and regional levels.

Program

- Integrate population health and PAHO/WHO priorities into curriculum, dissertation topics, and a graduate competency profile.
- Develop collaborations with international partners.
- Develop mentoring relationships among senior faculty within and across institutions.
- Map existing faculty research to PAHO/WHO priorities and identify gaps.
- Develop a graduate competency profile that includes knowledge of population health, PAHO/WHO priorities, SHAA2030 goals, and interprofessional and international collaboration skills
- Articulate with health and social sectors in the local, regional, and national contexts to advance and support research.
- Provide funding for PhD research that addresses PAHO/WHO/SHAA2030 priorities.
- Invite visiting scholars to provide expertise in curriculum development or to teach concentration courses
- Establish or join interdisciplinary teams to provide nursing expertise in research addressing PAHO/WHO/SHAA2030 priorities.
- Build from current institutional/national/international resources
- Seek efficiency through international agreements and networks.
- Describe the impact of nursing research on topics or within countries/regions.
- Promote international training opportunities such as Fulbright or Fogarty.
- Encourage and support PhD students and faculty to attend or offer summer programs, visiting professor opportunities, or internships.

Country

- Leverage PAHO support to develop research contacts within ministries of health.
- Strengthen interinstitutional collaboration via funding, training and research, mentorship and partnerships, and implementation strategies
- Compile and disseminate national and local funding opportunities.
- Facilitate partnerships or sponsorships between institutions that do not have established programs of research and a record of past extramural funding with institutions that do.
- Strengthen PhD training standards.
- Develop country-level listservs of scientific topics of interest
- Create a repository of research products and information through the chief nurse office.
- Develop lists of institutions and scholars willing to collaborate across institutions
- Utilize the research resources provided by STTI.

Region

- Develop regional collaborations in PhD training and development
- Utilize PAHO directories for collaboration opportunities or visiting scholar prospects.
- Establish and fund PhD training exchange programs
- Establish networks, discussion forums, and meetings for PhD students to meet and work together.
- Create/promote a clearinghouse of resources, such as lectures on research methodology
- Replicate and expand successful interventions aligned with PAHO/WHO priorities to grow scholarship and strengthen evidence-based practices in the region.
- Promote regional research interest groups.

Conclusions

Summit participants were enthusiastic about the potential for PhD programs in the Latin American region to better align their curricula, graduate competencies, and PhD research to address PAHO/WHO priorities. Interinstitutional collaboration was viewed as a key to advancing PhD education, increasing research productivity, and demonstrating the impact of nursing research on health in the region. The proposed actions at the program, country, and region levels are concrete steps that can be taken to pursue these worthy objectives. As noted, the unprecedented shift to virtual platforms for education and research required by the COVID-19 pandemic has the potential to accelerate the implementation of the recommended actions, thus advancing the contributions of PhD programs in Latin America to fulfillment of PAHO/WHO priorities.

References can be found on page 51-55

REFERENCES



References

Implementing the "Sustain and Retain" Model of Nursing

1. Gabel-Shemueli, R., Dolan, S., & Ceretti, A. S. (2017, March 6). Work conditions and engagement among nurses in Uruguay. *Academia Revista Latinoamericana de Administración*. Retrieved May 20, 2022, from <https://www.emerald.com/insight/content/doi/10.1108/ARLA-02-2016-0049/full/html?skipTracking=true>
2. Health Workforce UHL. (2020, September 18). State of the world's nursing 2020: Investing in education, Jobs and Leadership (Annex). World Health Organization. Retrieved May 27, 2022, from <https://www.who.int/publications/i/item/9789240007017>
3. Kerfoot, K. M. (2022, April 29). Rethinking possibilities for the future of Nursing. *Medscape*. Retrieved May 20, 2022, from https://www.medscape.com/viewarticle/970173_2
4. Roth, C., Wensing, M., Breckner, A., Mahler, C., Krug, K., & Berger, S. (2022, February 23). Keeping nurses in nursing: A qualitative study of German nurses' perceptions of push and pull factors to leave or stay in the profession - *BMC nursing*. SpringerLink. Retrieved May 20, 2022, from <https://link.springer.com/article/10.1186/s12912-022-00822-4>
5. Siwicki, B. (2022, March 25). Report: 90% of nurses considering leaving the profession in the next year. *Healthcare IT News*. Retrieved May 20, 2022, from <https://www.healthcareitnews.com/news/report-90-nurses-considering-leaving-profession-nextyear#:~:text=Ninety%20percent%20of%20respondents%20are,within%20the%20next%20few%20months>.

Multi-sensory Stimulation & Mental Health: Conception, Development, & Form

1. World Health Organization (WHO). Depression. Available at: <https://www.who.int/news-room/fact-sheets/detail/depression> (accessed 2 April 2022).
2. OVID-19 Mental Disorders Collaborators (2021). Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to COVID-19 pandemic. *The Lancet* 398: 1700-1712.

Adolescent Health & Development in Nursing Education

1. World Health Organization. Working for a brighter, healthier future: how WHO improves health and promotes well-being for the world's adolescents [Internet]. Geneva; WHO; 2022. Available from: <https://apps.who.int/iris/handle/10665/351088>
2. Pan American Health Organization. Plan of action for women's, children's, and adolescents' health 2018-2030. Washington D. C.; PAHO; 2018. Available from: <https://iris.paho.org/handle/10665.2/49609>
3. World Health Organization. Global strategic directions for nursing and midwifery 2021-2025. Geneva; WHO; 2021. Available from: <https://apps.who.int/iris/handle/10665/344562>
4. Cassiani SHDB, Wilson LL, Mikael S de SE, Peña LM, Grajales RAZ, McCreary LL, et al. The situation of nursing education in Latin America and the Caribbean towards universal health. *Rev Lat Am Enfermagem*. 2017;25:e2913. Available from: <https://doi.org/10.1590/1518-8345.2232.2913>
5. Organización Mundial de la Salud. Competencias básicas en materia de salud y desarrollo de los adolescentes para los proveedores de atención primaria incluido un instrumento para evaluar el componente de salud y desarrollo de los adolescentes en la formación previa al servicio de los prov [Internet]. Ginebra; OMS; 2015. Available from: <https://apps.who.int/iris/handle/10665/178251>
6. Organización Panamericana de la Salud. Observatorio Regional de Recursos Humanos de Salud Washington, D.C.; PAHO; 2021. Available from: <https://www.observatoriorh.org/es/direnf>

References

Tele-Nursing: Unlocked Potential in Jamaica's COVID-19 Response

1. Advent Health University, (2017). Telenursing: What Is It and What Are the Benefits? Retrieved from: <https://online.ahu.edu/blog/telenursing-benefits/>.
2. Asghari, E., Shirinabadi Farahani, A., Nourian, M., Bonakchi, H., & Gholami, S. (2021). The Effects of Telenursing on Stress in Mothers with Premature Infants. *Evidence Based Care*, 10(4), 7-16.
3. Balenton, N., & Chiappelli, F. (2017). Telenursing: Bioinformation Cornerstone in Healthcare for the 21st Century. *Bioinformation*, 13(12), 412-414. <https://doi.org/10.6026/97320630013412>
4. Centers for Disease Control and Prevention (2020). COVID-19 Global Response (Updated Aug. 5, 2020). <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/global-response.html>
5. Cloyd, B., & Thompson, J. (2020). Virtual Care Nursing:: The Wave of the Future. *Nurse Leader*, 18(2), 147-150
6. Elmhurst University (2022). How the COVID-19 Pandemic Changed the Role of Nurses. <https://onlinedegrees.elmhurst.edu/blog/covid-19-changed-role-of-nurses#:~:text=According%20to%20research%20published%20in,efforts%20to%20reduce%20PPE%20use.>
7. Heo, H., Lee, K., Jung, E., & Lee, H. (2021). Developing the first telenursing service for COVID-19 patients: the experience of South Korea. *International Journal of Environmental Research and Public Health*, 18(13), 6885.
8. Kamei, T., Kawada, A., Nishimura, N., & Kakai, H. (2021). A Fully Longitudinal Mixed Methods Case Study Design: An Example Based on the Illness Trajectory of a Person With Chronic Conditions in Home-Monitoring-Based Telenursing During the COVID-19 Pandemic. *Journal of Mixed Methods Research*, 15(3), 413-436
9. Kuriakose, J.R. (2011). Telenursing an emerging field. *International Journal of Nursing Education*; 3 (2): 53-55. Retrieved from: <http://www.ijone.org/scripts/IJONE%20July-Dec%202011.pdf#page=56>.
10. Mamom, J., & Daovisan, H. (2022). Telenursing: How do caregivers treat and prevent pressure injury in bedridden patients during the COVID-19 pandemic in Thailand? Using an embedded approach. *Journal of Telemedicine and Telecare*, 1357633X221078485.
11. Mathur, P., & Rangamani, S. (2020). COVID-19 and noncommunicable diseases: Identifying research priorities to strengthen public health response. *International Journal of Noncommunicable Diseases*, 5(2), 76.
12. Ministry of Health & Wellness (2020). Keeping seniors healthy during the COVID 19 outbreak. <https://www.moh.gov.jm/wp-content/uploads/2020/04/Keeping-Seniors-Healthy-March-2020.pdf>
13. Purabdollah, M., & Ghasempour, M. (2020). Tele-Nursing New Opportunity for Nursing Care in COVID-19 Pandemic Crisis. *Iranian journal of public health*, 49(Suppl 1), 130-131. <https://doi.org/10.18502/ijph.v49iS1.3685>
14. Rakhmawati, W. (2020). Is Telenursing a Solution for Managing the Impact of Covid-19 on the Mental Health of School-Aged Children? *Belitung Nursing Journal*, 6(5), 182-184.
15. Souza-Junior, V. D., Mendes, I. A. C., Mazzo, A., & Godoy, S. (2016). Application of telenursing in nursing practice: an integrative literature review. *Applied nursing research*, 29, 254-260.

References

Tele-Nursing: Unlocked Potential in Jamaica's COVID-19 Response Continued

17. Whitelaw, S., Mamas, M. A., Topol, E., & Van Spall, H. G. (2020). Applications of digital technology in COVID-19 pandemic planning and response. *The Lancet Digital Health*, 2(8), e435-e440
18. World Health Organization, (2022). WHO coronavirus (COVID-19) dashboard. <https://covid19.who.int/#:~:text=Globally%2C%20as%20of%208%3A36pm,vaccine%20doses%20have%20been%20administered>

Reflections on the Impact of the COVID-19 Lockdown in South Africa: A Case of Nursing Colleges

1. Ghilay, Y. (2017). ODL: Online Distance Learning of Quantitative Courses in Higher Education. *Advances in Social Sciences Research Journal*, 4(18) 62-72.
2. Kumi-Yebaoh, A., Young, W., & Boadu, K. (2013). 21st century distance learning in sub-Saharan Africa: Distance and blended learning in Ghana. 10.4018/978-1-4666-4574-5.ch008
3. Moatshe, R., (2020). Covid-19: 3 more clinics closed in Tshwane. *Pretoria News*, Jun 19, 2020. Retrieved from: <https://www.iol.co.za/pretoria-news/covid-19-3-more-clinics-closed-in-tshwane-49604219>
3. Mohudi, M.C., (2013). An analysis of college-based nursing students' performance in biological nursing science. Unpublished Master's thesis. University of the Witwatersrand. South Africa.
4. Nursing Practice., (2020). School nurses have used technology to great effect during lockdown. Retrieved from: <https://www.nursinginpractice.com/views/school-nurses-have-used-technology-to-great-effect-during-lockdown/>
5. Rathnayake, S., Dasanayake, D., Maithreepala, S. D., Ekanayake, R., & Basnayake, P. L. (2021). Nurses' perspectives of taking care of patients with Coronavirus disease 2019: A phenomenological study. *Plos one*, 16(9), e0257064. [Replace Clinical with this source]
6. Republic of South Africa. (2017a). Report of the commission of enquiry into higher education and training to the president of the Republic of South Africa. Pretoria: Government Printers.
6. Republic of South Africa. Department of Health. (2017b). Strategic Plan for Nurse Education, Training and Practice 2012/13 – 2016/17. Pretoria. (this is a correction on NNSP 2017 source)
7. Republic of South Africa (2020). Department of Health. 2030 Human resources for health strategy: Investing in the health workforce for universal health coverage. Pretoria: Government Printers.
8. Sinclair P., Kable A., & Levett-Jones T., (2015). The effectiveness of internet-based e-learning on clinician behavior and patient outcomes: a systematic review protocol. *JBI Database System Rev Implement Rep*, 13(1), 52-64. doi: 10.11124/jbisrir-2015-1919. PMID: 26447007.
9. South African Nursing Council. (2019). Provincial distribution of nursing manpower versus the population of the republic of South Africa as at 31 December 2019. Retrieved from: www.sanc.co.za/stats.htm [Accessed 12 October 2020].

References

Reflections on the Impact of the COVID-19 Lockdown in South Africa: A Case of Nursing Colleges Continued

10. Tshuma, N., (2016). Teaching and Learning with Technology: Reframing traditional understandings and practices. Rhodes University: South Africa. World Health Organization. (2015). eLearning for undergraduate health professional education: a systematic review informing a radical transformation of health workforce development.
11. WHO. (2020). Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report, 27 August 2020, Retrieved from: https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2020.1

University of Technology Sydney: Program Updates

1. World Health Organisation 2020: State of the World's Nursing Report - SOWN. Geneva: World Health Organization; Available from: <https://www.who.int/publications/i/item/9789240003279>
2. 2021: Global Strategic Directions for Nursing and Midwifery (SDNM) 2021-2025. Geneva: World Health Organization; Available from: [https://cdn.who.int/media/docs/default-source/health-workforce/who_strategic-directions-for-nursing-and-midwifery-2021-2025.pdf?sfvrsn=a5ffe81f_5#:~:text=The%20WHO%20Global%20Strategic%20Directions,coverage%20\(UHC\)%20and%20other%20population.](https://cdn.who.int/media/docs/default-source/health-workforce/who_strategic-directions-for-nursing-and-midwifery-2021-2025.pdf?sfvrsn=a5ffe81f_5#:~:text=The%20WHO%20Global%20Strategic%20Directions,coverage%20(UHC)%20and%20other%20population.)
3. Rumsey, M., Stowers, P., Sam, H., Neill, A., Rodrigues, N., Daly, J., & Brooks, F. (2022). Development of PARcific approach: participatory action research methodology for collectivist health research. Qualitative Health Research (in press).

Summit to Advance PhD Nursing Programs in Latin America & the Caribbean

1. Pan American Health Organization. Strategic Directions for Nursing in the Region of the Americas. Washington, D.C.: PAHO; 2019.
2. Organización Panamericana de la Salud. Formación doctoral en enfermería en América Latina y el Caribe. Washington, D.C.: OPS; 2017.
3. Sustainable Health Agenda for The Americas 2018-2030 (SHAA2030) 29th Pan American Sanitary Conference. Washington, D.C.: PAHO; 2018

GLOBAL NETWORK PARTNERS





The International Confederation of Midwives (ICM) supports, represents and works to strengthen professional associations of midwives throughout the world, to achieve common goals in the care of mothers and newborns.



Operated by nurses and leading nurses internationally, the International Council of Nurses (ICN) works to ensure quality nursing care for all, sound health policies globally, the advancement of nursing knowledge, and the presence worldwide of a respected nursing profession and a competent and satisfied nursing workforce.



Jhpiego works to prevent the needless deaths of women and their families by developing strategies to help countries care for themselves by training competent health care workers, strengthening health systems and improving delivery of care.



Sigma aims to advance world health and celebrate nursing excellence in scholarship, leadership, and service.



AFREhealth is an interdisciplinary health professional forum which seeks to improve health care in Africa through research, education and capacity building. It seeks to build on the achievements of MEPI and NEPI, as well as the President's Emergency Plan for AIDS Relief (PEPFAR), the National Institutes of Health (NIH), and the Health Resources and Services Administration (HRSA).



CONTACT INFORMATION

GLOBAL NETWORK OF WHO COLLABORATING
CENTERS FOR NURSING AND MIDWIFERY
SECRETARIAT
JOHNS HOPKINS SCHOOL OF NURSING

525 N WOLFE ST,
BALTIMORE, MD, 21205 USA

SON-WHOCC@JHU.EDU

GLOBALNETWORKWHOCC.COM

FOLLOW US!



@WHOCCNM



**THE GLOBAL NETWORK OF WHO
COLLABORATING CENTERS FOR
NURSING & MIDWIFERY**