

Development of an Online Nursing Leadership Program for Global Health in the Western Pacific Region

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ABSTRACT

Background and Objective. Global health highlights the transnational determinants, issues, and possible solutions for improving health outcomes. Addressing global health issues requires population-based approaches coupled with individualized healthcare across settings, including strategies for achieving health equity. Designing and implementing global health solutions requires competent nurse leaders who can facilitate multi-disciplinary collaborations, engage in policy development, and lead advocacies that support the global health agenda. Thus, this paper examined the stakeholder perspectives that informed the development of a leadership program on global health for nurse leaders in the Western Pacific Region (WPR).

Methods. The study used a descriptive qualitative approach to generate key recommendations for a context-appropriate, multi-country capacity-building program for nurse leaders on global health. The Analysis Design, Development, Implementation, and Evaluation (ADDIE) model and reflexive approach were employed to guide the development of the training design. Twenty-five nurse leaders from World Health Organization Collaborating Centers (WHO-CC) in the Western Pacific participated. Qualitative data were collected from participant feedback and post-activity sessions throughout program implementation.

Results. Thematic analysis of stakeholder data revealed that the program (1) capitalized on equipping nurse leaders with the concepts related to global health and developing competencies in leadership, policy engagement, and advocacy; (2) ensured learning strategies by having participants from varied contexts and experiences; and (3) reflected on the strengths and limitations of the use of the online platform.

Conclusion. This paper contributed to the growing literature on global health and programs that support addressing global health issues. The findings underscored the urgent need to capacitate nurses in leadership positions who contribute to addressing emerging issues in global health. The paper recommended improvements in the design and implementation of the Global Health Nursing Leadership Program to engage more nurse leaders across the region and enhance content and delivery.

Keywords: global health, nursing leadership, Western Pacific Region



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INTRODUCTION

The current health crisis which is related to social determinants of health affects many countries around the world.¹ It transcends national and international borders and has affected vulnerable and underserved populations immensely. The advent of emerging diseases, such as COVID-19 has unveiled why viewing healthcare with a global lens is necessary for the future of the world's population.¹

Issues related to global health traverse national boundaries worldwide and have come in numerous ways that are affected by innumerable factors.² These global health issues include but are not limited to the following: emerging infectious diseases, maternal-newborn health, climate-change-related health issues, and human trafficking.²

The healthcare workforce is essential to addressing the continually developing problems of global health. To achieve better health outcomes among vulnerable populations and communities around the world, healthcare workers need to be equipped to apply their professional competencies to strategies that utilize interdisciplinary and multidisciplinary collaborations. Nurses across health systems and settings are capable of performing individual and population-based approaches such as assessing individuals, communities, and populations, implementing and evaluating interventions, and collaborating with legislators and interprofessional leaders. These strategies aim to engage and strengthen communities to address local, national, and global issues.

Nurses who account for almost 50% of the global workforce and are positioned in various settings coupled with values, skills, and expertise, are called upon to be global leaders.³ They have a critical role in addressing global health issues and achieving universal health coverage, need to improve their competencies and be fit to face the different health system challenges. Hence, this study aimed to describe the development of an online program for nurse leaders in the Western Pacific Region on global health. The perspectives of stakeholders were used to inform and improve the training design using the Analysis Design, Development, Implementation, and Evaluation (ADDIE) model.

MATERIALS AND METHODS

Sampling Design

A descriptive qualitative design was used to adequately explore the process of developing the program and describe the participant perspectives that informed the recommendations for the next program offerings. This design entailed purposive sampling to specifically include participants who were able to contribute to the program activities and translate their insights from the program into their practice settings.

Methodological Framework

The Analysis Design, Development, Implementation, and Evaluation (ADDIE) model was used to develop and

evaluate the training design for the Global Health Nursing Leadership Program (GHNLP 2021). The ADDIE model is commonly used in designing learning and development programs to identify the learning needs and activities to meet the set goals due to its adaptability, iterative process, consistency in structure, and evaluation.⁴ The first step is the analysis or the “contemplative” stage which involves gathering information about the target audience, the tasks to be performed, how the learners will view the content, and the identification of the program's overall goals and objectives. The design stage is the second step where the framework of the course is crafted and learning objectives are defined. The next step is the development stage in which the number of hours, course description, course outcomes, instructional strategies, and evaluation methods are determined based on the parameters defined in the first two previous steps. The last two stages are implementation and evaluation.⁵

Development of the Global Health Nursing Leadership Program

Following the ADDIE framework, the program development process aimed to design, test, and evaluate a fit-for-practice global health online course for nurse leaders in the Western Pacific Region.

Analysis Phase

As part of WHO-CC TOR for being redesignated as the WHO Collaborating Center for Leadership in Nursing Development, the UP College of Nursing provides technical assistance to Member States in building the leadership capacity of the nursing workforce. With this, a training needs assessment and stakeholder needs identification was conducted to identify gaps in nursing competencies germane to global health to serve as a baseline in determining the scope of the online program for nurse leaders in the Western Pacific Region. Another step was the regional context examination to make sure that a fit-for-practice online course would be delivered specifically for participants from Member States. Program goals, needed resources, and technical requirements were also determined in this stage

Design Phase

Based on the results of the needs assessment and context examination, an instructional outline was made to map out learning objectives, course content, learning interventions, as well as the evaluation method. The program goal was to “*Develop fit for the future nursing leaders who will be able to step up and drive health outcomes through a systems-based approach built on the foundations of primary health care, to face the challenges and changing health landscape due to the COVID-19 pandemic, and to achieve Universal Health Coverage and the Sustainable Development Goals*”. At the end of the program, the participants were expected to be able to: (1) *Analyze the current global health landscape and discuss the role and contribution of nursing;* (2) *Share leadership experiences during*

the COVID-19 pandemic; (3) Examine leadership styles and management practices in global health; and (4) Demonstrate policy and advocacy roles of nurse leaders in global health.

Kirkpatrick's Evaluation method was selected as an appropriate method since the effectiveness of the program can be measured based on the different levels. In this online course, only three levels will be evaluated which are (1) the reaction of the participants to the training, (2) the participants' knowledge and skills acquired due to the training, and lastly, (3) the behavior of the participants in response to the training. The reaction and the learnings of the participants were from the webinar evaluation and session feedback while the change in participants' behavior will be evaluated using the written reflection output and summative program evaluation.

Development Phase

The third phase of the program development involved the identification of delivery methods. In the case of the Nursing Leadership Program, an online mode of delivery was the only option since immediate training of the nursing workforce was deemed necessary more than ever due to the advent of the COVID-19 pandemic. At the time of its conception, the learning management system (LMS) utilized was UPCN - Open Learning as it was readily available and for its easy-to-navigate feature. Using the LMS, asynchronous session activities including watching lecture videos and answering discussion forum activities were possible and convenient for the participants and to accommodate their schedule. Being a multi-country activity, synchronous sessions were provided via webinar using Zoom. Production of learning materials and module speakers was also a major activity in this phase. Experts were identified to conduct lectures and share valuable leadership experiences. Learning materials were made available using the same LMS where participants can access them anytime. Another important aspect of the development phase was the communication strategy. It included information dissemination to all involved stakeholders including regional partners from different Member states. Partnerships with the other regional offices and organizations and the usage of social media platforms were maximized to reach target participants.

Implementation Phase

The online program was conducted for six weeks from November 2, 2021, to December 14, 2021. It was delivered through a combination of synchronous and asynchronous activities. The organizers and participants coming from the Western Pacific Region communicated through electronic platforms such as emails, electronic messaging, learning management systems, and online virtual events. Since the course was delivered online, the organizers facilitated the registration for both the program participants and webinar attendees through an online survey service. The synchronous activities involved three webinars, that lasted for two

hours each, and served as program content inputs, while the asynchronous activities involved two-week modules containing discussion forums, critical analysis activities, and assignments to supplement the recorded lecturers. Summaries and webinar recordings were also uploaded on the LMS which served as complementary materials. These activities were conducted to engage all participants in critical discussions and to allow the exchange of valuable information and experience. Technical support was provided for those participants who encountered challenges navigating the LMS.

Evaluation Phase

The evaluation was conducted through post-session assessments and process evaluation. Feedback from the course participants and webinar attendees was collected after each webinar session and synthesis meeting. The online course was evaluated in terms of achievement of learning objectives, course completion and engagement, course content, and course implementation.

Participants

The study population was comprised of 28 WHO Western Pacific Region countries - Australia, Brunei, Cambodia, China, Cook Islands, Fiji, Japan, Kiribati, Laos, Malaysia, Marshall Islands, Micronesia, Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Samoa, Singapore, Solomon Islands, South Korea, Taiwan, Tonga, Tuvalu, Vanuatu, and Vietnam. The WHO country offices, national nursing and midwifery associations, and health ministries were enjoined to nominate participants that met the following criteria: (1) nurses in leadership roles, (2) actively engaged as leaders/managers in the COVID-19 pandemic response, (3) practicing in a country from the Western Pacific Region, and (4) agree to participate in a 6-week online course.

Of the 29 applicants, 26 nurse leaders completed the enrollment process, and two dropped out of the course due to health reasons and competing priorities. The Global Health Nursing Leadership Program (GHNLP 2021) was completed by 24 participants from 11 countries – Cambodia, China, Japan, Laos, Malaysia, New Zealand, the Philippines, the Republic of Korea, Singapore, the Solomon Islands, and Vietnam.

Data Collection and Management

Data were collected from three sources, the course implementers, program participants, and webinar attendees. Each synchronous session concluded with a feedback session from the program participants. Sessions were followed by a small group discussion among course implementers to determine areas for enhancement. Each small group session was recorded through an online conferencing application.

Lastly, online survey forms were used by program participants at the end of the 6-week program and by webinar

attendees. Recordings and survey responses were saved through a university-secured, password-protected online drive accessible only to the program proponents.

Quantitative data were collected from program monitoring records completed by program proponents and through an online, self-administered questionnaire. The questionnaire collected participants' evaluation of the program in terms of overall evaluation, achievement of objectives, relevance and adequacy of course content, course delivery, and course facilitation.

On the other hand, qualitative data were collected from questionnaires and small-group online discussions. Open-ended questions on the questionnaire covered the aspects of the course that the participants appreciated most, recommendations on improvements, and suggestions for future implementation. Synthesis meetings ended with a 15-20-minute module evaluation focused on the participants' reflection on the topic and their insights on how to apply course learnings in their practice context.

All data collection materials were investigator-developed and included an item to determine informed consent.

Data Analysis

Descriptive statistics, including frequency, mean, and percentage were used to summarize and present the participant characteristics and summarize evaluation data.

Video recordings were transcribed and qualitative responses on questionnaires were manually organized. An initial coding scheme was based on the ADDIE framework to inform program evaluation and development. The content analysis approach guided the identification of prominent or repetitive patterns and themes.^{6,7} Re-reading and reviewing were done until a consensus was reached.

The consensus among the investigators and observers ensured the credibility and dependability of the analysis based on the consistency of extracted codes. The program evaluation questions and synthesis meeting questions were based on the ADDIE framework, program content, and assignments of participants to promote credibility. As such, the final themes gave a comprehensive presentation of the stakeholders' perspectives on the Global Health Nursing Leadership Program.

Ethical Considerations

The nature of the project exempted it from formal research ethics review but was registered under the university's research office (RGAO-2024-0070). However, the program was implemented following the Declaration of Helsinki and complied with prevailing national ethical guidelines that ensured privacy and confidentiality. Participants were adequately informed of the purpose, procedures, and methods applied in the program before securing their consent to participate. They were also informed of their choice to withdraw at any point of the program without any consequence. Participants indicated their informed consent

on the online questionnaires. Verbal consent was also secured before any synchronous session participation and recording.

RESULTS

Characteristics of Participants

The Global Health Leadership Program was developed through a collaboration between WHO Collaborating Centers Peking Union Medical College in China and the University of the Philippines Manila College of Nursing composed of ten (10) course implementers. The majority of the enrolled participants are nurse leaders in academia ($n = 11, 42.30\%$), while the least number of representatives came from public health ($n = 1, 3.85\%$) and research ($n = 1, 3.85\%$). Presented in Table 1 are the characteristics of the program participants.

Apart from the course, the three webinars were streamed every other week at the beginning of each module through the university website and social media page which were attended by 275, 196, and 173 attendees, respectively.

Evaluation of Program

Achievement of Learning Objectives

Among the participants who completed the program, only 54.16% ($n = 13$) accomplished the evaluation. All participants indicated that the program objectives were met (Outstanding Rating; $n = 12, 92.3\%$) and found the content to be highly relevant (Outstanding Rating; $n = 13, 100\%$) with adequate content delivered (Very Satisfactory Rating $n = 2, 15.4\%$; Outstanding Rating $n = 10, 76.9\%$). All participants were satisfied with the learning activities with the majority indicating a 'Very Satisfactory' to 'Outstanding' rating for both asynchronous and synchronous sessions. Lastly, participants were highly satisfied with the course with 76.9% ($n = 10$) rating it as 'Outstanding'.

Course Completion and Engagement

The program had a high completion rate of 92.31% ($n = 24$). There was a high rate of attendance from program participants to the three synchronous webinars ($M = 82.05$). Webinar recordings were incorporated into the course site as part of modules and were viewed by participants asynchronously. However, there was a relatively lower attendance at the three synthesis meetings ($M = 64.10$).

Assignments and discussion forums were among the asynchronous learning activities. Discussion forums were active platforms for idea exchange with an average completion rate of 76.92% across seven forums within the three modules. Likewise, program participants had high rates of assignment completion ($M = 89.74$). Those who were not able to submit their assignments or complete the forums ahead of time volunteered to share their outputs during the synthesis meetings.

Table 1. Characteristics of Program Participants

Participant No.	Country	Profession	Practice Setting	Program Status
1	Australia	Nurse	Academia	Completed
2	Australia	Nurse	Academia	Dropped Out
3	Cambodia	Nurse	Academia	Completed
4	China	Nurse	National Organization	Completed
5	China	Nurse	Hospital	Completed
6	China	Nurse	Academia	Completed
7	China	Nurse	Hospital	Completed
8	China	Nurse	Hospital	Completed
9	Japan	Nurse - Midwife	Hospital	Completed
10	Japan	Nurse - Midwife	Hospital	Completed
11	Lao People's Democratic Republic	Nurse	Academia	Completed
12	Lao People's Democratic Republic	Nurse	Hospital	Completed
13	Malaysia	Nurse	Academia	Completed
14	Malaysia	Nurse	Academia	Completed
15	Malaysia	Nurse	Academia	Completed
16	New Zealand	Nurse	Research	Completed
17	Philippines	Nurse	Public Health	Completed
18	Philippines	Nurse	Academia	Completed
19	Philippines	Nurse	Hospital	Completed
20	Philippines	Nurse	Hospital	Completed
21	Philippines	Nurse	National Organization	Completed
22	Republic of Korea	Nurse	Hospital	Completed
23	Republic of Korea	Nurse	Hospital	Dropped Out
24	Singapore	Nurse	Academia	Completed
25	Solomon Islands	Nurse	Hospital	Completed
26	Vietnam	Nurse	Academia	Completed

Finally, webinars that were open to the public were attended by professional nurses and nursing students. The online webinar had an average of 333 attendees and a social media streaming reach of 708. Only attendees on the online webinar platform provided evaluation.

Stakeholder Feedback and Insights

Feedback on Course Content

Evaluation of the three-course content videos came from webinar attendees. All three webinars received favorable ratings with the majority of the attendees rating them as ‘Very Satisfactory’ to ‘Outstanding’ (97.82%, 99.49%, 98.27%, respectively). Achievement of objectives, relevance of content, and quality of speaker also received ‘Very Satisfactory’ to ‘Outstanding’ ratings.

Theme 1: Competencies in leadership, policy engagement, and advocacy are essential global health content for nurse leaders

The first theme that emerged from the program development referred to the relevance, adequacy, and appro-

priateness of the program content. Program participants and webinar attendees shared the relevance of each of the topics covered by the program and the appropriateness of the content to their practice.

“The topic by [Speaker 1] is reflective of the reality in nursing whereby I have experienced firsthand how difficult it is for nurses to work at this time of the pandemic with a lot of resources needed particularly with manpower. The presentation of [Speaker 2] is also very insightful as to the need to prioritize the welfare of healthcare workers at a time such as now. I also appreciate the topic of [Speaker 3] on the strategic directions to address the concern of nurses.” (Webinar Attendee 1)

“I’m happy with the way the topics were presented; materials were provided for further knowledge; and speakers were experts in their field of interest.” (Webinar Attendee 2)

“I have no hesitation with the three modules introduced by the program GHNLP as all the topics

are relevant and grossly appropriate targeting the Triple Billion Goals, MDG, SDG, and in the Solomon Islands NDS, NHSP, and RDP which sum up to attaining the Universal Health coverage for all. This program has pushed my momentum in trying to introduce what has been gained in the workplace now. This program and the modules have induced my eyes to open and practicing the knowledge gained within the six weeks will deliver an attractive work environment for better outcomes to the demands of the population.” (Program Participant 1)

Theme 2: Sharing of expertise and reflective experiential learning generate insights for application in varied healthcare contexts

Program participants assumed the role of reactors and facilitators during webinars to promote engagement. During synthesis meetings, the participants found the inputs from speakers, discussion forum questions, and assignments’ ability to generate insights on the importance of equipping nurse leaders the concepts related to global health and developing competencies in leadership, policy engagement, and advocacy.

Attendees related the content and highlighted the applicability to their studies and practice. Attendees shared,

“I like the sharing of experiences; placing importance on the roles of nurses; and the emphasis on how nurses can be great leaders in health care. All topics are good, especially the reactors’ inputs [Course Participants] and talk. Also, the Q&A is overwhelmingly engaging.” (Webinar Attendee 3)

In terms of the module, participants expressed positive feedback on the adequate coverage of the content from the materials, speaker inputs, and the insights shared by other participants. They said,

“The active participation of representatives from the Western Pacific Region, their sharing of experiences, I learned a lot from them.” (Program Participant 2)

Course content from the webinar speakers, module materials, and sharing from the rich experiences and backgrounds of participants provided relevant and adequate content on the role of nurses and nurse leaders in addressing global health issues.

Feedback on Course Implementation/Delivery

The majority (80.77%) of the course participants consistently attended the webinars and synthesis meetings, and completed the course requirements. Participants described their reasons for engagement through the course evaluations and testimonials during the culminating activity. They cited the quality of teaching-learning activities on the online modules and synchronous sessions, facilitation of program organizers, and the flexibility of the online platform as promoters of program engagement.

Theme 3: Engaging synchronous and asynchronous online learning strategies enabled active participation

Participants appreciated the webinar format that allowed experts to share their experiences on priority topics with a wide audience while providing substantial input within the modules. They valued the exchange of ideas and perspectives of participants from varied contexts and backgrounds. They also acknowledged the clear presentation of modules and available linked resources as positive aspects of the course implementation.

The delivery of the webinars was effective as attendees indicated,

“I’m happy with the way the topics were presented; materials were provided for further knowledge; and speakers were experts in their field of interest.”

“I appreciated the Q and A part, we got to clarify our understanding. It was delivered well and timely. The moderator was alive [lively] as well.”

In addition, the program participants highlighted the synthesis meetings as opportunities to have deeper discussions. One shared,

“Synthesis Meetings! I did not miss a single meeting, it was excellent- fantastic in all aspects.”

Theme 4: Maintaining communication and facilitation strategies were effective in sustaining participant engagement

Consistent moderators, regular email communication, and timely module feedback were among the strategies valued by participants. The structured sessions were facilitated in the same format and participants received summaries and recordings of the sessions after for their enrichment. Email reminders and assignment prods were scheduled, while on-demand assistance was provided for participants with online learning issues.

Participants appreciated the facilitation strategies and shared,

“The coordinators ensured respect and collegiality through all of their communication, the gentle reminders were always polite, encouraging, and timely... [They were] professional and considerate. This comes across in all communication, it is the little considerations that matter especially for many with multiple conflicting deadlines.” (Program Participant 4)

“Inclusive Safe Space. The program offered a space where we could feel comfortable speaking, have a voice, and be heard. Each statement or comment was considered and acknowledged. This course sets itself apart due to the approach, the humility, and the excellent approach with which it is delivered.” (Program Participant 5)

Theme 5: The online learning platform enabled a wide participation base but connectivity and accessibility limitations posed as a barrier in some locations

The online platform allowed participants across the region to share their experiences. Technical difficulties were minimal as described,

“Platform is easy to use. Visuals are seen clearly. Audio is not excellent but understandable.” (Program Participant 6)

“Just having a hard time complying with the requirements on time. Technology [is a] challenge for me.” (Program Participant 7)

However, a major barrier to the active participation of some enrollees from China was their difficulty in accessing Google-based platforms. Some participants from China were unable to join due to the lack of access to Zoom and Google-based platforms.

Despite the engaging program strategies, some participants echoed the limitations of the online mode of learning and the desire to have an in-person component to the course.

Some shared,
“Networking can better be achieved face to face.”
(Program Participant 8)

DISCUSSION

The development of an online Nursing Leadership Program for Global Health in the Western Pacific Region sought to strengthen the competencies of nursing professionals amid the pandemic. In this study, the ADDIE Model was used as a guide to develop the program. Evaluation of the program is necessary for training design improvement for future offerings.

This study utilized quantitative and qualitative methods to evaluate the implementation of the program. Evaluation feedback was collected and analyzed through content analysis and descriptive statistics. Overall, the participants rated the implementation of the course with outstanding remarks. In terms of the attainment of program objectives, appropriateness of course contents, content delivery, and learning activities, the participants indicated very satisfactory to outstanding ratings.

In terms of completion of the course, the majority of the enrolled participants were able to complete the course. This shows that the participants find the content and materials of the course valuable and applicable to their present work settings. As regards the engagement of the participants in the synchronous sessions, the majority of the course participants attended the webinars compared to the synthesis meetings. Most of the course participants enrolled in the program are

practicing nurses from different countries in the Western Pacific Region with different time zones and working conditions. The participants may opt to attend the sessions which will give them more opportunities to interact with experts and other participants. Apart from synchronous activities, there were asynchronous activities that needed to be completed such as assignments and discussion forum activities. These activities had high completion rates as they are considered the requirements of the course.

Feedback and insights from the stakeholders are very essential inputs for any training development as they can give valuable and constructive comments for further enhancement of the process. In this study, the participants gave a favorable evaluation of course content. According to them, the course content is relevant, adequate, and appropriate. As nurse leaders in their respective work settings, competencies in leadership, policy engagement, and advocacy are necessary skills to fulfill their roles and responsibilities, especially in times of health crisis. Aside from the course materials provided through the LMS, webinars, and synthesis meetings were conducted to provide opportunities for interaction among participants and promote learning through sharing of experiences. Interaction among speakers and participants generates insights and highlights the importance of nurses and the major contributions the nursing workforce may make to global health.

Learning strategies in an online course must enable participants to feel comfortable sharing their insights and opinions which will increase their satisfaction and engagement. In this online course, the synchronous and asynchronous online learning activities enabled participants to actively participate in the learning process. By doing so, the program aligned with literature that supports communication in online learning occurs between student-student, student-instructor, and student-content.⁸ During the implementation of the course, all three communication strategies were used to increase participant satisfaction, retention, and overall learning experience.⁸ The use of effective communication tools and maximizing interactivity among participants pose a significant impact on learning outcomes.

Various facilitation techniques can be used when conducting online courses.⁹ Some techniques can increase student engagement, help establish instructors' presence, and facilitate higher levels of learning. One of these techniques is the timely instructor's response and feedback. Prompt response to students decreases the chance of participants being isolated. Throughout the course delivery, the organizers made sure to have constant communication and to provide prompt feedback for the different activities conducted online, synchronously, and asynchronously. The participants highly valued these efforts which in turn resulted in a high completion rate of the online course being offered. However, there are also limitations that the course encountered. Some participants were not able to attend the course because of technical difficulties.

CONCLUSION

Overall, the development and delivery of an online course amid the pandemic is feasible and commendable. Through this online program, nurse leaders become equipped and empowered to take on the challenges our current healthcare system might face in consideration of the current global health situation. Competencies in leadership, policy engagement, and advocacy are deemed necessary and relevant in today's healthcare landscape. The stakeholders' feedback from this online course will help in the planning of future capacity-building activities.

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Statement of Authorship

All authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

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