RESEARCH ARTICLE

Building Capacities for Universal Health Care in the Philippines: Development and Implementation of a Leadership Training Program for Public Health Nurses

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Abstract

Achievement of Universal Health Care (UHC) in the Philippines requires capable health workers who can navigate changes and lead in the local implementation of health system reforms. Public health nurses are in a strategic position to lead in UHC implementation as they constitute the largest cadre of health workers in the public health setting, and core concepts of UHC intersect with principles of public health nursing practice. This paper aims to describe the development and implementation of a leadership training program for public health nurses in the Philippines, in response to UHC. Document reviews of training reports and evaluations, including course site data analytics, and evaluation of the training program were done for the four cohorts of the course. The University of the Philippines Manila College of Nursing, with support from the Department of Health, responded to the increased demand of the Philippine health system for public health nurses with strong foundations and advanced skills by designing and offering a leadership development course specific to PHNs. From November 2019 to March 2022, a total of 183 participants from 17 regions completed the training. With the COVID-19 pandemic and dynamic changes in governance, the experiences of the project highlighted the need for flexibility in delivering the training program, updating module contents according to the latest developments, and improving course duration and evaluation. Barriers to course engagement and completion must be addressed for PHNs, their workplaces, clients, and the health system to benefit the most from the training.

Keywords: *public health nurses, continuing professional development, universal health care, nursing*

Introduction

The Universal Health Care (UHC) law or Republic Act 11223 provided the framework for a health system reform in the Philippines ensuring the population with wide-reaching access to healthcare services while minimizing risk for financial catastrophe (Republic Act 11223, 2019). The UHC Act provided among others access to a range of promotive, preventive, curative, rehabilitative, and palliative healthcare services delivered either as a population-based or individual-based service. The reforms espoused under the UHC Act include reorganizing the local health systems into province-wide and city-wide health systems with their own healthcare provider networks (HCPN) from which every individual should be registered, implementing a health service delivery that is integrated and people-centered instead of the programmatic approach which is currently implemented, and strengthening the National Health Insurance Program (NHIP) which is the main financing mechanism for both population-based and individual-based health services.

The magnitude of reforms needed in the shift to UHC requires health workers who are capable of navigating through these changes and can lead in the implementation of these reforms

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locally. Public health nurses are in a position to lead in the implementation of these reforms not only because nurses are the largest cadre of health workers (World Health Organization [WHO], 2020) in the public health setting but the core concepts of UHC intersect with the principles of public health nursing practice (WHO, 2017). Public health nursing (PHN) practice is focused on population health and extends beyond the provision of services to sick individuals and encompasses advocacy, policy formulation, community organizing, health education, and promotion, and social reforms (Kulbok et al., 2012; WHO, 2017). The roles of public health nurses involve addressing complex, multi-causal community problems which require competencies in leadership, management, and collaboration. Several studies have documented the contribution of public health nurses in implementing population-wide interventions in both high and low-resource settings such as home visiting and its impact on neonatal health (Ciliska et al, 1999) and socially and economically disadvantaged mothers (Jack et al, 2015), nurses' roles in addressing harmful use of alcohol and other addictive substances (WHO, 2010) and in addressing noncommunicable diseases (WHO, 2012; Spies et al 2019). These studies highlight the roles of public health nurses in ensuring access to health services, a key goal of universal health care.

Despite public health nurses' potential contribution to mainstreaming UHC reforms, studies have indicated challenges in PHN practice that may undermine their contributions. A 2017 survey of public health nurses across 22 countries suggested that while countries have the basic and operational framework for optimizing the roles of PHNs, 38% of respondents reported the need for further training in public health and 8% reported the need for further professional support and development (WHO, 2017). Studies have also suggested a greater need for knowledge in and emphasis on population-based work as there is a disconnect between public health nursing practice and government expectations of public health nurses' roles (Dahl, 2018).

In the Philippines, while the four-year baccalaureate nursing curriculum can prepare graduates for an entry-level position in a public health setting (International Labor Organization, 2014), advanced competencies in public health are needed in order for nurses to be effective in mainstreaming UHC in their localities. Advanced competencies needed are those that respond to the needs of the health system on governance, regulation, health human resource management, financing, and information systems. Master's preparation for public health nurses has been advocated to ensure acquiring these advanced competencies (Posadas et al, 2019) but the urgency of the needed health service delivery reforms necessitates exploring other methods in building the capacities of public health nurses in leadership and management. All over the world, a common observation is that leadership as a concept is frequently downplayed during undergraduate nursing training (Ortega et al, 2018). In addition, practical supervisory and management skills have been identified as insufficient in preservice nursing education in the Philippines, as well as, in Zambia (Foster et al, 2018). After several years of practice, educational options for aspiring nurse leaders became limited and unavailable. While the nurse manager role is recognized as crucial in achieving workplace outcomes, preparations for the role have always been centered on traditional methods such as didactics and on-the-job training, overlooking methods targeting true leadership development (Fennimore & Wolf, 2011). Moreover, although continuing professional development (CPD) is offered in many countries, heavy workload, staff shortage, and limited access to technology are seen as major reasons restricting nurses' opportunities to strengthen their leadership and management skills (Foster et al, 2018).

In response, the Pan American Health Organization (PAHO) Virtual Campus offered an asynchronous eight-module leadership nursing course as a step in achieving universal health in the region of the Americas (Ortega et al, 2018). Likewise, to advance universal health coverage in Zambia, a 12-month blended learning program for a certificate in leadership and management practice for nurses and nurse-midwives in primary health care was developed and implemented (Foster et al, 2018).

The University of the Philippines Manila College of Nursing (UPCN) has been instrumental in advancing the specialized field of Public Health Nursing in the Philippines through its professional development offerings and academic programs (Aragon, 1983; Academy of Nursing of the Philippines [ANPHI], 1976; Maglaya, 1983; UP Gazette, 2007; UPCN, n.d.; 2001; 2005).

In 2019, the DOH Health Human Resources Development Bureau recognized the need to develop leadership capacities of health care workers in preparation for the implementation of the UHC law. It invited UPCN to develop a training program on leadership focusing on the implementation of primary health care and strengthening the health system to be offered to public health nurses in the Philippines. UPCN, as a Commission on Higher Education (CHED) Center of Excellence and World Health Organization (WHO) Collaborating Center for Leadership in Nursing Development, offers various continuing professional development programs to provide the health industry with public health nurse leaders. Continuing professional development (CPD) programs are essential for Filipino nurses to maintain and to acquire the necessary knowledge and skills to provide person-centered, safe, and effective care, particularly in the rapidly changing healthcare context of the COVID-19 pandemic (King et al, 2021). These programs are expected to produce graduates

with interdisciplinary collaboration skills, leadership, clinical and public health expertise and experience, community engagement skills, and the ability to find, appraise, and apply evidence to practice (Bekemeier et al, 2021). The UP Manila College of Nursing developed the "Leadership Development Course for Public Health Nurses", to provide nurses a strong foundation in public health nursing, enabling the delivery of health and nursing services to meet the health care needs of individuals and populations groups in the community.

The aim of this paper is to describe the development and implementation of a leadership course for government public health nurses in the Philippines as a form of capacity building for nurses in the implementation of Universal Health Care.

Methods

This paper describes the development and implementation of the leadership development course in public health nursing offered from 2019-2022. There were four (4) cohorts of public health nurses (a total of 183 participants) who participated in the training. The first cohort was offered traditional face-to-face training, while the rest were offered online mode.

Document reviews of training reports and evaluations, including data analytics of the course site, were done for the four cohorts of the course. Monitoring and evaluation of the training program were also done at the end of each cohort. To ensure privacy and confidentiality, data from the document reviews were anonymized.

Results

Several activities were done in the development and implementation of the leadership development course: (1) assessing and analyzing training needs, (2) development of training program and learning resources, (3) selection of training participants, (4) conduct of the training program, and (6) evaluation of the training program.

(1) Assessing and Analyzing Training Needs

The Department of Health (DOH) initially conducted consultations with health care workers to identify the competencies needed to implement primary health care in the communities, especially in the rural health units (RHU). They used the health systems framework in organizing the competencies of nurses, doctors, and midwives. For the nurses, the following competencies were identified for each level of expertise: competent (level 3), proficient (level 4), and expert (level 5) as shown in Table 1.

Consultative meetings between representatives of UPCN and DOH Health Human Resource Development Bureau were held from March to June 2019 to discuss the competencies of public health nurses required by the Philippine health system together with the scope and goals of the training program.

Based on the task analysis conducted, the functions of nurses in the public health setting are not limited to the provision of direct patient care. They are also expected to perform administrative tasks, leadership, and management roles within the health unit, implement health programs, and engage in community organizing activities. In addition, public health nurses must also perform additional tasks as a result of work environment challenges that may be economic, geographical, ecological, and even political in nature. Ideally, all of these contribute to improving the health status of individuals, families, and communities in the Philippines.

To achieve and to sustain an optimal state of health and well-being for the clientele mentioned above, a health systems framework training for public health nurses is imperative. Such training can equip them with skills and competencies to optimally promote health and address health problems by becoming leaders and managers of health personnel, processes, policies, organizations, and costs. Health systems training for public health nurses and other health personnel is essential, especially in the upcoming wide-scale implementation of the Universal Health Care law.

The course was designed to provide the participants with a strong foundation in public health nursing, enabling the delivery of health and nursing services to meet the health care needs of the individuals in the community, and ensuring that public health nurses are equipped with the necessary skills to be key players in health policy, governance, regulation, and financing. This course responds to the increased demand for public health nurses with advanced skills who can effectively navigate and participate in all components of the Philippine health system, thus ensuring their increased role in the provision of universal health care.

(2) Development of Training Program, Learning Outcomes, and Learning Resources

Aside from the UHC act, relevant laws and policies considered in developing and implementing the course included the Philippine Qualifications Framework (PQF) 2018, Continuing Professional Development Act of 2016, and DOH Administrative Order No. 2021-0007 Guidelines on the Integrated Learning and Development Management System of the Department of Health. These said laws and policies ensured that the training addresses the needs of the country's health workforce, and more importantly, that it helps improve competencies to further enhance the job performance of PHNs.

Table 1. *Competencies of Public Health Nurses According to Benner's Levels of Proficiency (2001)*

COMPETENCY AREA	LEVEL 3 COMPETENT	LEVEL 4 PROFICIENT	LEVEL 5 EXPERT
A. Service Delivery			
1. Assessment of client	NCPHNL3A01 Conduct disease surveillance including contact investigation	NCPHNL4A01 Generate report from the analysis of the result of disease surveillance	NCPHNL5A01 Innovate improvements for tools used in disease surveillance
2. Health promotion and health education	NCPHNL3A02 Customize health promotion materials	NCPHNL4A02 Review existing health promotion materials and recommend improvements	NCPHNL5A02 Design health promotion materials that are appropriate to the needs of the community
3. Management of public health programs	NCPHNL3A03 Participate in the development of health program plans	NCPHNL4A03 Conduct regular monitoring and evaluation of health programs in the community	NCPHNL5A03 Recommend modification of existing monitoring tools and indicators for the program
4. Referral of patients	NCPHNL3A04 Monitor referral cases	NCPHNL4A04 Identify trends of referral cases	NCPHNL5A04 Initiate intersectoral actions
B. Health Financing			
1. Mobilizing resources and managing finances	NCPHNL3B01 Manage the use and availing of Social Health Insurance Program (SHIP) benefit	NCPHNL4B01 Manage the use and availing of Social Health Insurance Program (SHIP) benefit	NCPHNL5B01 Manage the use and availing of Social Health Insurance Program (SHIP) benefit
2. Mobilizing resources and managing finances	NCPHNL3B02 Manage Per Family Patient Rate (PFPR)	NCPHNL4B02 Manage Per Family Patient Rate (PFPR	NCPHNL5B02 Manage Per Family Patient Rate (PFPR
C. Health Regulation			
1. Facilitation of licensing of the health facility	NCPHNL3C01 Prepare requirements for licensing of health facilities	NCPHNL4C01 Identify issues, and lacking requirements and troubleshoot	NCPHNL5C01 Evaluate existing accreditation tool for a recommendation of revisions
2 Implementation of health policies	NCPHNL3C02 Assist in the dissemination and implementation of health-related policies in the locality	NCPHNL4C02 Identify gaps in the policies	NCPHNL5C02 Recommend policy amendments based on findings
3. Monitoring of quality improvement	NCPHNL3C03 Participate in reviews and audits for continuous quality monitoring	NCPHNL4C03 Recommend actions to improve quality measures based on results of assessment	NCPHNL5C03 Identify measures to sustain quality improvement aligned with the institutional goals
D. Health Governance			
1. Establishment of linkages among stakeholders	NCPHNL3D01 Conduct stakeholder analysis	NCPHNL4D01 Collaborate with various community group members and organizations for the implementation of health programs and initiatives	NCPHNL5D01 Monitor the evaluation process of collaboration
2. Monitoring of adherence to referral system	NCPHNL3D02 Monitor proper use of the referral system	NCPHNL4D02 Identify gaps in the referral system	NCPHNL5D02 Propose an improved referral system based on gap analysis or sustainability
3. Advocacy on the adoption of health-related laws/issuances/ policies	NCPHNL3D03 Review national policies affecting health for applicability in the locality	NCPHNL4D03 Recommend policies adopting health-related issuances applicable to the locality	NCPHNL5D03 Monitor adherence to the policies
E. Health Information System			
1. Records Management	NCPHNL3E01 Monitor use and application of existing health information system	NCPHNL4E01 Identify gaps in the use and application of existing health information system	NCPHNL5E01 Modify health information systems to improve data management
F. Human Resources for Health			
1. Developing the needed capacity of HRH in a particular health program	NCPHNL3F01 Manage learning and development of human	NCPHNL4F01 Manage learning and development of human	NCPHNL5F01 Manage learning and development of human resources

Based on the task analysis for public health nurses and the assessment of training needs, the course team developed the program outcomes (Table 2) to build the capacity of public health nurses in implementing primary health care.

Table 2. *PHN Training Program Outcomes and Performance Indicators*

TRAINING PROGRAM OUTCOME	PERFORMANCE INDICATORS
1. Direct the provision of safe and quality health programs and nursing services, and the implementation and evaluation of health programs based on assessed needs of the community informed by epidemiological and research findings with emphasis on disease prevention and health promotion	1.1. Assess community health status utilizing appropriate public health tools 1.2. Conduct disease surveillance as well as contact investigation 1.3. Develop program plans that address priority health problems of the community 1.4. Implement public health programs focusing on disease prevention and health promotion 1.5. Conduct regular monitoring and evaluation of health programs in the community 1.6. Ensure continuity of care for referral cases through intersectoral action
2. Initiate collaboration and partnership with relevant stakeholders and agencies to ensure efficient and effective delivery of public health services	2.1. Conduct stakeholders' analysis 2.2. Engage with various community group members and organizations for the implementation of health programs and initiatives 2.3. Evaluate outcomes of partnership/collaboration 2.4. Ensure proper functioning of the referral system 2.5. Propose referral system improvement based on gap analysis or sustainability
3. Develop relevant health policies that address priority health problems based on the assessed needs of the community	3.1. Analyze health problems and issues in terms of their effect on population health and how these can be addressed through policy solutions 3.2. Review national policies affecting health for applicability in the locality 3.3. Recommend policies adopting health-related issuances applicable to the locality 3.4. Utilize effective strategies in the dissemination and implementation of health-related policies in the locality
4. Manage public health programs and services including social health insurance programs to ensure equitable and universal access to health care	4.1. Develop public health programs addressing priority health needs 4.2. Conduct regular monitoring and evaluation of public health programs and services 4.3. Develop protocols or tools for the monitoring and evaluation of public health programs and services 4.4. Advocate the use of social health insurance program benefits 4.5. Implement social health insurance programs based on approved guidelines
5. Ensure continuous quality improvement of health services and facilities to enhance efficiency and effectiveness of health service delivery	5.1. Analyze situations in the health facility that necessitate quality improvement 5.2. Recommend actions to improve quality measures based on results of assessment 5.3. Implement quality improvement measures in the health facility 5.4. Develop tools and strategies for planning, monitoring, implementation, and evaluation of quality improvement 5.5. Participate in reviews and audits for continuous quality monitoring
6. Supervise health human resources ensuring adequate skill mix and competencies of health workers	6.1. Perform learning and development needs and skill mix analysis of health personnel 6.2. Formulate plans to address the learning and development needs of health personnel 6.3. Implement learning development interventions 6.4. Prepare HR plan to ensure adequate staffing depending on employee competency
7. Utilize high-quality health information to ensure efficient and effective health service delivery	7.1. Ensure completeness, accuracy, and timeliness of health data 7.2. Record relevant data in an efficient and organized manner using appropriate forms and technology 7.3. Derive implications to health service delivery from data gathered 7.4. Recommend improvements in the use and application of existing health information systems

The learning outcomes for the leadership training program were derived from the results of the assessment and analysis of training needs and review of relevant literature. Key documents reviewed include the National Nursing Core Competency Standards (2012), the Philippine Professional Nursing Practice Standards 2017, and the Career Progression and Specialization Program.

The training needs assessment and other relevant documents were analyzed to identify the learning outcomes for the training program. This public health nursing course includes six (6) competence areas essential to the health systems approach: health systems delivery, health financing, health regulation, health governance, health information systems, and the management of human resources for health. This course will enable the nurse to take on the role of leader, manager, advocate of various clientele, and care provider in public health and primary care facilities as part of the universal health care coverage.

The course is composed of six (6) modules patterned after the WHO's health system building blocks: (1) Health Service Delivery, (2) Health Policy and Regulation, (3) Health financing, (4) Health Governance, (5) Human Resources for Health, and (6) Health Information System. First, the Health Service Delivery module discussed the health systems framework and thinking, and the Philippine health care delivery system in the context of Universal Health Care. The role of PHN as a primary care provider, caseload manager, supervisor, and manager of health programs ,as well as, services, and work in epidemiological surveillance were highlighted in this module. Second, the Health Policy and Regulation module covered basic principles of health regulation with emphasis on policy development, leadership, and advocacy to strengthen the role of PHNs in influencing the health care system and UHC implementation. The third module, Health Financing covered concepts of health financing, mechanisms of health finance management, basic budgeting, and resource mobilization. The role of PHN as nurse manager/administrator particularly on financial aspects was underscored. Fourth, the module on Health Governance emphasized the role of PHNs as stewards of the health sector in ensuring national health policy objectives promoting UHC are achieved. It also brought attention to the importance of collaboration and partnership with other sectors to promote population health in a participatory and inclusive manner. Concepts and principles of leadership and governance, stakeholder analysis, community diagnosis, strategic planning for UHC implementation, and quality improvement were covered in this module. For cohort 4, in anticipation of the May 2022 elections and other governance reforms, change management was included in the module. Fifth, the Health Human Resource module introduced concepts and principles of human resource management with emphasis on the role of PHNs in supervising and developing the capacities of lower-level health workers in a public health setting. In this module, it was stressed that achievement of UHC not only depends on the formulation of responsive health programs and the presence of health infrastructure but is affected to a large extent by the skills, knowledge, and motivation of human resources required to organize and deliver health services. Lastly, the Health Information System module focused on the role of PHNs in documenting, managing, and reporting information in providing care for individuals, groups, and communities. The importance of analyzing and communicating data to address broader objectives was discussed in this module.

The training program was submitted to the Professional Regulatory Commission (PRC) CPD Council and earned its respective CPD units. The first training program developed for a face-to-face mode of learning was 160 hours. The face-to-face training was divided into two (2) parts consisting of 80 contact hours each (a duration of 10 days each). In between, training participants returned to their respective practice settings to deepen and to apply the competencies they gained from the previous part. The online version of the same training was 120 hours for the 8-9 weeks of implementation (a combination of asynchronous and synchronous sessions). In sum, the course required participants to allot two (2) whole working days within a week to finish the leadership training on time. All four-course offerings were granted 45 CPD units by the PRC Board of Nursing.

(3) Selection of Training Participants

In terms of recruitment, the DOH Health Human Resource Development Bureau (HHRDB) and the UP Manila College of Nursing worked together to recruit government public health nurses interested in the training program. The latter endorsed a poster for dissemination to the former and created advertisements on their official Facebook page and also disseminated the call for participants through their professional networks. The former shared the advertisement material to all channels including the various DOH Centers of Health and Development (CHDs), screened all applicants, and provided scholarships. DOH HHRDB also assisted applicants to accomplish all the necessary requirements for scholarships. UPCN provided full scholarships for public health nurses under the Marikina City Health Office in recognition of its valuable contributions as an institutional partner.

Geographical representation at the regional level was considered in the acceptance of applicants. Table 3 shows the number of participants from the different regions covering

cohorts 1 to 4. Cordillera Administrative Region (CAR) has the highest number of public health nurses trained (20 participants), followed by Region IV-B MIMAROPA (18 participants), Region VI Western Visayas (17 participants), and Region III Central Luzon (16 participants). The least number of trained participants can be found in Region VIII Central Visayas (2 participants) and BARMM (2 participants).

Table 3. *Distribution of Participants for the Leadership Development Course, Cohort 1-4*

REGION	COHORT 1	COHORT 2	COHORT 3	COHORT 4	TOTAL PER REGION
I - Ilocos	6	1	0	4	**11**
II - Cagayan Valley	0	2	2	2	**6**
CAR	2	12	2	4	**20**
III - Central Luzon	3	10	2	1	**16**
NCR	2	7	0	0	**9**
IV-A Calabarzon	0	3	2	6	**11**
IV-B Mimaropa	6	2	6	4	**18**
V - Bicol	6	0	2	0	**8**
VI - Western Visayas	5	6	0	6	**7**
VII - Central Visayas	0	0	1	1	**2**
VIII - Eastern Visayas	4	3	5	1	**13**
IX - Zamboanga Peninsula	2	4	0	6	**12**
X - Northern Mindanao	0	6	2	4	**12**
XI - Davao	0	1	0	11	**12**
XII - SOCCSKSARGEN	3	0	4	3	**10**
Caraga	3	0	1	0	**4**
BARMM	1	0	1	0	**2**
TOTAL PER COHORT	**43**	**57**	**30**	**53**	
GRAND TOTAL					**183**

In terms of demographics (Table 4), majority of PHNs trained were females (109, 59.56%), belonged to the age group of 30-39 (120, 65.57%), completed a bachelor's degree (137 or 74.86%), have been working as a nurse (84, 85.90%) and in public health (80, 43.72%) for 6-10 years, and hired by the local government unit (120 or 65.57%). Most participants reported that it was their first time encountering leadership training specifically offered for PHNs.

(4) Conduct of the Training Program

The leadership development course for PHNs was initially offered in November-December 2019 (Part 1: November 5-15, 2019; Part 2: December 3-13, 2019). Lectures, laboratory, and field activities were delivered face-to-face. However, for cohorts 2-4 covering the period of 2020-2022, the height of the COVID-19 pandemic, training was shifted online due to safety concerns, as well as, restrictions on mobility and travel. A learning management system (LMS) hosted by UPCN was used as the main platform for the delivery of the course modules and activities. Alternatives for laboratory and field activities were developed for the participants aside from collaborative work assignments. Specifically for field activities, videos were prepared to showcase the existing set-up and preparations of an institutional partner (Marikina City Health Office) as a Universal Health Care Implementation Site (UHC IS). These were meant to supplement the learnings from the modules and provide actual examples in lieu of onsite field visits. Teaching assistants (TA) were drawn from earlier cohorts of public health nurses who completed the leadership

Table 4. *Demographic Profile of Participants, Cohort 1-4 (n = 183)*

CATEGORY	COHORT 1	COHORT 2	COHORT 3	COHORT 4	TOTAL
Sex					
Male	8	19	13	14	**54** (29.51%)
Female	35	38	17	19	**109** (59.56%)
Age					
≤ 29 years old	2	12	4	2	**20** (10.93%)
30-39 years old	21	35	23	41	**120** (65.57%)
40-49 years old	16	7	1	6	**30** (16.39%)
≥ 50 years old	4	3	2	4	**13** (7.10%)
Educational attainment					
Bachelor	25	50	24	38	**137** (74.86%)
Master	17	7	6	15	**45** (24.59%)
Doctorate	1	0	0	0	**1** (0.55%)
Work Experience: Nursing					
1-5 years	7	9	3	4	**23** (12.57%)
6-10 years	14	27	16	27	**84** (45.90%)
11-15 years	7	14	10	16	**47** (25.68%)
≥ 16 years	15	7	1	6	**29** (15.85%)
Work Experience: Public Health Nursing					
1-5 years	12	28	11	11	**62** (33.88%)
6-10 years	13	22	14	31	**80** (43.72%)
11-15 years	8	5	4	7	**24** (13.11%)
≥ 16 years	10	2	1	4	**17** (9.29%)
Previous Trainings: Public Health					
With training	21	11	8	16	**56** (30.60%)
Without training	22	46	22	37	**127** (69.40%)
Employment					
LGU-hired	43	38	14	25	**120** (65.57%)
DOH NDP	0	19	16	21	**56** (30.60%)
CHD	0	0	0	7	**7** (3.83%)

development course and were interested to help or to mentor colleagues in the same training. TAs aided in ensuring course completion and provided support for participants who were organized into small groups of 6-8 for collaborative activities. The LMS then allowed participants to maximize their engagement with the training both in asynchronous and synchronous sessions (via Zoom). Synchronous sessions at the end of each module acted as avenues for the synthesis of learning, sharing of insights, recommendations, and personal reflections.

(5) Evaluation of the Training Program

The leadership training used Kirkpatrick's model of evaluation to assess the experience and effectiveness of the course in achieving its desired outcomes. This paper briefly covers the results of the level 1 and 2 evaluations. Under the Kirkpatrick model, level 1 refers to reaction or to what degree participants react favorably to the learning event, while level 2 refers to learning or to what degree participants acquire the intended knowledge, skills, and attitudes based on their participation in the event (Kirkpatrick, 1994; Tamkin, Yarnall & Kerrin, 2002).

For level 1 evaluation, surveys and reviews of course engagement were conducted at the end of each cohort to determine the satisfaction, appropriateness, and effectiveness of the course objectives, content, duration, and implementation. The initial face-to-face run in 2019 received an overall evaluation of "Very Good", the highest among five categories, from the participants with recommendations on increasing the time for discussion, open forum, and break for exercises/physical activities. Likewise, each online cohort (2-4 from 2020-2022) received an overall evaluation of "Outstanding", the highest among the five categories. However, recommendations also focused on improving the time/duration of (1) asynchronous sessions, for participants to finish activities/requirements on time, (2) synchronous sessions, for longer discussions and clarifications, and (3) capstone project consultations and checking of submissions. Other suggestions included conducting more training, especially for PHNs in UHC implementation sites, and delivering the course face-to-face/classroom. In terms of lecture evaluation, the majority of the speakers in the face-to-face and online courses received "Excellent" remarks. For the first cohort, participants recommended conducting learning assessments immediately after the face-to-face lecture for better retention. For the second and fourth cohorts, improving the audio-video quality of lecture recordings and providing more examples and real-life applications were suggested.

Course engagement through the accomplishment of requirements and tasks was reviewed using technical features of the learning management system for all fully online batches. All participants from cohorts 2 and 3 were able to submit requirements as part of formative activities and assessments. For cohort 4, only 86% (n = 53) of participants were able to accomplish all formative requirements. Not all participants finished the submission of formative activities on time. Only 22% (n = 50) of cohort 2 participants were able to complete all requirements before the set deadline while only 26% (n = 30) and 13% (n = 53) of participants from cohorts 3 and 4, respectively, completed all course requirements before the completion ceremony. Regarding learning resources (e.g. module study guides, video lectures, slides, readings) hosted in the LMS, cohort 2-4 participants accessed the online resources at least twice on average for all six (6) modules. In terms of specific modules, Health Service Delivery (Module 1) garnered the highest online engagements (accessed at least twice) while the Human Resources for Health (Module 5) and Health Information System (Module 6) had the lowest engagements (accessed at least once). As to learning activities per module, PHNs engaged with module activities (e.g. view and post comments in the discussion forums, submit module-specific requirements) at least 16 times on average. Activities under Health Service Delivery have the greatest number of online engagements in cohort 2, while Health Governance (Module 4) garnered the highest engagements in cohorts 3-4. The last two modules, Human Resources and Health Information Systems, had the lowest engagements in terms of learning activities. In their feedback, participants explained that the protected time provided for the course was also spent on other important activities such as the roll-out of COVID-19 vaccinations, health and safety concerns during the 2022 national and local election campaign period, and backlogs created by the COVID-19 pandemic.

The level 2 evaluation used an outcomes-based approach where participants were asked to create capstone project proposals after going through all course modules. The final requirement is a "culminating demonstration of learning" (Spady & Uy Center for Transformational Learning and Leadership, 2016) and is common to all cohorts. It gave the participants an opportunity to extensively apply their knowledge in health systems and in analyzing and addressing a particular health issue/problem in their locality. For the first cohort (face-to-face), participants presented their output on the last day of the training and were provided feedback by resource persons and UPCN faculty. For the second to fourth cohorts (online), consultations and initial feedback for the participants' capstone projects were embedded within the training schedule. Participants were then requested to submit their output together with a 10-minute video recording of their capstone project presentation. Public health nurses reported a variety of health-related issues perceived as the main concern in their respective areas (Table 5). The highest number of capstone projects aimed to address maternal and child health (55), followed closely by

Table 5. *Distribution of PHN Participants Based on Capstone Project Topics, Cohort 1-4 (n = 183)*

CAPSTONE PROJECT	COHORT 1	COHORT 2	COHORT 3	COHORT 4	TOTAL
Infectious diseases (e.g. TB, COVID-19)	15	16	9	12	52
Maternal and child health (e.g. teenage pregnancy)	10	17	12	16	55
Non-communicable diseases (e.g. hypertension, diabetes)	6	5	1	10	22
Immunization (e.g. child, COVID-19)	3	3	0	0	6
Nutrition	0	2	1	2	5
Mental health	3	3	1	4	11
Environmental health and sanitation	2	4	3	1	10
Disaster and emergency preparedness	0	0	0	2	2
Others: Service delivery, human resource, financing, health informatics	4	7	3	6	20

infectious diseases (52), and non-communicable diseases (22). Capstone projects were evaluated using criteria set by the capstone project team. Public health nurses who successfully finished the leadership training (worth 45 CPD credit units) received a certificate of completion.

Discussion

The leadership development course was created in response to the increased demand for public health nurses with advanced skills in preparation for and implementation of universal health care in the Philippines. When nurses are provided with an enabling and supportive environment where they can use their full scope of education and training in primary health care, achieving UHC can be possible (WHO, 2020).

Content

Significant investment in education and training is required to match the current and anticipated needs of health systems and meet national and subnational needs (WHO, 2020). With the wide-scale implementation of the Universal Health Care law (RA 11223) in the Philippines and consequent reforms, the Department of Health, in coordination with stakeholders, identified relevant competencies of public health nurses. With the health systems framework as an organizing framework of the leadership development course, six (6) modules were developed - from health service delivery to health information systems. A nursing leadership course in Latin America and the Caribbean was developed with the similar intention of achieving universal health in their region (Ortega et al, 2018). The course was composed of eight (8) modules: (1) evolution of management and leadership theories applied to nursing; (2) ethics and the role of the nurse as an advocate; (3) leadership of the future; (4) workforce; (5) quality improvement and culture of safety; (6) evidence-based research; (7) intra- and interpersonal collaboration: full partners; and (8) financial management and cost analysis. While the health system framework was not used in the Latin American and the Caribbean leadership course, there are some similarities with the Philippine course in terms of contents. However, the Latin American and the Caribbean course particularly differed in their inclusion of evidence-based research as a module, with the objective of enhancing nurse leaders' capacity to utilize evidence-based research in clinical decision-making for safe quality care for various clientele (Ortega et al, 2018).

With the COVID-19 pandemic in 2020, as well as, major administrative and fiscal reforms in local and national governance, topics such as the Mandanas-Garcia ruling, full devolution, and change management under the modules of Health Financing and Health Governance were added in later cohorts. In addition to reforms under the UHC law, the Supreme Court's Mandanas-Garcia ruling and the executive

order on full devolution (EO No. 138, Series 2021) also significantly impact public health, where local government units (LGUs) are the stewards of the local health system.

Pedagogy

Continuing education intends to facilitate nurses' professional development and help fulfill the demands of nurses' roles competently and safely (Griscti & Jacono, 2006). Designing and implementing effective continuing professional development programs require a good understanding of adult learning characteristics and theories to use the most appropriate methods of delivery, teaching approaches, strategies assessment, and evaluation approaches (Mukhalalati & Taylor, 2019).

Adult learning (Knowles, 1980 as cited in DeCelle, 2016) presumes that as a person matures, one moves from being dependent to becoming self-directed in learning; personal experiences become resources of learning; adults learn best through experiential learning activities and problem-solving; adults are aware of specific learning needs created from real-life tasks and social roles; adult education programs should center on real-life application and learner readiness and motivation; adults are competency-based learners and need to apply new skills in real-life situations and their immediate circumstances.

Public health leadership development programs that combine skill building, concept development, feedback, and personal growth encompass a balanced learning approach (Wright, Rowitz & Merkle, 2001). With the purpose of producing enlightened change agents in the health system, transformative learning is required to develop leadership attributes (Frenk et al, 2010). Transformative learning involves three (3) shifts: (1) from memorization of facts to critical reasoning that can guide the capacity to search, analyze, assess, and synthesize information for decision making; (2) from seeking professional credentials to achieving core competencies for effective teamwork in health systems; and (3) from non-critical adoption of educational models to creative adaptation of global resources to address local priorities (Frenk et al, 2010).

With these in mind, the UP Manila College of Nursing initially designed the leadership course in 2019 for a face-to-face delivery divided into two (2) parts, the period in between used for reintegration and application of skills and concepts into their respective workplaces. During the scheduled face-to-face sessions, diverse teaching strategies such as lectures, workshops, small groups, and field visits were used, supported by online resources. Incorporated within the modules are assessment and evaluation activities, including feedback and reflections. The final output, a capstone project, was intended for public health nurses to demonstrate the outcomes of their training.

In the first run of the course, online resources played a supportive role in enhancing the participants' learning. However, starting from the second cohort in 2020, when COVID-19 became a global health emergency, online delivery and resources became central to the implementation of the leadership development course. The teaching approach, teaching strategies, assessment, and evaluation activities were adjusted by UPCN in its shift to online delivery. Transforming the leadership course from traditional face-to-face to fully online was challenging but doable for UPCN, as some members of the project management team have experience in distance education or remote learning (through the UP Open University). Shifting to online delivery required significant time and effort for the preparation and curation of materials (e.g. finding references, developing presentations and module study guides; recording lectures; producing videos) to formatting and uploading the learning resources in the learning management system. Multimedia and online resources were maximized to provide quality learning opportunities for public health nurses, despite limitations in mobility and travel imposed by the government as part of the COVID-19 pandemic response.

Technology

Digital and mobile technologies have increasingly played a role in supporting self-directed, continuing education of health professionals (Curran et al, 2019). Online learning for CPD is a viable option for Filipino public health nurses who usually juggle work responsibilities (in urban and rural areas), family concerns, and personal circumstances. Particularly in the COVID-19 pandemic, various forms of online learning - from webinars, and courses hosted in learning management systems, to podcasts - have increased the accessibility and reach of CPD for Filipino nurses. Staff shortages, workload, and geographical location were the main reasons why nurses find it difficult to attend traditional face-to-face training (Irving et al, 2007 as cited in Ross et al, 2013).

Some advantages of online learning compared to traditional face-to-face CPD include reduced additional costs (e.g. no accommodation, transportation, child minding), reduced use of time (e.g. no travel time), and flexibility (e.g. learning at times suitable for participants) (Ross et al, 2013). However, there are drawbacks to online delivery. Our experience in the leadership development course showed that the majority of the participants were new to online learning. It requires a fast, reliable internet connection which was not possible for some PHNs in low-resource and rural communities/geographically isolated and disadvantaged areas (GIDA). Participants who experienced poor internet connectivity significantly limited their capacity to accomplish asynchronous module activities and attend the synchronous sessions in Zoom. In addition, it needs skills to use computers or digital devices (smartphones, tablets)

and the internet in addition to the ability to use an LMS and navigate the course site. It took some time for the PHNs to adjust and learn how to use the course site. To address this, project assistants were assigned to guide participants who were experiencing difficulties in using and navigating the LMS. These findings underscore some of the disadvantages and barriers in online learning identified by Ross et al (2013), Childs et al (2005), and Regmi & Jones (2020).

Learner Support and Engagement

The community of inquiry (COI) model, a social constructivist education framework, provides a guide to designing an effective online learning environment (Garrison, Anderson & Archer, 1999). The COI model has three (3) elements needed for an ideal online learning experience (Dixson, 2015; Garrison, 2007): (1) social presence (the feeling of connection and engagement among learners), (2) teaching presence (course design and organization, pedagogy, direct instruction), and (3) cognitive presence (course content, selection of learning activities that promote practical inquiry, critical thinking, and application).

The fully online leadership development course incorporated elements from the COI model in its instructional design. The combination of asynchronous and synchronous sessions enables various ways for participants and resource persons to exchange information, collaborate, and socialize (Haythornthwaite & Kazmer, 2002 as cited in Hrastinski, 2008). Asynchronous sessions allotted for each module enable participants to process and to comprehend the information from the learning resources (Robert & Dennis, 2005 as cited in Hrastinski, 2008). Synchronous sessions, scheduled at the end of each module, provide an avenue for the public health nurses to interact with the resource persons and co-participants online since traditional online learning faces the challenges of lack of synchronicity (not being online at the same time) and placedness (not being in the same geographical location) (Anderson, 2005 as cited in Dixson, 2015) which creates a feeling of isolation and disconnectedness. Teaching assistants were also valuable in providing online social support while facilitating the exchange of learning and good practices among the participants.

Course Duration and Completion

As for course duration, most of the participants' feedback, especially for the online delivery, underscore the need to increase the time allotted for processing and understanding the course materials together with accomplishing the learning activities/requirements. While there is high overall satisfaction, the 8-9 week course placed greater demands on the participants and project team. In terms of course engagement and completion, arrangements were made to provide PHNs protected times within the training period to focus on learning and accomplishing module activities. The DOH HHRDB released official memos to ensure training support for participants is given by their respective workplaces. Scholarships from DOH HHRDB and UPCN was also helpful in reducing the financial costs of accessing continuing professional education.

Engagement and completion of training was not a major problem for the first cohort, where course delivery was face-to-face except for some cases (e.g. flight cancellations due to typhoon, family emergencies). However, this became very challenging for the second to fourth cohorts, when the leadership training was shifted online. When there was a surge of COVID-19 cases in their respective localities or COVID-19 vaccination rollout, participants needed to focus on responding to the immediate needs and tasks at hand, on top of the regular health programs and services they provide. The heavy onsite workload of both non-LGU and LGU-hired PHNs caused some of them to miss the scheduled synchronous sessions and/or not finish the activities/requirements within the prescribed time frame. Other participants were also observed to be working in the health facility or field during their supposed protected time for the synchronous sessions. Some participants who were determined to finish the course reported they had to spend nights and weekends working on their capstone project.

Another challenge was the poor internet connection, mentioned previously, which significantly limited other PHNs' engagement in the modules. For cohort 2, an additional challenge encountered was related to DOH NDP participants. Most of them were not able to attend the fourth module in January 2021, which coincided with the submission of requirements needed for their contract renewal. A few of them eventually reported that their contracts were no longer renewed, which affected the direction of their capstone project. Nevertheless, these PHNs were motivated to finish the training. In response to all these challenges encountered, maximum leniency towards course requirements was implemented by the project management team. These experiences highlight additional barriers to course engagement and completion encountered by nurses accessing CPD at the personal, organizational, and policy levels.

Lessons Learned

Overall, this project demonstrates the feasibility and demand for a leadership development course specific for public health nurses in the Philippines. The training program, from its initiation in 2019, encountered significant and unprecedented changes in the health system. While the implementation of the Universal Health Care law served as

the impetus for the development of the course, the COVID-19 pandemic in 2020, the implementation of the Mandanas-Garcia ruling and full devolution, as well as elections in 2022 warranted further modifications in its delivery and contents. The experience of UP Manila College of Nursing showed that the training can be delivered either face-to-face or online, with each mode having advantages and disadvantages. Face-to-face training requires longer, protected time for course activities including fieldwork, but incidences beyond the control of participants may hinder their full participation or focus in the training. On the other hand, online learning allows PHNs to participate remotely in their respective areas but with heavy onsite workload due to the COVID-19 pandemic and inadequate staffing, this proved to be very challenging as participants' attention is divided. Online learning also expanded and enabled the participation of nurses in low-resource and GIDA communities due to reduced costs, but successful course engagement and completion also require participants to have a fast, stable internet connection and the ability to use digital devices and LMS. A survey that covers time management, technological competence, and learner attributes to determine the actual readiness of PHNs is also suggested to be conducted prior to the training.

Alternatively, a blended learning approach may be adapted in future course offerings. Specific modules or their respective learning components may be reviewed and converted to online or face-to-face sessions. For example, the first part of the course may be online (synchronous and asynchronous) sessions that will later culminate in a 2-week face-to-face session that may include field visits, capstone project consultations, and final presentations. This may give the PHNs more time to focus on their capstone projects while affording them some flexibility in finishing formative course requirements.

A longer course duration (> 8-9 weeks) was recommended by the PHNs. The project team may explore the possibility of offering a 12-week course similar to the online nurse leadership training in Latin America and the Caribbean (Ortega et al, 2018). Enablers and barriers to course engagement and completion have been noted at the personal, organizational, and policy levels. For PHNs, their workplaces, clients, and the health system to optimally benefit from their training, factors at the organizational (i.e. workload, staffing) and policy (i.e. contractual work) levels must be addressed, as these are seen as exerting more influence on course engagement and completion.

In future iterations of the leadership training, the project team also recommends the improvement of and consistent administration of level 2 evaluation using pre-and post-tests and performance evaluation tools for accurate measurement of participants' learning. Likewise, the DOH-recommended level 3 evaluation using the workplace application plan (WAP) should be reviewed for accuracy and appropriateness.

Conclusion

This paper describes the development and implementation of a leadership training program for public health nurses in the Philippines. To date, a total of 183 public health nurses across 17 regions successfully completed the course since its initiation in 2019.

The experience of UP Manila College of Nursing with its institutional partners in offering the said course demonstrates the feasibility, necessity, and growing interest for more public health nurses with strong leadership and advanced skills working in the Philippine health system.

The design of a leadership training program must be tailored to the demands of the Philippine health care system in achieving universal health care. With the COVID-19 pandemic and dynamic changes in local governance, the experiences of the project team highlighted the need for flexibility in delivering the training program, updating module contents according to the latest developments in public health and national-local governance, and improving the course duration and evaluation. Barriers to course engagement and completion must be addressed for PHNs, their workplaces, clients, and the health system to benefit the most from the training.

References

Academy of Nursing of the Philippines [ANPHI]. (1976). July-September 1976 ANPHI papers. p.1

Aragon, L. M. (1983). A brief history of the UP College of Nursing. *UPCN Journal, 1A*:33.

Bekemeier, B., Kuehnert, P., Zahner, S. J., Johnson, K. H., Kaneshiro, J., & Swider, S. M. (2021). A critical gap: Advanced practice nurses focused on the public's health. *Nursing Outlook*, *69*(5), 865–874. https://doi.org/10.1016/j.outlook.2021.03.023

Benner, P. (2001) From Novice to Expert: Excellence and Power in Clinical Nursing Practice.

Commemorative Edition, Prentice Hall, Upper Saddle River.

Childs, S., Blenkinsopp, E., Hall, A. & Walton, G. (2005). Effective e-learning for health professionals and students - barriers and their solutions: A systematic review of the literature - findings from the HeXL project. *Health*

Information and Libraries Journal, 22(Suppl. 2):20-32. https://doi.org/10.1111/j.1470-3327.2005.00614.x

Ciliska, D., Mastrilli, P., Ploeg, J., Hayward, S., Brunton, G., & Underwood, J. (1999). The effectiveness of home visiting as a delivery strategy for public health nursing interventions to clients in prenatal and postnatal period: a systematic review. *Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews [Internet]*.

Curran, V., Gustafson, D.L., Simmons, K., Lannon, H., Wang, C., Garmsiri, M. et al (2019). Adult learners' perceptions of self-directed learning and digital technology usage in continuing professional education: An update for the digital age. *Journal of Adult and Continuing Education, 25*(1):74-93. https://doi.org/10.1177/1477971419827318

Dahl B. M. (2018). Challenges and demands in the population-based work of public health nurses. *Scandinavian Journal of Public Health*, *46*(20_suppl), 53–58. https://doi.org/10.1177/1403494817743897

DeCelle, G. (2016). Andragogy: A Fundamental Principle of Online Education for Nursing. Journal of Best Practices in Health Professions Diversity, 9(2), 1263–1273. https://www.jstor.org/stable/26554258

Dixson, M.D. (2015). Measuring student engagement in the online course: The Online Student Engagement Scale (OSE). *Online Learning, 19*(4). https://doi.org/10.24059/ olj.v19i4.561

Executive Order No. 138. (2021) Full Devolution of certain functions of the executive branch to local governments, creation of a committee on devolution, and for other purposes. https://www.officialgazette.gov.ph/downloads/2021/06jun/20210601 -EO-138-RRD.pdf

Fennimore, L., & Wolf, G. (2011). Nurse manager leadership development: Leveraging the evidence and system-level support. *Journal of Nursing Administration*, *41*(5), 204–210. https://doi.org/10.1097/NNA.0b013e3182171af f

Frenk, J., Chen, L., Bhutta, Z.A., Cohen, J., Crisp, N., Evans, T. et al (2010). Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world. *The Lancet, 376*:1923-1958. https://doi.org/10.1016/S0140-6736(10)61854-5

Foster, A.A., Makukula, M.K., Moore, C., Chizuni, N.L., Fastone, G., Myles, A. et al (2018). Strengthening and institutionalizing the leadership and management role of frontline nurses to advance universal health coverage in Zambia. *Global Health Science and Practice, 6*(4):736-746. https://doi.org/10.9745/GHSP-D-18-00067

Garrison, D.R., Anderson, T. & Archer, W. (1999). Critical inquiry in a text-based environment: Computer conferencing in higher education. *The Internet and Higher Education, 2*(2-3): 87-105. https://doi.org/10.1016/S1096-7516(00)00016-6

Garrison, D.R. (2007). Online community of inquiry review: Social, cognitive, and teaching presence issues. *Journal of Asynchronous Learning Networks, 11*(1), 61-72. https://files.eric.ed.gov/fulltext/EJ842688.pdf

Griscti O. & Jacono J. (2006). Effectiveness of continuing education programmes in nursing: Literature review. *Journal of Advanced Nursing,* 55(4), 449-456. https://doi.org/0.1111/j.1365-2648.2006.03940.x

Hrastinski, S. (2008). Asynchronous and synchronous e-learning. *Educause Quarterly,31*(4):51-55. https://er.educause.edu/-/media/files/article-downloads/eqm0848.pdf International Labor Organization (2014). *National Nursing Core Competency Standards:Training Modules*. Available at https://www.ilo.org/wcmsp5/groups/public/asia/-ro-bangkok/ilo-manila/documents/publication/ wcms_316218.pdf

Jack, S. M., Catherine, N., Gonzalez, A., MacMillan, H. L., Sheehan, D., Waddell, D., & British Columbia Healthy Connections Project Scientific Team (2015). Adapting, piloting and evaluating complex public health interventions: Lessons learned from the Nurse-Family Partnership in Canadian public health settings. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice*, *35*(8-9), 151–159. https://doi.org/10.24095/hpcdp.35.8/9.07

King, R., Taylor, B., Talpur, A., Jackson, C., Manley, K., Ashby, N., Tod, A., Ryan, T., Wood, E., Senek, M., & Robertson, S. (2021). Factors that optimise the impact of continuing professional development in nursing: A rapid evidence review. In *Nurse Education Today* (Vol. 98). Churchill Livingstone. https://doi.org/10.1016/j.nedt.2020.104652

Kirkpatrick, D. L. (1994). Evaluating training programs: the four levels. San Francisco: Berrett-Koehler.

Kulbok, P. A., Thatcher, E., Park, E., & Meszaros, P. (2012). Evolving public health nursing roles: focus on community participatory health promotion and prevention. *Online Journal of Issues in Nursing*, *17*(2), 1.

Maglaya, A. S. (1983). The Academe and Primary Healthcare: Closing the Implementation Gap. *UPCN Journal*, *1A*.

Mukhalalati, B.A. & Taylor, A. (2019). Adult learning theories in context: A quick guide for healthcare professional educators. *Journal of Medical Education and Curricular Development, 6*:1-10. https://doi.org/10.1177/ 2382120519840332

Ortega, J., Hooshmand, M., Foronda, C., Padron, M., Simon, D., Waters, M. et al (2018). Developing nurse leaders in the Americas: Evaluation of an online nursing leadership course. *Rev Panam Salud Publica*, 42:e152. https://doi.org/10.26633/RPSP.2018.152

Posadas, J.J.B., Dones, L.B.P., & Abad, P.J.B. (2019). Normalizing advanced practice in public health nursing in the Philippines: A Foucauldian Analysis. *Philippine Journal of Nursing* 89 (2): 35-40.

Regmi, K., Jones, L. (2020). A systematic review of the factors – enablers and barriers – affecting e-learning in health sciences education. *BMC Medical Education, 20,* 91. https://doi.org/10.1186/s12909-020-02007-6

Republic Act 11223. (2019) An Act Instituting Universal Health Care for All Filipinos, Prescribing Reforms in the Health Care

System, and Appropriating Funds Therefore. https://lawphil.net/statutes/repacts/ra2019/ra_11223_2019.html

Ross, K., Barr, J. & Stevens, J. (2013). Mandatory continuing professional development requirements: What does this mean for Australian nurses. *BMC Nursing, 12*(9). http://www.biomedcentral.com/1472-6955/12/9

Spady & Uy Center for Transformational Learning and Leadership (2016). 1st Outcome-Based Education International Conference 2016 (OBE iCON 2016). Taal Vista Hotel, Tagaytay City, Philippines, 3-4 November 2016.

Spies, L. A., Nanyonga, R. C., & Nakaggwa, F. (2019). Nurse-led interventions in the interim: Waiting on universal health coverage. *International Nursing Review*, *66*(4), 549-552.

Tamkin, P., Yarnall, J., & Kerrin, M. (2002). Kirkpatrick and Beyond: a review of training evaluation: the Institute for Employment Studies.

University of the Philippines. (2007). July-September Gazette. https://osu.up.edu.ph/wp-content/uploads/gazette/2007-JUL-SEP.pdf

University of the Philippines College of Nursing, (n.d.). History of UP College of Nursing. [Unpublished]

University of the Philippines College of Nursing. (2001). June College Council Minutes.

University of the Philippines College of Nursing. (2005). January College Council Minutes.

World Health Organization. (2010). The involvement of nurses and midwives in screening and brief interventions for hazardous and harmful use of alcohol and other psychoactive substances. World Health Organization. https://apps.who.int/iris/handle/10665/70480

World Health Organization (2012). Enhancing nursing and midwifery capacity to contribute to the prevention, treatment, and management of noncommunicable diseases. Geneva: WHO. http://www.emro.who.int/ images/stories/nursing/documents/Human_Resources_for_Health_Observer_issue_12.pdf?ua=1

World Health Organization (2017). Enhancing the role of community health nursing or universal health coverage. Geneva: WHO. https://apps.who.int/iris/handle/ 10665/ 255047

World Health Organization (2020). State of the world's nursing: investing in education, jobs, and leadership. Geneva: WHO. https://www.who.int/publications/item/ 9789240003279

Wright, K., Rowitz, L., & Merkle, A. (2001). A Conceptual Model for Leadership Development. *Journal of Public Health Management and Practice, 7*(4):60-6. https://doi.org10.1097/00124784-200107040-00010

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