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## Guest Editorial Jan 2022 Global Network of Public Health Nursing (GNPHN)

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All are council members of the GNPHN

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The Global Network of Public Health Nursing\* (GNPHN) is delighted to share this special issue of Public Health Nursing at the dawn of a new year, which brings fresh hope, challenge and opportunity. We have never been more aware of public health challenges and their many impacts than over the past two years as we have all lived through a global pandemic. Public health nurses (in some countries known as health visitors) around the world have been on the front line responding to the challenges and impacts of this new virus and its variants. They may have been helping to protect the whole population through immunisation, protecting the elderly from infection or from social isolation or young children and families from its secondary impacts of poverty, mental illness, loneliness and so much more. Each country and health service has responded to the pandemic in its own unique way, mobilising the resources available to it to protect its population from its many effects.

Public health nurses/health visitors themselves may have entered the profession from a range of nursing backgrounds and without homogeneous training. However, at the core of their practice is the need to promote good health, to protect those at risk of poor health in its widest sense – emotional, social and/or physical health, to assess individuals and communities for the presence of health needs and to facilitate access to health-enhancing activities. In some instances, they will also influence local and national policies affecting health (Cowley and Frost, 2010). The World Health Organisation (WHO) in 2020 reported on the state of nursing, documenting nursing roles for the 21<sup>st</sup> century as a key mechanism to address issues of social justice and health equity, and necessary for meeting the Sustainable Development Goals (United Nations, 2015). Specifically, nurses are highlighted by the WHO (2020) as key contributors to action on universal health coverage, better responses to health emergencies and efforts to improve population health and wellbeing. Further, public health nurses/health visitors are a key workforce who prioritise social justice issues and who deliver actions that are salutogenic (health creating), ecological (accounts for the social setting and situation) and human valuing (strengths based and appreciating human diversity) (Cowley et al., 2015). Through this orientation to practice, public health nurses/health visitors provide person centred care, that builds on human capabilities and that through investing in early life, mobilises health resource across the lifecourse (Cowley and Whittaker 2021).

The idea of establishing a global network was presented at the first International GNPHN Conference in Oslo, Norway in 2009. Other conferences have been held in USA in 2011, Ireland in 2013,

Denmark in 2016 and Kenya in 2019. The GNPHN itself was launched in 2013 by President Michael D. Higgins, at the Institute of Community Health Nursing Conference, Dublin, Ireland. The aim then, as it is now, was to provide opportunity for public health nurses, health visitors and community nurses working in Public Health Nursing across the globe to connect, share expertise and learn from each other to aid the development of this specialist area of professional work; be it in practice, education, policy, leadership or research. In so doing what works in one country might be shared with another and tested there. One example is the Public Health Interventions (PHI) Wheel, (Minnesota Department of Health, (2019) first shared at the Oslo conference, and since refined and with updates presented at subsequent conferences. The most recent will be showcased at the Osaka 2022 conference with the full paper available here in this special issue (see Schaffer et al.). The application and development of the PHI Wheel as a population-based model to support community, systems and individual/family level practice, is a strong example of shared learning and the cross-cultural relevance of public health nursing, with evidence coming from a number of nations on its use in education and delivery of public health services (Schaffer et al. 2022).

Another ambition of the GNPHN was for public health nurses from the more developed nations to support other less developed health systems and colleagues. In reality, members found they had as much to learn from these systems where money might be lacking but organisational structures, energy and innovation sometimes combined to achieve better outcomes and indeed exceptional results in areas such as immunisation. Council members were hugely impressed that the Nairobi health facility they visited during their last conference in Africa, was achieving almost 100% immunisation uptake for babies through good community outreach work.

To fulfil the aims as described, the network has identified the four pillars of research, education, policy and practice and the following (abridged) GNPHN objectives to:

- Raise the profile of public health nursing practice, making it more visible, helping the influence on health policy locally, nationally and globally.
- Develop public health nursing practice through sharing knowledge and experiences of practice education and research from around the globe.
- Transfer learning and support the implementation of knowledge and practice to support the growth of public health systems that can benefit local communities.
- Develop a shared definition of public health nursing practice that will be able to reflect the culture, professional traditions, social-economic climate and the policy of individual countries throughout the world.

This special issue coincides with the 6<sup>th</sup> International GNPHN Conference, hosted by the Japanese Public Health Nurses Association in Osaka, Japan, where public health nurses from around the globe will join in person and virtually. The collection of papers brought together demonstrate the far reaching and important base of public health nursing, its core philosophies and practices that transcend cultural and geographical boundaries. Some are reporting country-wide health promotion programmes (see McDonald et al.; Turville et al.) and others local programmes (Phagdol et al.; Paynter et al.) but each is unique to the population it is serving. Whilst many of the papers are not specific to the Covid pandemic (for example Holmberg; Moxley et al.; Uwizeye et al.; Yoshioka-Meade and Fujii), some are detailing its impacts on local populations and services (see examples Joo-Castro and Emerson; Honda et al.; Zlotnik et al.). What they do demonstrate is the breadth and importance of the work of this group of health professionals. In particular, the papers show how public health nurses/health visitors reach into often hidden communities, using home visiting (Bonakdar et al.; Giltenane et al.; Kanda et al.; Okamoto et al.; Solberg et al.) and settings-based

approaches (Kvamme and Voldner; Ma, et al.) to make contact with those affected by health inequalities.

We invite you, whilst exploring this collection of papers, to reflect on what public health nursing/health visiting means within your setting. Consider what messages you might take from this variety of world experiences, for delivering a service concerned with creating good health (being salutogenic), whatever the social context (appreciating the human ecology) and whilst demonstrating human valuing through capitalising on strengths and the resourcefulness of human agency.

\* For those wishing to learn more about the GNPHN or indeed join it you will find information here: [www.gnphn.com](http://www.gnphn.com)

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