

## Updating Nursing Education Programs in Response to the Challenges of the 21st Century

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In an article published in 2003 by Souza, <sup>(1)</sup> nursing and public health advisor for the Pan American Health Organization (PAHO), the author reviews the key moments in the development of nursing education in Latin America. Souza highlights three important moments in the social formation of nurses: 1) the secularization of health care—which marked the beginning of programs in countries that historically broke the ties between the State and the Church and reformed the health system by expelling religious orders from health care—and the modernization of health care services resulting from the scientific advances of the late 19th and early 20th centuries; 2) the public health movement, and 3) expansion of university programs in Latin America. Souza concludes that the training of nurses in that region reflects the unequal and heterogeneous socioeconomic development of the different Latin American countries, and that neither the on-the-job training implemented at the beginning of the 20th century, nor the educational system organized thereafter, created the necessary conditions for their full professional development, for their more effective participation in influencing the prevailing health conditions in the region, and, according to Lizarraga Amilibia, <sup>(2)</sup> for their ability to take part in political decisions within the health system.

In some other countries, such as Canada, nursing education was also marked by moments of great and slow change. It took several years to move from hospital-based training by nuns to the evaluation of nursing programs with a rigorous accreditation process of academic institutions to improve quality standards. <sup>(3)</sup>

Recent evidence suggests continued loss of ground in the education of nursing students in an era of rapid and radical change. According to Kavanagh y Sharpnack, <sup>(4)</sup> the initial competencies expected of nursing students are declining at an alarming rate, and this has been exacerbated by the impact of the COVID-19 pandemic. Wakefield and col. <sup>(5)</sup> point out that in the next decade it will be essential for nursing education to evolve rapidly so that nurses are able to respond to the contemporary challenges posed by the social determinants of health (e.g., complexity of care, aging population, increase in mental health and chronic diseases, health prevention and promotion of health equity and equality). Nurses will also have to be trained to care for an increasingly diverse population, develop new professional roles, know how to act in dynamic political environments, lead change, consolidate interprofessional collaboration and adapt to new digital health technologies.

Indeed, Yañez <sup>(6)</sup> points out that academic institutions should integrate training programs that facilitate the adaptation of nursing students to new digital health technologies and associate them with nursing care. For Benavente-Rubio, <sup>(7)</sup> the development and updating of these programs remain limited and the role of nursing in numerical health remains undefined. She points out that nurses are the cornerstone of the healthcare system and know the challenges and challenges of care. However, they are still absent from the teams developing healthcare technologies.

Benavente-Rubio concludes that nurses are essential in rethinking digital health to adapt it to the needs of clinical practice and the population. <sup>(7)</sup>

In reality, nursing education encompasses different areas: research, management, policy, clinical practice and technological innovation, because these have an important impact on current and future nursing functions and roles. For example, their role in research is to encourage the production and dissemination of scientific articles and to use scientific evidence to guide clinical decisions. Their role in management is to exercise organizational and strategic leadership in guiding healthcare organizations. Their role in policy requires active engagement in the development of public policies to improve the quality of care, health services and working conditions for nurses. Its role in clinical practice requires the integration of different nursing knowledge (scientific, aesthetic, personal, ethical and socio-political) to provide holistic, humanistic and equitable care. <sup>(8)</sup> Finally, its role in technological innovation involves the integration of numerical tools to streamline nursing attention and care to the population. <sup>(6, 7)</sup>

In fact, nursing education is a crucial vector for increasing the reactivity of organizations—and thus, of health systems—to the complex needs of the population.

In conclusion, at this moment of the 21st century, we believe it is important that nurses and the nursing profession continue to develop strategies to occupy a leading position at the organizational, political, social and technological levels. To do this, nurses must be interested and involved in the big issues of the day. In these times of globalization, the importance of academic training programs, including advanced nursing practice, that prepare nurses to take into consideration social challenges, numerical health, the environment, migratory movements, are even more urgent because health is political. <sup>(3)</sup> However, these programs must be updated to train nurses to exercise clinical, organizational and strategic leadership to enable them to participate fully in decisions in a context of major social, technological, environmental and political changes.

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