

Global Health Education in Chinese Universities:
Potential for Collaboration with Schools of Nursing

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Abstract

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Background The Consortium of Universities for Global Health (CUGH) and the Chinese Consortium of Universities for Global Health (CCUGH) were established within public health schools in North America in 2009 and in China in 2013. These consortiums are mandated to engage a variety of complementary disciplines including those in the health sphere such as public health, medicine, dentistry, pharmacy, and nursing as well as those outside of the health arena, including law, environmental studies, business, anthropology,

etc. Specifically, expanding the exposure of nursing students to global health curricula is critical as nurses are essential actors in the health care system: making up 80% of the global health workforce and providing 90% of health care worldwide. Although the Chinese Nursing Association officially became a member of the International Council of Nurses (ICN) in 2013, information related to existing global health education within CCUGH-affiliated universities and the current engagement of Chinese schools of nursing in global health remains extremely limited. The aim of this study is to identify and describe the current definitions and conceptualizations of global health education in Chinese universities, with a focus on Schools of Nursing. We will also explore potential synergies between existing global health initiatives and Schools of Nursing in China. **Methods** A cross-sectional descriptive study was carried out from July to October 2014. Purposive sampling with snowballing was used to recruit 18 total key informants. The key informant interviews were carried out with critical stakeholders in global health and nursing in China, principally directors at global health institutes or deans at Schools of Public Health affiliated with the CCUGH, and deans at schools of nursing affiliated with the China Medical Board (CMB) China Nursing Network and were conducted by the lead researcher. Key informants included 5 directors/deans and 1 senior researcher from 5 CCUGH-affiliated schools of public health, 8 deans from CMB China Nursing Network affiliated schools of nursing, 1 vice president from Jiangxi University of Traditional Chinese Medicine, 1 professor

from the Duke Global Health Institute, 1 former director from CMB Beijing office and 1 project director from Project Hope Shanghai office. Interviews were conducted in person, either by telephone/Skype, or e-mail, and in the case of telephone/Skype interviews they were audio-recorded and transcribed verbatim. Atlas.ti 7 and Microsoft Excel were used to carry out content analysis. Written informed consent was obtained from all informants prior to interviews. In addition, a desk review of syllabi and textbooks used in essential nursing courses including *Introduction to Nursing* and *Community Nursing* were collected to assess the current content of the curriculum related to global health nursing. Approval for this study was granted by the Institutional Review Board at the University of Washington in June, 2014. **Results** As of October 2014, 7 CCUGH-affiliated universities had global health institutes with varying levels and types of resources and support. These institutes were based at either public health schools or as standalone institutes within larger universities. An additional 3 CCUGH-affiliated universities and 2 non CCUGH-affiliated universities were in the process of establishing global health institutes or designing global health programs. Despite this burgeoning growth in the field, the definition of global health has still not been consistently applied in Chinese global health and nursing institutions. Two translations of global health have been used, either “quan qiu jian kang” or “quan qiu wei sheng”: the former reflecting more the larger phenomenon of health status and the latter used to describe healthcare systems more. According to the key informants, these

differing translations have influenced the scope and mandate of the various players in this burgeoning field in China. Both the Ministries of Health and Education expressed support for global health education and related activities. Two schools of nursing are engaged in global health curriculum at schools of public health, through offering nursing faculty-led global health-related courses. All key informants recognized the potential relationship between global health and nursing, and emphasized that collaboration between public health and nursing schools is growing and should be increasingly prioritized. **Conclusion** Increasingly Chinese universities are promoting global health education through the platform of CCUGH. It is an ideal moment to promote and expand work across the fields of global health and nursing, specifically to highlight opportunities for collaboration across education, research and practice. Engaging more nurses in global health, through education and research will increase nurse visibility in the field and foster their increased participation in global health policy bodies. Increasing nursing engagement in global health will result in more appropriate and efficient allocation of resources to address health needs of people worldwide.

Keywords: global health; nursing; education; qualitative study

Introduction

From the 1990s forward the era of globalization has resulted in an increasingly interconnected world [1]. Globalization is affecting the economy, politics, education and also specific professions, including nursing [2]. Global health has been defined as “an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide”, and involves “many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration” [3]. In 2009, the Consortium of Universities for Global Health (CUGH) was established with the mission to “define the field of global health, standardize curricula, expand research, and coordinate projects in low-resource countries” [4]. In 2013, the Chinese Consortium of Universities for Global Health (CCUGH) was established by 10 Schools of Public Health within Chinese universities, with the goal of enhancing global health in China. These consortiums engage a variety of disciplines including public health, medicine, dentistry, pharmacy, and nursing to achieve their stated goal.

Nurses and midwives play an essential role in health care systems worldwide providing approximately 90% of health care globally [5]. As nurses and midwives make up the largest proportion of the global health workforce (35 million, 80%), their engagement in global health is crucially important [6]. Yet, references related to global health education within CCUGH-affiliated universities and the involvement of schools of nursing in global health in China remain extremely limited.

In April 2013, the Chinese Nursing Association officially became a member of the International Council of Nurses (ICN), an international body whose mission is to ensure quality nursing care for all and sound health policies globally[7]. China has the largest number of nurses in the world, and is well positioned to play an important leadership role in global health nursing. By the year of 2012, China has nearly 2.5 million nurses working in urban and rural hospitals, community health centres, nursing schools, research centres, etc. [8]. However, despite this growing interest in global health in China—demonstrated by the establishment of CCUGH, the engagement with the field of nursing has been limited. As health becomes increasingly global there are significant implications for nurses as the primary providers of health services [6]. Therefore, the preparation of Chinese nurses in global health, and their increasing participation in global health research and in policy forums are an important step to improve healthcare globally. A comprehensive understanding of the current development of global health education in Chinese universities and potential opportunities for collaboration between global health and nursing is of great importance.

The general purpose of this study is to identify and describe the current definitions and conceptualizations of global health education in Chinese universities, with a focus on Schools of Nursing, in order to explore potential opportunities for strengthened collaboration between global health initiative and Chinese Schools of Nursing. Specific aims are:

- (1) To identify and describe Chinese universities with existing or burgeoning global health institutes and/or educational programs, specifically highlighting differences across Schools of Public Health and Nursing;
- (2) To explore the current global health nursing collaborations in China, expand on possible additional areas for synergy and identify current barriers to establishing global health curriculum in Schools of Nursing.

Methods

Study Design

Between July and October 2014, a cross-sectional design using qualitative research methods (namely key informant interviews and content analysis of syllabi and textbooks) were used in this study. The data collection, analysis, and reporting followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) and the self-assessment checklist used for the study is provided in Appendix 1[9, 10].

Key Informants and Materials

A total of 18 key informant interviews were conducted by the lead researcher with critical stakeholders in global health and nursing in China, principally directors at global health institutes or deans at schools of public health affiliated with the CCUGH, and deans at schools of nursing affiliated with the China Medical Board (CMB) China Nursing Network.

CCUGH is comprised of the 10 universities with the greatest educational and research interests related to global health. These universities are located throughout mainland China and Hong Kong, and include 7 premier comprehensive universities including Peking University in Beijing, Fudan University in Shanghai, The Chinese University of Hong Kong, Zhejiang University in Hangzhou, Sun Yat-sen University in Guangzhou, Wuhan University in Wuhan and Central South University in Changsha, and includes 3 medical or international universities including Peking

Union Medical College in Beijing, Kunming Medical University in Kunming and Duke Kunshan University in Kunshan [11].

The CMB China Nursing Network was founded in 2008 and includes 8 universities who share the aims of strengthening collaborations between member institutions and promoting nursing education in China [12]. Five universities belong to both CCUGH and CMB China Nursing Network including Peking University, Fudan University, Sun Yat-sen University, Central South University and Peking Union Medical College. The lists of CCUGH universities and CMB China Nursing Network universities are located in Table 1.

[Table 1]

Purposive sampling with snowballing was used to recruit a total of 18 key informants, including: 4 directors of global health institutes from Peking University, Fudan University, Wuhan University and Central South University, 1 Dean of a School of Public Health (Sun Yat-sen University) and 1 senior researcher (Wuhan University); 8 deans from CMB China Nursing Network affiliated Schools of Nursing; 1 vice president (Jiangxi University of Traditional Chinese Medicine), 1 professor (Duke Global Health Institute), 1 former director from CMB Beijing office and 1 project director (Project Hope-Shanghai office).

A desk review of syllabi and textbooks provided complementary information. Target syllabi were *Introduction to Nursing* and *Community Nursing* from CMB China Nursing Network affiliated schools of nursing. Target textbooks were

Introduction to Nursing and *Community Nursing* which are currently used by CMB China Nursing Network affiliated Schools of Nursing.

Data Collection

Key informant interview data was collected via open-ended, semi-structured interviews held either in person, by telephone/Skype, or e-mail (1 case). All interviews were conducted by the lead researcher in Chinese (Mandarin) or English. The interview guide was developed through team discussion and literature review, and 3 additional questions were added after sharing with some key informants to explore relevant topics emerging from interviews. The interview guide included the following key domains: (1) key informant's definition of global health; (2) current global health activities in key informant's school/institute; (3) key informant's perception of the relationship between global health and nursing, and how they can contribute to each other; and (4) resources and barriers to establishing/expanding global health curriculum in nursing schools (see Appendix 2a in English and 2b in Chinese). The interviews lasted approximately 30-60 minutes and were audio-taped, and notes were also taken during the interviews to highlight key commentary. At the outset of the interviews, the purpose and scope of the research and key informants' rights were clearly explained, and signed informed consents were obtained from all key informants (see Appendix 3a in English and 3b in Chinese). All interview information was kept confidential and kept on a private computer only used for research purposes.

For analysis of syllabi and textbooks, syllabi of *Introduction to Nursing* and *Community Nursing* were collected from aforementioned 8 schools of nursing subsequent to interviews with the deans. *Introduction to Nursing* and *Community Nursing* textbooks were collected from Shanghai Jiao Tong University Medical Library and from Shanghai Jiao Tong University School of Nursing in August, 2014. Only the most recent edition was included if there were several editions.

Data Analysis

Key informant interviews were transcribed verbatim, in either Chinese or English by the lead researcher who conducted the interviews and subsequently summarized in English. Transcripts were returned to the key informants to ensure accuracy and clarify outstanding questions within two weeks post interview. A codebook was developed and data were analyzed using content analysis. All transcripts were read three times and coded by the first author. The meanings of significant sentences were identified and these formulated meanings were then organized into clusters of themes using Atlas.ti 7 and Microsoft Excel.

For analysis of syllabi and textbooks, content and relevant chapters of textbooks were analysed and key descriptions pertaining to public health, laws, culture and ethics within the textbooks were extracted, coded and categorized. Name of the textbooks, authors, year of publication, publisher and relevant chapters and pages were extracted. It was not sufficient to be considered covering a topic, if merely mentioning a topic without further presenting a definition and/or providing

explanation of importance within a larger context. The codebook developed for the textbooks was also used with the syllabi. Information such as page, total class hours and textbooks were extracted from the syllabi. Microsoft Excel was used to organize and analyse the data.

Ethics Approval

The Institutional Review Board at the University of Washington approved this study on June 16th, 2014. (IRB No. 47682).

Results

Characteristics of the key informants

Eighteen key informants were recruited into the study. The key informants included 11 women, 7 men, 14 PhDs, and 15 professors. Their characteristics are highlighted in Table 2.

[Table 2]

Current status of global health education in Chinese universities

A rapid growth in global health education within and beyond CCUGH-affiliated universities

As of October 2014, 7 CCUGH-affiliated universities had established global health institutes including: Peking University, Fudan University, Wuhan University, Central South University, Duke Kunshan University, Zhejiang University, and The Chinese University of Hong Kong (Table 3).

[Table 3]

The remaining 3 CCUGH-affiliated universities (Sun Yat-sen University, Peking Union Medical College and Kunming Medical University) were still in the planning phase of establishing global health institutes at the time of this study. As of July 2014, Wuhan University and Kunshan Duke University were the only 2 universities in China with a bachelor's and/or master's level educational program related to global health. Wuhan University had recruited 9 undergraduate students and 6 graduate students to its education programs which began in September, 2014.

Similarly, Kunshan Duke University launched its master's education degree in global health in September, 2014. These global health institutes were established within Schools of Public Health with the exception of Wuhan University, whose global health institute is situated at an equivalent bureaucratic level as the School of Public Health.

Outside of these limited bachelor's and master's education programs of global health at Wuhan and Kunshan Duke University, global health education provided by these global health institutes mainly include: (1) summer courses represented by Fudan University Global Health Institute; (2) short-term training courses represented by Peking University Institute for Global Health; and (3) selective courses represented by Wuhan University Global Health Institute.

Beyond the CCUGH-affiliated universities, Jiangxi University of Traditional Chinese Medicine and Hainan Medical University reported considerable interests in establishing global health institutes or bachelor's education program. For example, in July 2014, Jiangxi University of Traditional Chinese Medicine held a public hearing on the "Global Health" education program, hosted by Minghui Ren, Director of Department of International Cooperation, National Health and Family Planning Commission of the People's Republic of China. Additionally, Jiangxi University of Traditional Chinese Medicine initiated a global health track in its master's degree education offerings in September, 2014. Their global health education program focuses on the application of traditional Chinese medicine in global health practices.

The CCUGH and CMB China Nursing Network affiliated universities and other universities with initiated global health education are listed in Figure 1.

[Figure 1]

Shifting definitions—“Xu ti” and “shi ti”

The global health institutes present at these universities can be categorized as either in a virtual form [“xu ti (虚体)”] or as a physical entity [“shi ti (实体)”]. The virtual establishment of a global health institute is typically defined by one with limited work space, fixed faculty [“bian zhi (编制)”], and other necessary resources required to perform critical activities such as capacity building and course development. This virtual form is typically established as an initial platform to initiate global health activities.

When enough resources are mobilized, the physical entity of a global health institute is established then more concrete activities including establishment of degree programs and enrollment of students can occur. One of the key informants noted that the virtual entity was a critical step to the definition of related policies and recruitment of necessary resources prior to the establishment of an actual physical entity. Figure 2 demonstrated the dynamics between “xu ti (虚体)” and “shi ti (实体)”.

[Figure 2]

Key informant 16: *“The so-called ‘shi ti (实体)’ must have fixed ‘bian zhi (编制)’ , and fixed working area...it is an established platform on which people from multiple disciplines collaborate together to conduct teaching, research and work to*

promote global health...Because this involves a lot of related policy issues, especially personnel system in universities. It is so hard to get enough resources about this issue, and some universities receive more resources and some others receive relatively less...so I think in the beginning the platform should be established and people start to work. When it is the right time, a 'xu ti (虚体)' center will organically turn into a 'shi ti (实体)' department, and enroll its students in the future. But if we want to settle the matter in one step, it involves a lot of difficulties at present.”

Definition and translation of global health—lack of consistency in the definition of global health

The definition of global health was not consistent among key informants. However, several key phrases emerged across key informant interviews when they were asked to define global health (Table 4). “Involving all human beings”, “health issues worldwide and influencing factors”, “Trans-discipline, organization, country, government” and “achieve health equity worldwide” were the three most frequently mentioned phrases when key informants were prompted to provide their definition of global health.

[Table 4]

In June 2014, a definition of global health was agreed to by a group of Chinese experts who were developing the first series of global health textbooks for bachelor’s and master’s degree education in global health. This definition was the first published attempt to define global health in Chinese literature, beyond simply using the literal

translation of its western definition. One key informant pointed out in his interview that as there wasn't consensus on the theoretical definition of global health, it was vitally important to have an operational definition of global health to guide the emerging activities related to global health.

Two translations of global health in Chinese language

Amongst interviewees the Chinese translation of global health varied between “quan qiu jian kang (全球健康)” and “quan qiu wei sheng (全球卫生)”. For key informants who supported to use “quan qiu jian kang (全球健康)”, they felt it had a much broader meaning, and included the status of being healthy and living a long life. Some key informants thought that the English word “health” should be translated as “jian kang (健康)” instead of “wei sheng (卫生)”. Furthermore, “wei sheng (卫生)” was believed to be too limited and easily be misunderstood as “hygiene” in Chinese. Actually, “gong gong wei sheng (公共卫生)”, the Chinese translation of “public health” was mentioned to be inappropriate if considering the above reasons. However, since “gong gong wei sheng (公共卫生)” has been used for quite a long time it might not be possible to change this term.

The majority of the key informants (9 key informants) preferred “quan qiu jian kang (全球健康)”. Five key informants showed neutral attitudes towards both “quan qiu jian kang (全球健康)” and “quan qiu wei sheng (全球卫生)”.

Key informant 3: *“I think ‘quan qiu jian kang (全球健康)’ might be better. The word of ‘wei sheng (卫生)’ is just too limited... ‘jian kang (健康)’ is considered by population as a superior word and ‘wei sheng (卫生)’ is a simple one which might*

be looked down. Washing hands is called 'wei sheng (卫生)'. Keeping clean is called 'wei sheng (卫生)'."

On the other hand, some key informants mentioned "quan qiu wei sheng (全球卫生)" might have a broader meaning, because it not only include "jian kang (健康)" but also more focused on policy, management, health care system. This connection between "wei sheng (卫生)" and policy, management, health care system was believed to be caused by the fact that many healthcare-related ministry, organization, system and health education textbooks were named as "wei sheng (卫生)", such as Ministry of Health which is translated as "wei sheng bu (卫生部)", the Reform of the Medical and Health Care System which is translated as "yi yao wei sheng ti zhi gai ge (医药卫生体制改革)", World Health Organization which is translated as "shi jie wei sheng zu zhi (世界卫生组织)" and thus left a strong impression of policy meaning towards the expression "wei sheng (卫生)". One key informant felt the expression of "quan qiu jian kang (全球健康)" was incorrect.

Key informant 7: "*‘quan qiu wei sheng (全球卫生)’ might be broader and it involves concepts of policies and management. I don’t mean ‘quan qiu jian kang (全球健康)’ doesn’t have these concepts, it might have but doesn’t emphasize policies and management so much like ‘quan qiu wei sheng (全球卫生)’...Ministry of Health is called ‘wei sheng bu (卫生部)’, that’s the reason why once ‘wei sheng (卫生)’ occur to me and I will reflect policy and management. We have ‘wei sheng fa zhan zhong xin (卫生发展中心 health development research center)’ and other*

organizations initiated by 'wei sheng (卫生)' all of which conduct researches on national policies and public health policies."

Admitting the fact that there existed debates on the translation of "quan qiu jian kang (全球健康)" and "quan qiu wei sheng (全球卫生)", three key informants mentioned efforts should be made to decide how to translate "global health" into Chinese to avoid misunderstanding and better systematizing the representation of the meaning of global health in Chinese.

Key informant 14: *"It is still controversial about whether to use 'quan qiu jian kang (全球健康)' or 'quan qiu wei sheng (全球卫生)'...further discussions are needed to decide which translation more conforms to the connotation of global health and traditional language environment of Chinese culture."*

One of the key informants who has overseas education in Japan suggested "guo ji bao jian (国际保健)" might also be considered as the Chinese translation of global health.

Key informant 15: *"global health, because in Japan, it is translated as 'guo ji bao jian (国际保健)'. 'quan qiu (全球 global)' and 'guo ji (国际 global/international)' are supposed to be similar...the English phrases are the same, how about 'guo ji bao jian (国际保健)'? It is my suggestion... 'guo ji bao jian (国际保健)', 'bao jian (保健)' means to protect, to maintain and promote health... 'bao jian (保健)' might be more appropriate because it means to protect and to promote health."*

Supportive attitudes from Chinese government and universities, and overseas foundations and organizations

According to key informants, the Chinese National Health and Family Planning Commission (once known as Ministry of Health) and the Ministry of Education demonstrate supportive attitudes and actively promote global health education and activities. Meanwhile, officials from universities were also mentioned to be supportive in global health education and hope global health could be an area which could advance the university's competence and reputation.

According to key informants, several foundations and organizations play an important role in promoting global health activities at Chinese universities including: (1) the China Medical Board (CMB): CMB provides funding, training and other kinds of supports for many Chinese universities to advance global health; (2) the National Institutes of Health (NIH): NIH funding provides financial supports of training program in some Chinese universities with regard to global health activities; (3) the Department for International Development (DFID): DFID has collaborated with several Chinese universities to promote global health activities in China; (4) Duke University: Duke Global Health Institute has many collaborations with several Chinese universities; and (5) Project Hope which provides education and personnel training especially in nursing field. Finally, Duke School of Nursing and Fudan University jointly held a conference on nursing and global health in June, 2013;

Key informant 12: *“Leaders from National Health and Family Planning Commission pay great attention to this issue. Within ministries and commissions*

under the State Council, Health and Family Planning Commission goes most ahead with regard to the understanding of global health. Health and Family Planning Commission is now regarding making national global health strategy as a key work.”

Global health education in Schools of Nursing

There was no course directly related to global health in the Schools of Nursing interviewed in this sample, although concepts of public health were demonstrated in both class syllabi and textbooks. In Schools of Nursing, experts from foreign countries and professors in the global health field were invited to lecture on global health topics of interest. Some components of global health were mentioned in current nursing curricula and other trans-disciplinary lectures. One School of Nursing included the Lancet paper entitled “China and Global Health” as a class reading, in order to familiarize her students to the concept of global health.

Key informant 6: *“There is an article published in the Lancet which is written by Lincoln Chen...almost all our undergraduate students have read it...When I gave lessons of Introduction to Nursing, I printed out the article and spread out, one Chinese version and one English version. I gave them English version first. I asked students to share their thoughts about the article when they finished reading, and then I gave them the Chinese translation version.”*

There was a global health joint course offered in one School of Public Health, and three different schools were involved in establishment of this course. The affiliated School of Nursing provided staff to support this global health joint course.

Key informant 1: *“When we successfully applied for full grant, actually there were three schools involved which were school of public health, school of nursing school and school of social development and public policy...faculty from nursing school give lectures on neonatal health in my (global health) course”*

Relationship and reciprocal contributions between global health and nursing

Relationship between global health and nursing

All key informants agreed that global health and nursing are closely related. Health cannot be separated from nursing, and nursing is related to health, and thus broadly to global health. When asked about the relationship between global health and nursing, the majority of the key informants thought nursing was an important component of global health, because they are the backbone of the workforce, providing the vast majority of health services worldwide. One key informant mentioned that nursing and global health were two disciplines with considerable overlap, like two overlapping circles in a Venn diagram.

Key informant 8: *“Health and nursing are closely related, health cannot be separated from nursing, and global health even cannot be separated from nursing.”*

Reciprocal contributions between global health and nursing

Five key informants mentioned that global health and nursing mutually advance each other. Research and activities in global health would bring new

information and ideas to nursing and nursing could also advance global health at the level health care delivery.

Key informant 4: *“Global health and nursing is in the relationship of mutual connected and mutual promoted.”*

Contributions from nursing to global health

Informants felt nursing contributes to global health in various ways: (1) the nursing practice: nursing is a practice profession, and thus nursing has the capacity to solve health related problems directly through nursing practices by applying knowledge, techniques and guides, no matter domestic or overseas, especially in those remote and under-developed regions; (2) the role of nursing: there exists a Chinese expression “three for treatment and seven for nursing” which emphasizes the important role of nursing in the process of treatment and rehabilitation. Nursing also raises awareness of global health at individual, family and community level, and advocates together with others to promote just global health policies and maintain global health security; and (3) the nursing population: nurses make up the largest proportion of health care workforce and therefore ideally should have the political power to put into action task shifting policies regarding health resources and promote global health activities.

Contributions from global health to nursing

Global health contributes to nursing by: (1) promoting the status of the nursing profession: when nurses are involved in global health activities more nurses’ perspectives are heard, it would significantly improve the status of nursing profession;

and (2) broadening the view of nursing: learning global health, and the collaborations with other countries and disciplines would greatly make the view of nursing wide open, especially provide nursing new methods, techniques and ideas from other countries and disciplines.

Learning global health is of great importance not just for nursing students

Nearly all key informants emphasized that global health education should be contained in nursing education. More foreigners are arriving in Chinese hospitals and more Chinese nurses are traveling abroad to support Chinese sponsored health initiatives, such as those surrounding HIV/AIDS in Africa. Incorporating global health content into nursing curriculum will strengthen students' knowledge and skills to work effectively in the changing world.

Key informant 11: *"We have increasing number of international hospitals. Our patient population will become more diverse. There is a great need to increase China's global presence, and nurses, as the largest group of the healthcare workforce, should play an important role...I agree that adding this course will be very good."*

Some key informants added that learning global health was important but not just for nursing students. All medical students and other allied health professionals should receive training in global health. One key informant mentioned that even non-medical students (environmental management, food security, international trade and foreign affairs) would benefit from receiving exposure to global health content in their studies.

Resources and barriers to establishing global health curriculum in schools of nursing

Resources to establishing global health curriculum

Key informants identified several strategies for nursing schools to improve and expand their global health educational offerings: (1) collaborations with other universities and foreign foundations: nursing schools could collaborate with other universities, even universities overseas to establish global collaborations. Several foreign foundations with a long-term history of supporting nursing program exist at Chinese universities; (2) collaborations with other schools/departments: public health schools, especially those with established global health institutes, could be important resources and partners for nursing schools to expand global health education. Other potential collaborative target schools or departments could include anthropology, management, engineering, architecture; (3) expanding existing nursing courses related to global health: global health could be mainstreamed into current curricula in nursing education such as *Introduction to Nursing* and *Community Nursing*; (4) Existing “Excellent Courses (精品课程)”/MOOC: Excellent Courses, serve as exemplary curricula in China’s education system which are provided by first-class faculty and contain first-class teaching contents, and MOOC has similar function with Excellent Courses; and (5) identify faculty who have received global health training: in some nursing schools, faculty members with global health related training and expertise can serve as resources to provide global health education to the larger community (both students and other faculty).

Barriers to establishing global health curriculum

Several barriers were identified by key informants for nursing schools to establish global health education: (1) awareness: the importance and necessity of adding global health education to nursing school curricula and programming has not yet been discussed widely in the nursing field. Key decision makers need to improve the visibility of nurses in global health in order to remedy its importance; (2) unclear understanding of “ideal” global health curriculum: what constitutes global health education in nursing schools is very unclear and key informants expressed concern that new curriculum in nursing schools may repeat existing content; (3) bureaucracy related to expanding degree to include global health content: in order to add global health curricula to an existing degree, multiple bureaucratic hurdles must be defined, met and overcome. These adjustments require advocates, as well as financial and institutional resources; (4) current curricular load: current course loads in Chinese nursing schools are extremely full and it would be difficult to add more for students without taking out an existing element; and (5) limited faculty: nursing faculty trained in global health may also be a barrier if previous global health training has been limited or overseas working experiences have been few.

Future possible forms to establish global health education in schools of nursing

Although key informants emphasized the necessity of expanding global health educational content in nursing schools, independent global health courses in nursing schools were not recommended at an early stage due to existing barriers demonstrated

previously as lack of awareness of the importance of adding global health to nursing, unclear understanding of global health curriculum, bureaucracy related to expanding degree to include global health content, current heavy curricular load, and limited qualified nursing faculty with global health training. Some key informants recommended the future establishment of global health education in nursing schools. At present the following strategies were recommended by key informant: (1) encourage nursing students to register for global health courses through existing public health schools or inter-professional collaborations with public health schools. At present it is difficult for nursing schools to establish global health curriculum due to limited resources both financial and operational (staff), therefore nursing students could be encouraged to register for global health courses offered from public health schools, and nursing schools could collaborate with public health schools to establish cooperative courses which would integrate nursing content. Beyond eliminating barriers to access, there is still the larger issue of how to attract nursing students; (2) global health lectures: besides courses, nursing schools could invite speakers from universities where global health activities are currently being conducted successfully; (3) adding global health content into current courses: some existing courses in nursing schools such as *Introduction to Nursing* and *Community Nursing* are appropriate for inserting global health content; and (4) MOOC courses: MOOC were mentioned as great opportunities for students to learn global health and would make great impact on learning and stimulating interest in the burgeoning field.

Characteristics of syllabi and textbooks

Five syllabi of *Introduction to Nursing* and 5 syllabi of *Community Nursing* were available and collected from CMB China Nursing Network nursing schools. Peking Union Medical College School of Nursing has one curriculum titled *Nursing I: Human and Society* instead of *Introduction to Nursing*, which actually provides similar knowledge and information as *Introduction to Nursing*.

Four textbooks of *Introduction to Nursing* and 3 textbooks of *Community Nursing* were reviewed as part of a broader assessment of global health content in nursing classrooms. People's Medical Publishing House has published a series of textbooks for undergraduate nursing students in Chinese nursing schools since 1987 including *Introduction to Nursing* (3rd ed.) written by Xiaomei Li [13] and *Community Nursing* (3rd ed.) written by Chunyu Li [14], which are most widely used textbooks in nursing schools in China to provide lessons with regard to *Introduction to Nursing* and *Community Nursing*.

Content of the syllabi and textbooks

From syllabi, Xiaomei Li's *Introduction to Nursing* textbooks (2nd and 3rd ed.) were found to be used as textbooks in 3 among 5 schools of nursing; for *Community Nursing*, the choices of textbooks varied much more and only 1 school of nursing use Chunyu Li's *Community Nursing* (3rd ed.) textbook. The majority of syllabi content were similar to those from textbooks. Syllabi also contained information about practicum.

In *Introduction to Nursing*, besides traditional content of nursing such as Basic Needs of Human, Nursing Procedures, Nursing Theories, relevant interdisciplinary topics were included such as law, culture, and ethics. In *Community Nursing*, topics such as public health, public health nursing, and epidemiology were mentioned and described which were elements from public health. Issues about Primary Health Care and Medical Care System of China were included in both *Introduction to Nursing* and *Community Nursing* textbooks. ‘Health for All by the Year 2000’ was described in *Introduction to Nursing* textbooks as an important global health concept. However, none of *Introduction to Nursing* and *Community Nursing* textbooks contained a description of concept of global health. Notably, in Xiaomei Li’s *Introduction to Nursing* (3rd ed.), the term “global health strategies” (“quan qiu wei sheng ce lue” 全球卫生策略) and “global health goals” (“quan qiu wei sheng mu biao” 全球卫生目标) are listed as subheadings in Section 3, Chapter 2, but no further definition of global health is mentioned.

Information about page, total class hours, textbooks and detailed contents of syllabi of *Introduction to Nursing* and *Community Nursing* are listed in Table 5a, 5b, 6a and 6b.

[Table 5a, 5b, 6a and 6b]

General information and detailed content of textbooks of *Introduction to Nursing* and *Community Nursing* were demonstrated in Table 7a, 7b, 8a and 8b.

[Table 7a, 7b, 8a and 8b]

Discussion

This study is the first to explore global health education in Chinese universities, and specifically detail the potential for nursing school collaboration. Currently global health is being primarily based out of Schools of Public Health in China and is increasingly popular area amongst Chinese academics. The establishment of CCUGH in 2013 was a milestone for prioritizing Chinese global health-related activities. This study found that all 10 CCUGH-affiliated universities have been actively engaged in global health activities, and play an important role promoting global health education, research and training, regardless of whether they have established global health institutes. Although the initiative form of most global health institutes was so-called “xu ti (虚体)”, they are able to conduct training and research related to global health. This linear process from “xu ti (虚体)” to “shi ti (实体)”, from a virtual form to an entity institute or department, is not a phenomena unique to Chinese universities. Even the Department of Global Health at the University of Washington took years to develop. Prior to funding, it was a platform of collaborations between professors from various schools. Besides CCUGH and CMB universities who have more human and financial resources there are other Chinese universities with global health interest, including Jiangxi University of Traditional Chinese Medicine and Hainan Medical University. Jiangxi University of Traditional Chinese Medicine in particular will cover traditional Chinese medicine from the global health perspective. Hainan Medical University is another setting considering expanding global health offerings as the Chinese government has identified it as an

“international tourism island”, so potential emergency public health is an area of interest for this program [15]. Chinese government, especially the National Health and Family Planning Commission and the Ministry of Education, have demonstrated great support for global health. These bodies actively encourage a global health research strategy, global collaborations and engagement and support global health education program. In summary Chinese universities are actively engaged in global health and will be increasingly so in the years to come. Meanwhile, the definition and translation of global health in Chinese needs to be clarified along with a broader mission and vision. Xiaoyou Su et al [16] reviewed the history of the concept of global health and provided a Chinese definition of global health, similar to that used in the United States [3]. They defined global health as an emerging trans-disciplinary subject combining research and practice which aims to improve health of all human beings; the health issues which global health is focusing on are beyond national boundaries and governments, and require mobilizing all efforts globally involving human health care and its determinants as well as solutions, and to response in a harmonious and effective manner [16].

Global health in nursing has been discussed more frequently since 2000. In 1998, the American Association of Colleges of Nursing (AACN) called attention to global health, specifically as a critical component of practice for baccalaureate graduates, who should possess “the knowledge and skills to understand the global environment in which health care is provided; and modify patient care in response to global environmental factors” [17, 18]. Sullivan wrote an editorial for the first issue of

Journal of Professional Nursing in the first year of the new millennium, titled “Enhancing Global Health through Nursing” and talked about why nurses should learn global health and how global health could be enhanced by nursing [19].

Global health in nursing began in the beginning of modern nursing, the era of Florence Nightingale. Nightingale’s efforts contributed to decreasing mortality in Crimea War and for establishing modern nursing schools. However, she also tried to promote health through various efforts which could be defined as today’s global health. From the analysis of Nightingale’s letters, Nightingale’s leadership on global nursing and health emerged: she actively collaborated with policy leaders, analysed data to set policy agendas, and performed public health reform to improve health and well-being of underserved populations [20]. An organization called the Nightingale Initiative for Global Health (NIGH) was established in 2004 in order to “tell the untold and forgotten stories of global health, and to engage and empower the public voices of nurses and concerned citizens” [21].

Although considerable research and papers about global health exist, so far only one Chinese published article in global health nursing was identified, and it focuses on global health diplomacy instead of articulating the concept of global health. Our study found that no global health courses are currently offered in nursing schools in China and no detailed description of global health was made in the reviewed textbooks and syllabi. However, we have found that nursing schools are beginning to expand their work in global health education through improvised curricula offered in coordination with public health schools. Furthermore, in the most recent editions of

nursing textbooks (*Introduction to Nursing*), the term global health (“quan qiu wei sheng”全球卫生) has appeared for the first time.

Nursing in China has experienced a dramatic shift since the 1980s and has benefited from global collaboration at least in education. In the past, the acquisition of nursing education took place in the equivalent of a senior high school with 3 years’ training [22]. During 1980s, the bachelor’s nursing education re-established; and from 1990s, master’s and doctoral nursing education has been established to cultivate nursing experts. The Chinese government also has sent nurses to developed countries such as the United States, Australia and European countries to receive undergraduate and graduate levels nursing education and hopes that these individuals will provide nursing practice and education in China when they come back[23]. China has made rapid progress in global health from deploying medical teams, constructing facilities, to donating drugs and equipment, and training personnel [24]. With large numbers of Chinese nurses who are informed and trained with the concept of global health, one should assume Chinese nurses are likely to play a more important role in providing health care in domestic and overseas.

Why is it important for nurses to understand global health and why nursing and global health should collaborate? The answer could be “philosophically, nurses should be global citizens, caring about and for the greater than 80% of the world that is impoverished, starving, and dying from preventable conditions” [22]. Nurses have been and continue to be active on the frontlines of healthcare everywhere in the world: cities, suburbs, hospitals, clinics, even war zones and refugee camps [21]. Nowadays,

health issues are never isolated within the borders of a single country. One of the most recent and severe health issues is Ebola epidemic first occurring in West Africa and then spreading to the USA, Spain and other countries around the globe. This Ebola epidemic raises the attention of the whole world and again makes people be aware of the importance of global health. We should also notice that nurses are the workforce who will suffer the most during this epidemic and ultimately be the ones to solve it. Nursing has the capacity to connect with individuals, families, communities, and it is crucial to prepare our nurses to bring their experiences, knowledge and collective wisdom more effectively to the global health arena. In this way resources can be more effectively and efficiently allocated, and health can improve.

Implications

The study itself might have impact on global health education in China, especially for nursing schools. Through interview procedures, recruited directors from public health schools might start to consider the importance of nursing in global health and possibilities of future collaborations with nursing schools. Similarly, deans from nursing schools might start to pay attention to the new trend in health care and make plans for introducing global health into nursing curricula.

Results of this study could provide information for policy makers and key stakeholders to better conduct global health education in Chinese universities with considering the role of nursing in global health. Further efforts and research could be focused on how to mobilize resources and overcome barriers identified in this study and try to establish global health education in nursing schools.

Limitations

Purposive sampling with snowballing was used as sampling methods and 18 key informants were successfully recruited from different universities and organizations, however it is non-probability sampling method. Although all 8 deans from CMB China Nursing Network affiliated schools of nursing were interviewed and data achieved saturation among nursing schools deans, not all 10 deans or directors from CCUGH universities were recruited.

With regard to syllabi and textbooks, only materials of *Introduction to Nursing* and *Community Nursing* were collected and analyzed. Due to various reasons, only 5 syllabi were collected. Meanwhile, only 4 different textbooks of *Introduction to Nursing* and 3 different textbooks of *Community Nursing* were collected, which might not be fully representative.

Conclusion

Increasingly Chinese universities are promoting global health education through the platform of CCUGH. It is an ideal moment to promote and expand work across the fields of global health and nursing, specifically to highlight opportunities for collaboration across education, research and practice. Engaging more nurses in global health, through education and research will increase nurse visibility in the field and foster their increased participation in global health policy bodies. Increasing nursing engagement in global health will result in more appropriate and efficient allocation of resources to address health needs of people worldwide.

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Table 1. Information of CCUGH and CMB Chinese Nursing Network Universities

CCUGH Universities	Location	University Type
(1) Central South University	Changsha	comprehensive
(2) Duke Kunshan University	Kunshan	comprehensive
(3) Fudan University	Shanghai	comprehensive
(4) Kunming Medical University	Kunming	medical
(5) Peking University	Beijing	comprehensive
(6) Peking Union Medical College	Beijing	medical
(7) Sun Yat-sen University	Guangzhou	comprehensive
(8) The Chinese University of Hong Kong	Hong Kong	comprehensive
(9) Wuhan University	Wuhan	comprehensive
(10) Zhejiang University	Hangzhou	comprehensive
CMB Chinese Nursing Network Universities	Location	University Type
(1) Fudan University	Shanghai	comprehensive
(2) Peking University	Beijing	comprehensive
(3) Peking Union Medical College	Beijing	medical
(4) Sun Yat-sen University	Guangzhou	comprehensive
(5) China Medical University	Shenyang	medical
(6) Sichuan University	Chengdu	comprehensive
(7) Xi'an Jiao Tong University	Xi'an	comprehensive
(8) Central South University	Changsha	comprehensive

Table 2. Characteristics of Key informants ($n=18$)

Characteristics	<i>n</i> (%)
Gender	
Female	11 (61)
Male	7 (39)
Age (years)	
30-39	1(6)
40-49	8(44)
50-59	8(44)
≥60	1(6)
Length of practice (years)	
5-9	1(6)
10-19	3(16)
20-29	9 (50)
≥30	5(28)
Professional title	
Associate professor	1(6)
Professor	15(82)
Director Nurse	1(6)
Not applicable	1(6)
Education	
Master	4(22)
PhD	14(78)

Table 3. Universities Having Established Global Health Institutes

Name of Universities	Name of Global Health Institutes (Chinese)	Foundation Year	Location
Peking University	Institute for Global Health (北京大学全球卫生研究中心)	2008	Beijing
Wuhan University	Global Health Institute (武汉大学全球健康研究中心)	2011	Wuhan
Fudan University	Global Health Institute (复旦大学全球健康研究所)	2012	Shanghai
Zhejiang University	Institute for Global Health (浙江大学全球卫生研究所)	2013	Hangzhou
The Chinese University of Hong Kong	Center for Global Health (香港中文大学全球卫生中心)	2013	Hong Kong
Central South University	Center for Global Health (中南大学全球卫生中心)	2014	Changsha
Duke Kunshan University	Global Health Research Center (昆山杜克大学全球健康研究中心)	2014	Kunshan

Table 4. Emerging Themes to Define "Global Health"

Themes	Frequency
Involving all human beings, and health issues worldwide and influencing factors	14
Trans-discipline, organization, country, government	12
The goal is to achieve health equity worldwide	8
Referencing other countries and disciplines	6
Require global collaboration with different countries	5
Involving multidisciplinary research methods	5
"Global"	5
The properties of the discipline: practice, research, multidiscipline	5
Including both individual and population	5
Global health governance and global health security	4
Evidence-based practice, best evidence and consensus	3
Broad concept	2
Public health, international health and global health	2

Table 5a. Content Analysis of Syllabi: *Introduction to Nursing*

University Order	Page	Total Class Hours	Textbooks
1	1	Not Available	Xiaomei Li (2012). <i>Introduction to Nursing</i> (3rd ed.). Beijing: People's Medical Publishing House
2	2	108	Not Available
3	5	Not Available	Xiaomei Li (2012). <i>Introduction to Nursing</i> (3rd ed.). Beijing: People's Medical Publishing House
4	19	44	*
5	6	32	Xiaomei Li (2006). <i>Introduction to Nursing</i> (2nd ed.). Beijing: People's Medical Publishing House

- * Mengzhao Pan (1999). *Introduction to Nursing*. Beijing: People's Medical Publishing House
 Xiaomei Li (2001). *Introduction to Nursing*. Changsha: Hunan Science & Technology Press
 Xun Zou (1999). *Rudiments of Nursing Procedures: New Concepts of Modern Nursing* (2nd ed.). Beijing: Peking University Medical Press
 Huiqun Du, & Qi Liu (2000). *Nursing Ethics*. Beijing: Peking Union Medical College Press
 Lei Yin (2002). *Fundamentals of Nursing* (3rd ed.). Beijing: People's Medical Publishing House
 Anli Jiang, & Qin Shi (1999). *New Fundamentals of Nursing*. Beijing: Higher Education Press
 Shuping Gao (2001). *Introduction to Nursing Aesthetics*. Beijing: Scientific and Technical Documentation Press
 Chunhui Li, & Xiaoming Zhang (2012). *Nursing Aesthetics and Etiquette* (2nd ed.). Xi'an: Fourth Military Medical University Press
 Yiqiang Wang (2001). *Nursing Aesthetics*. Beijing: People's Medical Publishing House
 Jing Wang (1996). *Culture and Etiquette of Nurses*. Beijing: Popular Science Press

Table 5b. Content Analysis of Syllabi: *Introduction to Nursing*

Contents	University Order				
	1	2	3	4	5
Development of Nursing and Basic Concepts	√	√	√	√	√
Health and Illness	√	√	√	√	√
Health Care Strategic Plan of World Health Organization	√	-	√	-	√
Primary Health Care	√	-	√	-	√
Medical & Health Policy of China	√	-	√	-	√
Health Care System of China	√	-	√	-	√
Basic Needs of Human	√	√	√	√	√
Growing and Developing of Human	√	√	√	√	√
Pressure	√	√	√	-	√
Interpersonal Relationship*	√	√	√	√	√
Interpersonal Communication	√	-	√	-	√
Critical Thinking	√	-	√	-	√
Nursing Procedures	√	-	√	√	√
Nursing and Culture	-	√	√	√	√
Nursing Theories	-	√	√	-	√
Nursing Ethics	-	√	√	√	√
Nursing and Laws	-	√	√	√	√
Health Promotion and Health Education	-	√	√	-	√
Evidence-based Nursing	-	-	-	-	-
Palliative Care	-	-	-	-	-
Nursing Research	-	-	-	-	-
Family and Family Nursing	-	√	-	-	-
Nursing Aesthetics	-	-	-	√	-

* Interpersonal Relationship including Roles

Table 6a. Content Analysis of Syllabi: *Community Nursing*

University Order	Page	Total Class Hours	Textbooks
1	1	Not Available	Chunyu Li (2012). <i>Community Nursing</i> (3rd ed.). Beijing: People's Medical Publishing House
2	3	72	Not Available
3	3	32	*
4	26	24	**
5	6	40	***

- * Qiuli Zhao (2007). *Community Nursing* (2nd ed.). Beijing: People's Medical Publishing House
 Jiping Li (2000). *Community Nursing*. Beijing: People's Medical Publishing House
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 Juying Lin (2001). *Community Nursing* (2nd ed.). Beijing: Science Press
 Min Tian, & Kui Ma (2001). *Community Nursing Practice Guidelines*. Beijing: People's Medical Publishing House
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 Zhengyi Feng (2003). *Community Nursing*. Shanghai: Fudan University Press
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 Chunyu Li (2004). *Community Nursing Practice Guidelines*. Beijing: Peking Union Medical College Press
 De Li (2002). *Preventive Medicine* (2nd ed.). Beijing: People's Medical Publishing House
 Huijuan Li, & Zhengming Ji (2002). *Practical Handbook of Community Health Service*. Shanghai: Fudan University Press
 Yiming Lu (2006). *Emergency and First-aid*. Beijing: People's Medical Publishing House
 Hongyi Jin (2001). *Key Population Health*. Beijing: People's Medical Publishing House

Table 6b. Content Analysis of Syllabi: *Community Nursing*

Contents	University Order				
	1	2	3	4	5
Community and Community Nursing	√	√	√	√	√
Medical Care System	√	-	-	√	-
Primary Health Care	√	-	-	√	√
Health Issues Worldwide	√	-	-	√	-
Public Health and Public Health Nursing	√	-	-	√	√
Concept of Health	√	√	√	√	√
Epidemiology	√	√	-	-	-
Nursing Process in Community Nursing	-	√	√	√	√
Health Promotion and Health Education	√	√	√	√	√
Family and Family Nursing	√	√	√	√	√
Community Mental Health	-	-	√	-	√
Food Safety	-	-	-	-	-
Environmental Health	-	-	-	-	√
Disaster and Emergency Care	√	√	-	-	√
Maternal Health	√	√	√	√	√
Child and Adolescent Health	√	√	√	√	√
Middle-Aged and Geriatric Health	√	√	-	√	√
Rehabilitation Nursing	-	-	-	√	√
Chronic Disease Nursing	√	√	√	√	√
Infectious Disease Nursing	-	√	-	-	√
Occupational Safety and Health Protection	-	-	-	-	-
Palliative Care	-	√	√	√	-
Community Health Record	√	-	-	-	√
Domestic and Overseas Information about Community Nursing	-	-	-	√	-
Community Practice	√	-	-	√	√

Table 7a. General Information of Textbooks: *Introduction to Nursing*

Textbook Title (Chinese title)	Author and Year	Publisher	Edition	Total Pages	Titles of Related Chapters & Sections	Related Pages
Introduction to Nursing (护理概论)	Zhiming Wu (2004)	Science Press	1st	164	Chapter 9: Nursing and Ethics Chapter 10: Nursing and Laws	21 22
Introduction to Nursing (护理学导论)	Xiwen Liu, Chunping Ni (2005)	Fourth Military Medical University Press	1st	223	Chapter 4: Nursing and Laws Chapter 5: Culture and Nursing Chapter 9: Nursing Ethics	16 16 18
Introduction to Nursing (护理学导论)	Shuxiu Xu(2005)	Southeast University Press	1st	216	Chapter 6: Culture and Nursing	7
Introduction to Nursing (护理学导论)	Xiaomei Li (2012)	People's Medical Publishing House	3rd	382	Chapter 2: Health and Illness (Section 3)* Chapter 3: Needs and Culture (Section 4-6) Chapter 13: Nursing and Laws	26 (10) 32 (21) 27

- * Section 3: Medical & Health Policy and System
- 1 Health Care Strategic Plan of World Health Organization
 - 2 Primary Health Care
 - 3 Chinese Medical and Health Mid- and Long-term Development Planning and Medical & Health Policy
 - 4 Medical & Health Care System of China

Table 7b. Content Analysis of Textbooks: *Introduction to Nursing*

Contents	Author and Year			
	Wu (2004)	Liu & Ni (2005)	Xu (2005)	Li (2012)
Development of Nursing and Basic Concepts	√	√	√	√
Health and Illness	√	-	√	√
Health Care Strategic Plan of World Health Organization	√	-	-	√
Primary Health Care	-	-	-	√
Health Care System of China	-	-	-	√
Basic Needs of Human	√	-	√	√
Growing and Developing of Human	√	-	√	√
Pressure	-	√	√	√
Interpersonal Relationship	√	√	√	√
Interpersonal Communication	√	√	√	√
Critical Thinking	-	-	√	√
Nursing Procedures	√	-	√	√
Nursing and Culture	-	√	√	√
Nursing Theories	√	√	√	√
Nursing Ethics	-	-	√	√
Nursing and Laws	√	√	-	√
Health Promotion and Health Education	-	√	-	√
Evidence-based Nursing	-	√	√	-
Palliative Care	-	√	-	-
Nursing Research	-	√	-	-
Hope, Disappointment and Loss, Grief	-	-	-	√

Table 8a. General Information of Textbooks: *Community Nursing*

Textbook Title (Chinese title)	Author and Year	Publisher	Edition	Total Pages	Titles of Related Chapters & Sections	Related Pages
Community Nursing (社区护理)	Jiping Li (2001)	People's Medical Publishing House	1st	135	Chapter 1: Introduction to Community Nursing (Section 4, 5)*	15 (2, 1)
Community Nursing (社区护理)	Juying Lin (2001)	Science Press	2nd	365	Chapter 2: Medical Care System of Our Country Chapter 2: Introduction to Community Nursing (Section 1, 2, 4)**	8 16 (4, 1, 1)
Community Nursing (社区护理学)	Chunyu Li (2012)	People's Medical Publishing House	3rd	239	Chapter 4: Application of Epidemiology in Community Nursing Chapter 1: Introduction (Section 1, 2)*** Chapter 10: Epidemiology and Community Disease Management	9 10 (0.5, 1) 26

* Section 4: Primary Health Care

Section 5: The Trends of Community Nursing (1 Health Issues Worldwide)

** Section 1: Historical Review on Public Health and Community Nursing

1 History of Public Health; 2 History of Community Nursing; 3 History of Public Health Nursing of Our Country

Section 2: Definition and Characteristics of Community Nursing

1 Definition of Community Nursing and Public Health Nursing

Section 4: How to Educate Community Nurses

1 Education of Community (or Public Health) Nurses Overseas

*** Section 1: Community Health and Community Health Service

1 Primary Health Care

Section 2: Community Nursing: Public Health Nursing

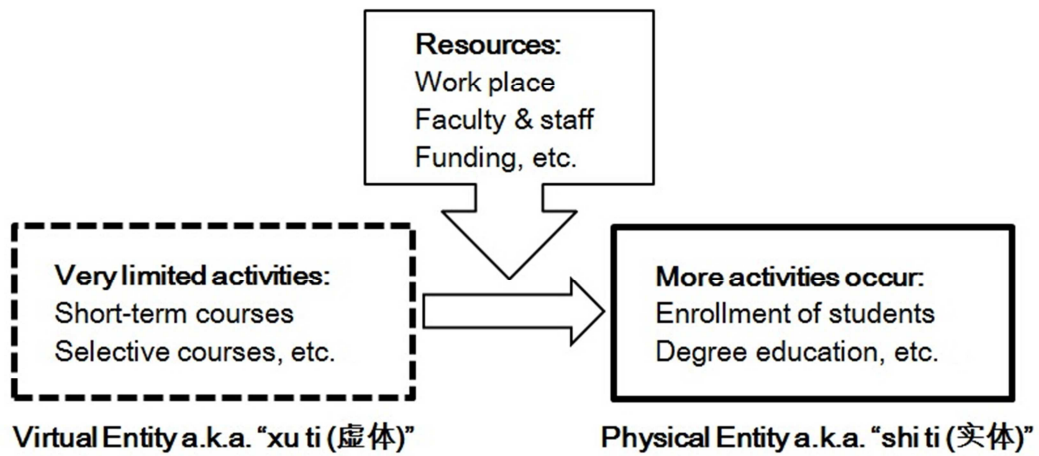
Table 8b. Content Analysis of Textbooks: *Community Nursing*

Contents	Author and Year		
	Li (2001)	Lin (2001)	Li (2012)
Community and Community Nursing	√	√	√
Medical Care System	√	√	-
Primary Health Care	√	√	√
Health Issues Worldwide	√	-	-
Public Health and Public Health Nursing	-	√	√
Concept of Health	-	√	√
Epidemiology	-	√	√
Nursing Process in Community Nursing	√	√	√
Health Promotion and Health Education	√	√	√
Family and Family Nursing	√	√	√
Community Mental Health	-	√	√
Food Safety	-	√	-
Environmental Health	-	√	-
Disaster and Emergency Care	-	√	√
Maternal Health	√	√	√
Child and Adolescent Health	√	√	√
Middle-Aged and Geriatric Health	√	√	√
Rehabilitation Nursing	√	-	√
Chronic Disease Nursing	√	√	√
Infectious Disease Nursing	-	√	√
Occupational Safety and Health Protection	-	√	-
Palliative Care	-	√	√

Figure 1. CCUGH, CMB China Nursing Network Universities and Other Universities Have Initiated Global Health Activities



Figure 2. Dynamics between “xu ti (虚体)” “shi ti (实体)”



Appendix 1

Consolidated Criteria for Reporting Qualitative Research (COREQ) Checklist

Item	Guide questions/description	Reported on Page #
Domain 1: Research team and reflexivity		
<i>Personal Characteristics</i>		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	Page 6, Data Collection, by the lead author
2. Credentials	What were the researcher's credentials? E.g. PhD, MD	MSN, MPH
3. Occupation	What was their occupation at the time of the study?	full time MPH student
4. Gender	Was the researcher male or female?	Not reported in paper, male
5. Experience and training	What experience or training did the researcher have?	Not reported in paper, have conducted two qualitative researches and taken one qualitative course in UW
<i>Relationship with key informants</i>		
6. Relationship established	Was a relationship established prior to study commencement?	Not reported in paper, established with 2 key informants
7. Key informant knowledge of the interviewer	What did the key informants know about the researcher? e.g. personal goals, reasons for doing the research	Page 6, Data Collection, through offering informed consents
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	Not reported in paper, the lead research is a MSN and would like to introduce global health into nursing field especially to China nursing field
Domain 2: study design		
<i>Theoretical framework</i>		
9. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	Page 7, Data Analysis, use content analysis
<i>Key informant selection</i>		
10. Sampling	How were key informants selected? e.g. purposive, convenience, consecutive, snowball	Page 5, Key informants and Materials, purposive sampling with snowballing
11. Method of approach	How were key informants approached? e.g. face-to-face, telephone, mail, email	Page 6, Data Collection, in person, by telephone/Skype, or e-mail
12. Sample size	How many key informants were in the study?	Page 9, Results, 18
13. Non-participation	How many people refused to participate or dropped out? Reasons?	Not reported in paper, 1 dean from CCUGH-affiliated schools of nursing refused to participate and 2 deans did not reply after sending invitation for 3 times
<i>Setting</i>		
14. Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	Not reported in paper, in-person interviews were conducted in private office, and telephone/Skype interview were conducted at home

15. Presence of non-key informants	Was anyone else present besides the key informants and researchers?	Not reported in paper, no people else present
16. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	Page 41, Table 2
<i>Data collection</i>		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Page 6, Data Collection, Appendix 2a in English and 2b in Chinese, not pilot tested
18. Repeat interviews	Were repeat interviews carried out? If yes, how many?	Not reported in paper, no repeat interviews
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	Page 6, Data Collection, audio-taped
20. Field notes	Were field notes made during and/or after the interview or focus group?	Page 6, Data Collection, field notes taken during interviews
21. Duration	What was the duration of the interviews or focus group?	Page 6, Data Collection, 30-60minutes
22. Data saturation	Was data saturation discussed?	Page 32, Limitation, deans from schools of nursing reach saturation, but deans from GH institutes not
23. Transcripts returned	Were transcripts returned to key informants for comment and/or correction?	Page 7, Data Analysis, transcripts returned within two weeks post interviews
Domain 3: analysis and findings		
<i>Data analysis</i>		
24. Number of data coders	How many data coders coded the data?	Page 7, Data Analysis, by the lead researcher
25. Description of the coding tree	Did authors provide a description of the coding tree?	Not reported in paper
26. Derivation of themes	Were themes identified in advance or derived from the data?	Not reported in paper
27. Software	What software, if applicable, was used to manage the data?	Page 7, Data Analysis, Atlas.ti 7 and Microsoft Excel
28. Key informant checking	Did key informants provide feedback on the findings?	Not reported in paper, not yet
<i>Reporting</i>		
29. Quotations presented	Were key informant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. key informant number	Results, with key informant number
30. Data and findings consistent	Was there consistency between the data presented and the findings?	Results, yes
31. Clarity of major themes	Were major themes clearly presented in the findings?	Results, yes
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	Results, yes

Appendix 2a

Interview Guide (English version)

No. _____

Interview Guide

**Project Title: Global Health Education in Chinese Universities: Potential for
Collaboration with Schools of Nursing**

Date of Interview: _____ / _____ / _____

To obtain signed informed consent and permission of recording.

Please introduce yourself briefly.

(1) When did you first hear the term “Global Health” and in what context?

(2) Are there any Global Health related curriculum or activities in your
school/department?

(3) How would you define “Global Health”?

(4) What do you think the relationship between Global Health and Nursing?

(5) How can Nursing contribute to Global Health, and how can Global Health
contribute to the field of Nursing?

(6) What resources are currently available for nursing schools/departments to establish Global Health curriculum?

(7) What might be the obstacles and barriers to establishing Global Health curriculum in nursing schools/departments?

(8) What's your opinion if add Global Health curriculum in nursing education?

Emerging topics:

a Global health is translated in Chinese as “quan qiu jian kang” and “quan qiu wei sheng”, which do you think is a better translation?

b As far as you know, what's the attitude towards global health from university and ministries of health and education?

c What could be the influence of MOOC on global health education?

访谈提纲

项目名称：中国高校中的全球健康教育：与护理学院的潜在合作

访谈日期： _____ / _____ / _____

已获得已签署的知情同意书和录音许可。

请简要介绍一下您自己。年龄 职称 学历 从事科研教育的时间

(1) 您何时、在何种情况下第一次听到“全球健康 (Global Health)”？

(2) 在您的学院/系是否开设全球健康相关课程或活动？

(3) 您如何定义“全球健康”？

(4) 您认为全球健康与护理的关系是怎样的？

(5) 护理如何贡献全球健康，全球健康又如何贡献护理？

(6) 目前护理学院/系有哪些可用的资源来设立全球健康课程？

(7) 在护理学院/系中设立全球健康课程的障碍可能有哪些？

(8) 如果在护理教育中增加全球健康课程，您的观点如何？

新出现主题：

a Global Health 中文翻译为“全球健康”、“全球卫生”，您认为何种翻译更好？

b 就您所了解，学校及国家教育、卫生机构对 Global Health 的态度是怎样的？

c MOOC 对于 Global Health 教学的可能影响是怎样的？

Informed Consent Form

Project Title: Global Health Education in Chinese Universities: Potential for Collaboration with Schools of Nursing

This Informed Consent Form is for key informants who are invited to participate in the semi-structured interviews with relation to global health education in Chinese universities and potential for collaboration with nursing schools.

We invite you to participate in this study. In this form, information about the study, the risks and benefits will be provided to help you make your decision. Please read through the information. You are not required to participate in this study, it is completely voluntary. If you have any questions or concerns, please contact the researcher.

1. Purpose of the study

The purpose of this study is to identify and describe the current status of global health education in Chinese universities and to explore potential opportunities for collaboration with nursing schools.

2. Procedures of the study

Key informant interviews and content analysis of syllabi and textbooks will be conducted.

For key informant interviews, sampling including snowballing will be used to recruit deans of nursing schools, and experts from the field of global health. These nursing schools are from China Medical Board (CMB) Chinese Nursing Network. Experts from the field of global health will be recruited from Chinese Consortium of

Universities for Global Health (CCUGH) universities and other universities conducting Global Health activities in China, Duke University, CMB and Project Hope.

Data will be collected with semi-structured interviews in person, by telephone/Skype, or e-mail. Interviews will last approximately 30-60 minutes and be recorded, if the respondents consent. Interviews will be transcribed verbatim by the researcher who conducts the interview. Atlas.ti 7 will be used to organize and analyze the data. The transcripts will be returned to the key informants in order to achieve validation or add new contents within two weeks.

3. Risks

We do not anticipate that you will suffer any harm or hardship through participation in this study.

4. Benefits

There may be no direct benefits for you to participate. However, your opinions are of great value and may help the nursing science by highlighting the nurses' engagement in this emerging field and improve access to global health education for nurses, nursing researchers and students in the future.

5. Confidentiality

Personal information will not be shared with anyone outside the study. Any information about you will have a number instead of a name. All audio data and transcripts will be kept by the researcher in a locked cabinet when not used. Upon completion of the study the audio recordings and the transcripts will be destroyed.

6. Rights

Your participation is entirely voluntary and you can choose not to participate or quit at any time.

7. Who to Contact

If you have any questions or concerns, you may raise them at any time, even after the study has started. The person you can contact is:

Quanlei Li, RN, MSN, MPHc

E-mail: quanlei1126@163.com

Mobile phone: +1(206) 489-6723 (USA) 13795230234 (P.R. China)

Certificate of Consent

I have read the foregoing information. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a key informant in this study.

Signature of Key informant _____ Date _____
(day/month/year)

Statement by the researcher

I have accurately informed the key informant, and to the best of my ability made sure that the key informant understands that a semi-structured interview will be conducted.

I confirm that the key informant was given an opportunity to ask questions about the study, and all the questions asked by the key informant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the key informant.

Signature of Researcher _____ Date _____
(day/month/year)

知情同意书

项目名称：中国高校中的全球健康教育：与护理学院的潜在合作

本知情同意书用于受邀参加关于中国高校全球健康教育和与护理学院潜在合作的半结构式关键知情人访谈。

我们邀请您参加本次研究。在该知情同意书中，将提供关于研究、风险、利益的相关信息以帮助您进行决策。请仔细阅读该内容。您并未被强制要求参加本次研究，而是完全基于自愿。如果您有任何问题或疑虑，请联系研究人员。

1. 研究目的

本次研究的研究目的是确认和描述中国高校全球健康教育的现况和探讨与护理学院的潜在合作。

2. 研究过程

本次研究包括关键知情人访谈以及教学大纲、教科书的内容分析。

关于关键知情人访谈，将使用目的抽样法及滚雪球抽样法纳入护理学院院长，以及全球健康领域专家。这些护理学院为美国中华医学基金会（China Medical Board, CMB）中国护理网成员。全球健康领域专家来自中国全球健康大学联盟（Chinese Consortium of Universities for Global Health, CCUGH）的成员院校或中国正在开展全球健康活动的其他高校，以及美国杜克大学、美国中华医学基金会、世界健康基金会。

资料将通过面对面、电话/Skype 或电子邮件形式的半结构式访谈获得。若征得同意，访谈将持续约 30-60 分钟并被录音。访谈内容将由执行访谈的研究人员逐字转录。本次研究将使用 Atlas.ti 7 进行资料的整理和分析。访谈转录稿将在 2 周内反馈给访谈嘉宾以获得确认或增补内容。

3. 风险

我们并未预计到参加本次研究将会给您带来任何伤害或遭遇困难。

4. 利益

参加本次研究或许无法给您带来直接利益。然而，您的观点十分重要，并或许通过强调护理人员积极加入全球健康这一崭新学科而促进护理科学的发展，并在未来为临床护理人员、护理研究人员和护生增加全球健康的教育机会。

5. 保密

个人信息不会对本次研究以外的任何人泄露。关于您的任何信息将由数字代替姓名。所有音频资料及访谈转录稿在未使用时将由研究人员保存在上锁橱柜。当研究结束时所有音频资料及访谈转录稿将被销毁。

6. 权利

参加本次研究完全基于自愿，您可以选择不参加本次研究或在任何时间退出。

7. 联系人

如果您有任何问题或疑虑，您可以在任何时间提出，包括研究开始之后。您可以联系：

李全磊 RN MSN MPHc

电子邮箱：quanlei1126@163.com

移动电话：+1(206) 489-6723（美国） 13795230234（中国）

同意证明

我已阅读上述信息。我已得到机会提出问题且提出的任何问题已得到满意解答。我同意以访谈嘉宾身份加入本次研究。

访谈嘉宾签名_____ 日期_____

(日/月/年)

研究人员陈述

我已准确告知访谈嘉宾，且在我最大能力范围内确认访谈嘉宾理解将要进行的半结构式访谈。

我确认访谈嘉宾已被给予机会提出关于本次研究的问题，且所有被访谈嘉宾提出的问题均已在我最大能力范围内得到正确解答。我确认访谈嘉宾未被强迫给予同意，且同意决定是基于自由、自愿。

该知情同意书的副本已被提供给访谈嘉宾。

研究人员签名_____ 日期_____

(日/月/年)