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COMMENTARY: THE NURSING PROFESSION: COMPARING THE COURSE OF EVOLUTION IN MALAYSIA AND UK

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As I sit in Jalan Ampang Kuala Lumpur writing this comment piece I have been reflecting on my recent travels, particularly across Asia, and what I have seen in relation to the nursing profession here. There is no doubt that nursing continues to develop at a pace. Recently I have had the pleasure to visit not only Malaysia, but also India, Sri Lanka, and the Philippines. All these countries continue their trajectory toward true professionalism for nursing.

Nurses from each of these countries are well respected in the UK and historically have migrated there in significant numbers to live and to practise. Although there is no longer the need that there once was for foreign nurses, interest in nursing activity in my country of origin persists. Most migration is however now for study purposes, as opposed to work related migration. It is smaller, but still significant, as nurses choose to study in the UK to improve their careers globally.

Another more modern phenomena is the studying of a UK university degree in Asia, either on a fly-in-faculty basis where lecturers from the UK fly in to deliver locally or a franchise basis where a curriculum conceived by a university in the UK, is delivered by local lecturers and quality controlled by that university. So the question arises why are so many nurses from Asia, particularly Malaysia, choosing to study UK degrees? Well, one obvious answer is because the way the nursing profession has progressed in the UK, where the nurse enjoys a greater autonomy, and there is a distinct respect for nurses within the multidisciplinary team.

I know from my interaction with Malaysian nurses, the course of nurses and nursing evolution, since the publication of Modernising nursing careers setting directions (Department of Health, 2006). I also know that the biggest difference between nursing in the UK and in Asia is the way nursing is perceived in these two places. My experiences in UK leave me in no doubt that academically nurses are well prepared there than the Asian nurses. Some students undertake a degree to prepare with a curriculum rich in appropriate sciences, whilst the less scientific diploma course remains the most prolific. Just like the UK, practice is a significant part of all nursing programmes and students in this way make a significant contribution to patient care.

However, I have also observed that nursing practice remains very traditional in Malaysia, with nurses generally being directed by doctors and taking very few autonomous decisions. I have come to this conclusion after interacting with some senior doctors and nurses, that there is a need for recognition for nursing practice to advance and nurses need to become equal partners within the multi-professional team. However the culture within the hospital is such that at present only the traditional system is propagated. Inspired individuals are therefore required to bravely shape the practice of the future.

Issues like autonomy, reflective practice, evidence based care, leadership and teamwork, all of which contribute to the way that British nurses behave and perceive needs to be incorporated within the Malaysian curriculum. One question that may be asked in this regard is whether the professionals in Malaysia should be working toward educating all nurses to degree level?

In Malaysia many young people aspire to be nurses and study at diploma level. Here, others professions allied to medicine also study, for the most part, at this level. The distinct exception is medical practitioners who during their programme of preparation study at under-graduate level. As a result these medical professionals consider themselves as superior and the natural lead for the multi-professional team?

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In the UK all the professions allied to medicine have slowly moved their pre-registration education to under-graduate level. Nurses have recently joined this number, as from September, 2013 all nurses in the UK will be prepared via a degree programme and diploma programmes will cease to exist. There will then be some level of equity between professions and it is therefore anticipated that progressively the most appropriate professional will emerge as the leader in any situation.

The way that nurses are perceived in the UK continues to improve and as British nurses move toward being equal members within the multi disciplinary team, nurses in other parts of the world look on with envy. How did nursing in the UK achieve such respect? This is an individually earned and collectively enjoyed esteem that these nurses from UK have achieved and which is difficult to articulate. A Malaysian nurse seems to be eager to embrace evidence and reflexivity so that they will have the confidence to look at colleagues in the eye and truly discuss the management of patient care. These nurses would then have a sound education and a good knowledge base, only requiring a positive culture and individual confidence to shine in their field.

So, would an all-graduate nursing profession be right for the Malaysian context? Only you can be the judge of that and I would therefore like this to be an open dialogue. So talk about it with your friends and colleagues, form your own opinions and then let us all know what they are. Maybe you could write the next comment piece. If you feel that is a bridge too farfetched then let me know what you think, here at MJN, and maybe I can weave your opinions into my next piece. I look forward to hearing from you.

REFERENCE

Department of Health (2006) Modernising nursing careers setting the direction DH