

# NEW TRENDS IN NURSING EDUCATION: THE ASIAN PERSPECTIVE

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## ABSTRACT

This paper presents an overview of contemporary trends in nursing education in Asia. An analysis is presented of the social, technological, economic and political trends that will impact nursing education. Based on this analysis of the contemporary situation, the author presents the implications and offers possible recommendations.

*Keywords: Nursing Trends, Nursing Education.*

## INTRODUCTION

Massive changes are occurring in the health care delivery system in the Asian region. Over the last fifty years, the emphasis in nursing education has been on preparing nurses to practice in hospital settings. We have noticed that hospitals have become increasingly specialized. Consequently, nursing education has followed suit by preparing more and more nurse specialists.

This paper outlines the trends that are taking shape in Asia that will have profound impact to nursing education.

In periods of rapid change according to *McCloskey and Grace (1997)*, decisions must often be made quickly. With many issues confronting such a large and diverse profession, there is danger that decisions will be made without full knowledge or without sufficient opportunity to discuss and debate.

Beta Nu Delta Nursing Society shares its report in the interest of providing the nursing stakeholders (students, faculty, practitioners, policy makers) with an analysis of trends that affect nursing profession, in general and nursing education, in particular.

## METHODOLOGY

This study utilized the environmental scanning approach whose aim is to broaden exploration of all major trends, issues, advancements, events and ideas across a wide range of activities. Information is collected

from many different sources, such as newspapers, magazines, Internet, television, conferences, and reports. Environmental scanning is widely used in industries and companies. The categories were grouped according to the STEP/PEST Framework. The trends were categorized as Social, Technological, Economic and Political. Data from various sources were published or posted in the last four years (between 2006 and 2009)

The analysis process was iterative, and themes evolved (added, deleted and merged) as re-reading was completed and analysis progressed. Then, they were finally categorized.

## FINDINGS

The themes were categorized in Social, Technological, Economic and Political. Under the social category was the expanding demographics; for the technological category, it was the health care technologies; for the economic category, we emphasized on the cost of health care, and finally, for the political category, we pointed out health policy and regulation/General Agreement on Trade in Services (GATS).

Within each category we share some facts from the environmental scanning and we also share some of the thoughts about the implications of those facts.

### *Ever Expanding Demographics*

The Asian continent covers 29.4% of the Earth's

land area and has a population of almost 4 billion - accounting for about 56% of the world population. Both China and India's population are estimated to be around 2.5 billion people. Indonesia has 240 million people (*CIA World Factbook, 2010*)

According to *Eberstadt (2003)*, who said that "big demographic tendencies are exerting special influence on the region's economic and political calculus." The initial tendency is rapid population of aging, especially in East Asia. By 2025 China's median age may be approaching 40 years, and Japan's may well exceed 50. Expectedly, greater life expectancy of individuals with chronic and acute conditions will challenge the health care system's ability to provide efficient and effective continuing care.

Student demographics are also changing in Malaysia where many nursing students are coming from Africa, India and China. This is a welcome development since racial diversity of nursing schools has increased dramatically thus, creating a rich cultural environment for learning. The Kuala Lumpur-based UCSI University is currently experiencing this situation.

In the Philippines, between 2002 and 2009, students are entering schools of nursing at an older age and are bringing varying college and work experiences, as well as more sophisticated expectations for their education. A good example is the University of Makati which developed a so-called Regis program for students who have already earned their college degrees.

### **Health Care Technologies**

Technology is moving at a breakneck speed, and it seems almost every day a new innovation can lead to life altering changes. Thinking back to just a few years ago, so much of the exciting technology that we now take for granted either didn't or barely existed. Given all the breakthroughs in recent years it is indeed worthwhile to watch nanotechnology and mobile technology unfolds. These new technologies will introduce new forms of clinical diagnosis and treatment by means of inexpensive handheld biosensors capable of detecting a wide range of diseases from miniscule body specimens.

Over the last decade, we have observed dramatic improvements in the accessibility of clinical data across settings and time have improved both outcomes and care management. The electronic medical record has replaced traditional documentation systems as evidenced

in some hospitals in Singapore, Hongkong, South Korea and Japan. Through the Internet, consumers have increasingly armed with information previously available only to clinicians. Electronic commerce has become routine for transacting health care services and products.

The use of simulation laboratories in nursing schools is gaining ground in Asia. Typical examples are the Far Eastern University (Philippines), and the National University of Singapore.

The Far Eastern University's VINES Laboratory (Virtual Integrated Nursing Education Simulation) is the leading virtual simulation laboratory in the Philippines. It aims to teach nursing skills iteratively and sequentially without harming patients.

United Kingdom-based universities are aggressive in establishing BSN/BN partnerships programs in Malaysia with several universities. American universities are starting their footholds in China and India with possible BSN and event post-graduate program offerings in concert with local universities.

### **The Cost of Health Care**

Across Asia, governments are grappling with the serious challenges of providing adequate medical coverage against a backdrop of rising costs, inefficient healthcare insurance systems, and growing public pressure for change. In many countries poverty exacerbates the need for change, particularly in rural communities, where medical expenses not only put earnings at risk but also destroy savings. At the same time, a growing middle class throughout the region is demanding far more choice in the form of new and innovative healthcare products.

Any doubts about the radical changes underway in Asia's healthcare sector are dispelled by examining recent history, particularly in Asia's current economic superpowers, China and India.

In the next seven years, we will witness a high demand of quality health care services from the middle class Indonesians.

### **GATS**

Significantly, the continuing implementation of General Agreement on Trade in Services (GATS) which came into force in 1995 has progressively liberalized trade in services, including health-related services.

Within the GATS framework, nursing service as a trade mechanism will be opened across countries. The Association of Southeast Asian Nations (ASEAN) is pursuing this direction. Over the last five years, we have seen Indonesian nurses working in Malaysia, Hongkong, Singapore and Japan. The numbers may not fare well compare to Filipino nurses working in various countries however, in due time, Indonesians, Indians and Chinese will take nursing jobs in many developed countries in Asia.

As a consequence of GATS, chains of hospitals are sprouting across Asia. ParkwayHealth is a pioneering example with presence in six (6) countries such as Singapore, Malaysia, Brunei, United Arab Emirates, China, and India. Following this trend is the introduction of managed health care system. This scenario alone creates an international movement of nurses from within a huge corporate environment.

In recent times, we have witnessed the entry of Indonesian and Filipino nurses in Japan. While the positive outcome is not yet evident, we are seeing potential job opportunities for nurses and therefore, an important opportunity for the nurse education sector to respond to.

For now, GATS is hardly an issue in the East.

## IMPLICATIONS

In 2005, the National League of Nursing (NLN) opined that the overriding purpose of nursing education is to prepare individuals to meet the health care needs of the public, therefore, education programs must be well aligned with changes arising from health care reform. At the moment, the data presented earlier may be the good evidence available for the nurse educators in Asia. As *Kohn (2004)* said accountability for effective educational practices is best satisfied when teaching practices are based on current evidence. The following implications are geared towards the nurse educators.

1. On the issue of growing demographics, the schools of nursing must be prepared to develop educational methods and policies, curriculum and case materials, and clinical practice settings to value and reflect the diversity of the student body, as well as the population in general.
2. For the technological breakthroughs, the current crop of nurses must be skillful in the use of

computer technology. With distance learning modalities becoming norms, these can now be linked to students and faculty from different locales and expand their potential for accessible continuing professional education. A good point to highlight is the Canadian Nurses' Association statement that improving health information is a high priority for health-care providers and governments around the world who work to strengthen health systems for a greater positive impact on the health of their citizens (Canadian Nurses Association's Position Statement on Nursing Information and Knowledge Management).

3. On the economic issue, nurse educators must increase their emphasis in their programs on health economics, health policy and politics, leadership and myriad of diverse topics purported to prepare their graduates for practice in the competitive 21st century health care arena.
4. Finally on the political side, the nursing schools and nurse educators must actively contribute to the development of health policy and regulation as they prepare students for a meaningful role in the political arena.

It is the responsibility of schools of nursing to expand the body of nursing knowledge and ensure that nurses are well prepared in the future.

Much of the future well being of the nursing profession depends on nurses being more aware of and responsive to each others' needs and the forces driving them. In the long-term, the three populous countries (India, China, and Indonesia) will experience tremendous opportunities in educating the future nursing workforce (both at the undergraduate and graduate levels)

## CONCLUSIONS

The findings provided a deep understanding of the trends that are gradually affecting the nursing education sector across Asia. The social, technological, economic and political trends are now shaping in the horizons.

Ultimately, the knowledge provided in this study can help nurse educators develop new programs and policies that will enhance their curricula, research priorities, community engagement, among others.

## RECOMMENDATIONS

In light of this conference's theme on innovation in nursing education and practice, the author recommends that the trends identified earlier must be given attention.

Specifically, the author recommends the following issues to the conference organizing committee that:

1. The Java International Nursing Conference will continue becoming a collaborative scientific forum which aims to promote, share and discuss any innovations in nursing education and health care services as an effort to provide solutions to global health challenges. That this event will be held on an annual or biennial basis. A good example is the Universiti Brunie Darussalam which regularly hosts a biennial international nursing conference.
2. This conference will be the launching pad for the eventual establishment of an international network of nurse educators in Southeast Asia to be based at the Faculty of Nursing, Diponegoro University. The more collaboration outside the university and national borders, the better.

3. The Diponegoro University will strive for major investment support to its Faculty of Nursing so that it will attain national and international stature in nursing education, and research.

Further, the author believes that it is high time for greater collaboration of nurses in Southeast Asia in such fields as nursing education, nursing research and nursing practice. Visits and discussions with nursing colleagues from other countries often stimulate thinking about more creative and less expensive ways to provide health care. International exchange programs in the Southeast Asian region may expose students and faculty to other cultures' beliefs and health care models.

Interestingly, the ASEAN level research project collaboration which the author initiated in 2009 could best serve as a collaboration model.

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