

Nursing: Malaysian Style

by Lyn Karstadt

At the end of July it was my great pleasure to come out to Malaysia to attend and present at the second BIMP (Brunei, Indonesia, Malaysia and Philippines) conference which was hosted by the Sabah Nurses Association in Kota Kinabalu. This was a wonderful opportunity to catch up with old friends and colleagues and to network to share ideas and challenges with other nurses from all over the world. The conference was a great success and in addition to inspirational papers and a good social diet the **Malaysian Journal of Nursing** was introduced to those present.

Delegates inspected this first issue and showed great enthusiasm at the prospect of their very own professional periodical from which they expected articles and comment pieces that would guide contemporary nursing care here in Malaysia. Some talked of submitting articles whilst others were eager to use this journal as a resource to guide their own practice. For my part I tried hard to find a partner to work with me on this column. Many seemed enthusiastic and promised to be in touch, and no doubt as the issues roll out and their enthusiasm continues to grow, some will take that step and be in touch to help me to give this piece that special Malaysian flavour that will inevitably, over time, make it special.

The conference was concerned with "the sharing of best practice through global partnerships" and therefore networking between home and overseas delegates was particularly pertinent. Papers presented and conversations over meals and late into the evening confirmed, for the most part, that the challenges faced by nurses and nurse educators are similar the world over as presenters explored topics such as teamwork, multi-professional working and child abuse. Many of the presentations were research based, with excited

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academics and practitioners keen to influence the practice of colleagues and generate informed discussion. I presented my own research and was delighted that others were eager to discuss and debate the model that I had offered moving my musings from a UK specific to a more global context.

The quality of discussion was testimony to the emerging professionalism of nurses in Southeast Asia. Nursing in Malaysia continues to strive to become more professional and there is clear

evidence that much has already been achieved. The number of nurses undertaking top-up degrees continues to grow and I like may other academics from places like the United Kingdom and Australia, feel privileged to be a part of this venture. At the moment many top-up degrees are being offered in collaboration with overseas universities, but this is merely a capacity building exercise enabling enough Malaysian nurses to be prepared to step forward as the nursing academics of tomorrow. Similarly for the first few issues of this, your journal, there are several contributions from overseas. However, as time passes I am confident that the majority of contributors will be Malaysians

offering their comments and expertise to the rest of the world.

Graduate education is now being enjoyed by many nurses here in Malaysia and those undertaking such programmes clearly exhibit graduate skills. Nursing is a problem solving activity, and nurses with graduate skills explicitly base the care they deliver on credible evidence. It is in this context that the profession continues to move forward.

Malaysian nurses are, however, well regarded all over the world for their caring skills and empathetic

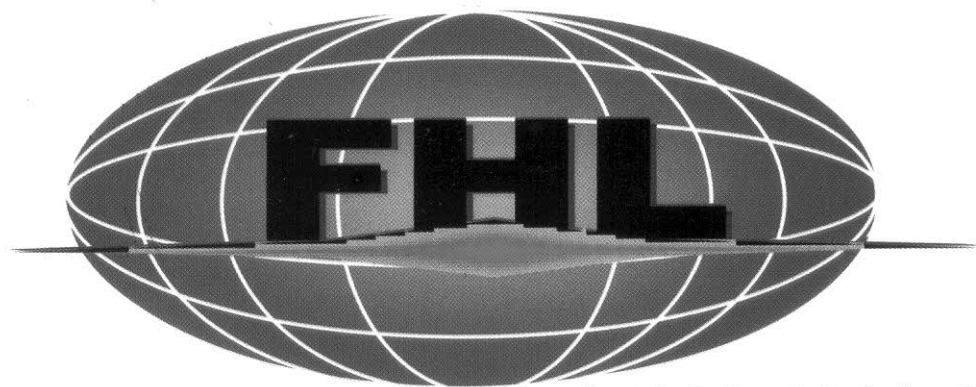
attitudes, and it is important that these are retained alongside a more scientific research orientated approach. I look forward to articles that combine the art of nursing with clear underpinning evidence. Nursing in Malaysia is very special, and whilst I understand why, as a group, nurses are striving to be more professional and emulate the autonomous practices seen in places like the United Kingdom, America and Australia, I would urge you to ensure that you never lose those aspects of your professional practice that make Malaysian

nursing and Malaysian nurses so exceptional.

So, yet again, I throw down the gauntlet. If you are a Malaysian nurse with an interest in nurse education, help me to contribute to the "Education Matters" column with a clear Malaysian flavour. Although the challenges that we face are, for the most part, the same the world over, this is your journal so let us ensure that the challenges are presented from your perspective. Let us together present nurse education to the world Malaysian style!! ■

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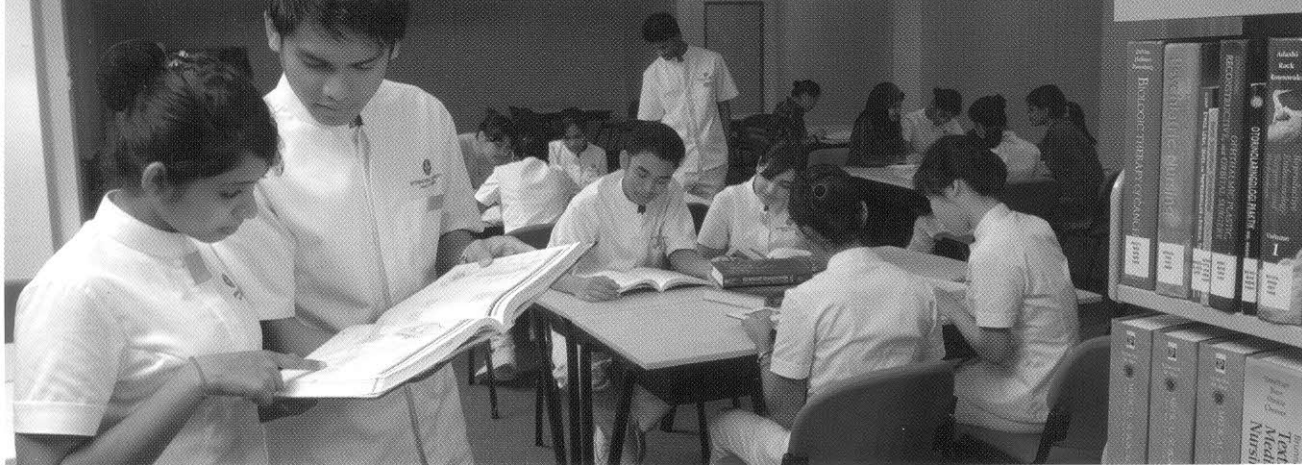
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Education Governance: Definitions, Benefits and Benchmarks



This paper by Dr Fiona Smart, Associate Head of School in the School of Nursing & Midwifery, University of Cumbria, UK, explores education governance and its benefits. The focus is on six benchmark standards that promise to enable those who purchase nursing education as a product to monitor both quality and value for money. Arguably these same standards have the potential to focus the thinking and quality assurance processes of the organisations that sell the educational product.

The need to ensure that products purchased are of good quality and value for money has meaning across the world, and is perhaps even more important at a time of economic constraint.

This paper centres on nurse education as a commodity, a product that is purchased for a reason which is almost, if not always concerned, in some way, with the patient, client, carer or family. The need for systems and processes that enable quality assurance and its enhancement is indicated.

Definition of the term

The definition of education governance set out by NHS Scotland (2007) is that it is term used to describe the systems and standards through which organisations control their educational activities and demonstrate accountability for the continuous improvement of quality and performance (NHS Scotland 2007 cited in NHS NorthWest 2009, p5).

A number of words stand out in this definition, not least the expectation that educational activities are *controlled* and directly linked to *continuous improvement of quality and performance*. Education for education sake is not a feature of education governance. In other words, education that is purchased as a product has to have a patient-client-carer-family focused purpose and its impact must be subject to ongoing monitoring and reporting. Only then can nurse education achieve its full potential – real service improvement (NHS NorthWest 2008).

Somewhat controversially, perhaps, education governance has a broad focus and does not address in isolation the education and learning needs of any one part of the healthcare workforce. Instead it seeks to ensure open, transparent and accessible learning opportunities for everyone in

direct or, indeed, indirect contact with patients, clients, carers or families with the intention that the benefit of their individual educational experiences impacts positively on their role and function (NHS NorthWest 2009).

Therefore, it is evident that if adopted by an organisation, education governance means that nurses would have to compete with other professional groups and service providers to secure access to what will always need to be finite resources. This may prove advantageous in the end for nurses as a group because more thought would need to be invested in what education and learning opportunities really are required to accrue benefit for the recipients of healthcare.

From the perspective of the providers of the educational product, education governance focuses attention on:

- * The quality of the learning experience
- * The outcome of the learning experience linked to enhanced capability and capacity in the practice setting.

Inevitably this raises questions as to who defines what a quality learning experience is and what constitutes a positive outcome? It is possible that the answers to these questions and the others that link to them will challenge the providers of the educational product if they are not yet ready to run with the aspirations of education governance.

For sure, it would seem appropriate for the producers and the purchasers of the product to collaborate as never before to ensure that the priorities of both can be met, if this is at all possible. Collaborative working should also make it easier for work-based learning, a key component of education governance, to be the quality experience that it needs to be. This would include having appropriate resources in the workplace to support learning and its assessment, where required.

The benefits of education governance

Education governance may bring its challenges, however, it is argued that once embedded it supports the development of learning communities and so

effects change which benefits individuals and groups across the organisation (not just patients, clients, carers and families). NHS NorthWest (2009) suggests some of the benefits that might accrue, however, it is possible that others will be experienced depending on the culture and drive of organisation. For now, it is worth reflecting on the benefits suggested by NHS NorthWest (2009: 5).

- Improved quality of care and patient safety
- A more effective and flexible workforce
- A match between skills needed and education commissioned
- Retention of staff
- Improved staff morale
- Improved recruitment
- Educational activity based on best evidence and impact
- Improved learner satisfaction
- Reduced inequalities in access to education and learning
- Better understanding of the contribution of education and learning to organisational priorities
- Innovation in education and learning activities
- Improved team work across all staff groups

Each of these benefits would be advantageous. The prospect that a number of them, perhaps even all of them will be the outcome of a commitment to education governance suggests that its potential warrants due regard and appropriate action to embed it into organisations.

However, it is argued that education governance will not just happen. Instead it requires a strategic approach within which the focus and scope of education governance must be aligned with the delivery and priorities of a comprehensive, organisation-wide education and learning strategy that is responsive to the training and development needs of **all** staff (NHS NorthWest 2009: 7).

NHS NorthWest (2009:7) goes on to contend that once a strategy is in place it will inform how monies might best be used to meet national, as well as regional, priorities and enable adaption "to the changing education and learning landscape".

Benchmark 5: Systematic Measurement of Education and Learning Activity

● Score 0: There are no or limited attempts to measure the impact of education and learning activities.

● Score 10: There are comprehensive, systematic data collection processes in place designed to measure all aspects of education and learning activities.

Benchmark 6: Evaluation of Education and Learning Activity

Score 0: There is no formal or regular evaluation of education or learning activity.

Score 10: All education and learning activities are regularly and formally evaluated within the context of effectiveness in meeting required service and workforce requirements, equality of access and value for money.

Reflections from an educational provider perspective

As already implied, if education governance promises to refocus the thinking of those who seek to purchase education/learning products, then it is inevitable that the producers of the product will experience change too. Just looking at the six suggested benchmarks makes this clear. For example, at present, how do education providers share information effectively with the purchasers of the product about process and outcome of the student's learning experience? Is failure on course a subject of report? And if the user's voice (i.e. the patient, client, carer, family) matters to the purchaser, how does the education provider work with what matters to the user as it creates and monitors the product that is sold?

Whilst gaps in collaborative working may be suggested here, even more apparent is the opportunity that education governance creates for providers and purchasers to work differently, enjoying new conversations, engaging in fresh discussions, creating shared visions and working to share responsibility for service improvement. A new horizon appears to be in focus. ■

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