

Global Trends and Issues in Nursing Education

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Global Shortage

...differs markedly from past ones in that today's health systems are suffering from pressures exerted on both supply and demand.

ICN (2006)

The Task of Human Resources Planning, Development and Management

...ensure the presence of the right nurse with the right qualification at the right role at the right time, in the right place with the proper authority and appropriate recognition.

Affara F. A. & Styles M. M. (1992)

* Addition to original

WHA Resolutions 2006

Rapid Scaling up of Health Workforce Production

...shortages of these health workers are interfering with efforts to achieve the internationally agreed health-related development goals.

Urges Member States *...to promote training in **accredited** institutions of a full spectrum of high-quality professionals..., and to use... **innovative approaches to teaching** in industrialized and developing countries, with **state-of-the-art teaching materials and continuing education** through the innovative use of **information and communications technology**.*

WHA Resolutions 2006

Strengthening Nursing and Midwifery

... equitable geographical distribution, in sufficient numbers of a balanced skill mix, and a skilled and motivated nursing and midwifery workforce within their health services.

- ❑ Global Trends in Higher Education
- ❑ Trends in Nursing/Midwifery Education
- ❑ Issues and Challenges
- ❑ Options for Action



Global Trends in Higher Education

Expansion and Globalization of Education

- ❑ Demands for more and higher levels of education (rise in student numbers, programmes, diversity).
- ❑ Knowledge-based, technologically driven society.
- ❑ General Trade Agreement on Services (GATS) - cross-border higher education, internet-based distance learning.
- ❑ Blurring of boundaries between distance and campus-based learning.
- ❑ Strains on the higher education system (finances, faculty, facilities, and curriculum).

Standardization of Education

- Convergence of education standards and qualifications – often response to trade agreements e.g. *Bologna Accord*.
- Simplification of comparison and transfer of credit among educational programmes e.g. *European Credit Transfer and Accumulation System (ECTS)*.

Greater Flexibility in the Higher Education Sector

- ❑ Student profile is changing - demographic shifts, trend to lifelong learning.
- ❑ More opportunities to up-grade levels of knowledge and skills - demand for continuing education.
- ❑ Entering and leaving education at different points in work life.
- ❑ Any time, any place, part-time or full-time education.
- ❑ New systems of recognition and certification.
- ❑ Systems to acknowledge educational achievements attained outside a higher education context, including informal learn.

Privatization of Higher Education

- ❑ Competition between public and private institutions to attract students grows.
- ❑ New provider such as multimedia corporations, multinationals.

Quality Orientation

- ❑ Greater stakeholder expectations.
- ❑ Demands for evidence of quality outcomes.



Trends in Nursing Education

Move from Instruction (teacher-centred) to Learning (student-centred) with Focus on Educational Outcomes

- ❑ Challenge of preparing autonomous professionals capable of evaluating knowledge, thinking critically and demonstrating creativity in managing care and health services.
- ❑ Educators principle function is to manage the learning environment rather than be the main conduit of information to students.

Increase Demand for More Advanced Educational Preparation

- ❑ Pressure to raise the level of basic nursing/midwifery education.
- ❑ Heightened interest in post graduate studies, especially at the master level.
- ❑ Practice-focused doctorates.

More Flexible Educational Systems

- ❑ Allow progression to higher qualifications e. g. diploma to degree, practical to registered nurse.
- ❑ Have different entry points e.g. through the vocational training system.
- ❑ Take account of prior learning.
- ❑ Accelerated degrees or second degree.
- ❑ Using multiple providers, public and private.
- ❑ Diverse delivery modes – traditional, distance or combination.
- ❑ Full-time, part-time or at own pace basis.

Competency Based Curriculum

- ❑ Trend to greater accountability nursing education Educators need to demonstrate graduates can perform in accordance with a level of competence set by the profession.
- ❑ Curricula designed around competency statements or performance-based abilities necessary for contemporary practice.
- ❑ National and international work to identify competencies for entry into practice and for other categories of nursing e, g. ICN; Western Pacific and South East Asia Region; East, Central and Southern African College of Nursing; European Union.

Shared Competencies

- ❑ No one provider owns any set of skills. Within accepted scopes of practice, discipline roles change as client needs and context of practice change.
- ❑ Central to the notions of flexibility and adaptability - use of diverse mix of healthcare providers, promotes interprofessional collaboration.
- ❑ Claimed benefits include promote more integrated, co-ordinated care, improved outcomes, more effective and efficient services.
- ❑ Example: *Making Pregnancy Safer* Programme - skilled professional attendant at birth who could be midwife, doctor or nurse.

Changes in Teaching-Learning Methods/ Technologies of Instruction

- ❑ Promotion of self-directed/active learning.
- ❑ More creative and interactive models e.g. problem/case based, project work, role play, developing clinical portfolios.
- ❑ Use of open-ended problems based on real life situations that actively engage students.
- ❑ Assessment of learning is multiple and diverse – focus on demonstrating mastery of learning outcomes.
- ❑ Integration of educational technology and the use of distance learning e.g. email , electronic presentation, virtual libraries, online conferencing , web-based courseware, computer assisted instruction, simulation.

Life-Long Learning

- ❑ Traditional model of concentrated selective learning over a limited period of time no longer meets today's needs.
- ❑ Continuing competence is receiving considerable attention as the public and funders demand accountability from healthcare providers.
- ❑ Why learning through work life?
Rapidly altering practice; daily advances in health sciences and technology; and reforms in professional regulation.
- ❑ Responsibility of the individual practitioner, profession, regulators, and employers.

Challenges

The image features a blue gradient background. A curved line starts from the top left and curves towards the bottom right. On the right side, there is a dark blue triangular shape pointing towards the center. The word "Challenges" is written in a bold, orange font with a black outline, centered in the upper half of the image.

Challenges for Education

- ❑ Becoming comfortable in working in primary health care, homecare and other forms of community-based care.
- ❑ Providing a broad and integrated knowledge base.
- ❑ Developing a relevant range of clinical, communication and interpersonal skills.
- ❑ Having the ability to navigate ethical issues arising daily and in exceptional situations.
- ❑ Learning to work co-operatively and collaboratively.



Options for Action

1. Define categories (levels) of nursing/midwifery personnel and how they relate to each other.

- Scope of practice, role, function, competencies expected of each level, within the broader tasks of human resources planning, development and management.
- Skill-mix.
- Clear career pathways linked to competency levels, education preparation and experience.

2. Multiple points of entry and educational pathways which draw on existing resources, strengths, and increase the range of potential recruits.

- Open-ended educational systems defining routes for educational progress,
- Specific upgrade programmes,
- Shorter programmes for graduates.

3. Establish a system for a) recognition of prior learning and experience, and b) credit transfer.

4. Explore alternative modes of programme delivery

- Part-time, distance and e-learning options

5. Upgrade quality of faculty, clinical teachers/preceptors

- Standards for faculty.
- Upgraded competencies in health professions education.
- Research skills.
- Academic qualifications in educational sciences,
- Faculty mentorship/ exchange schemes.
- Improved incentives and rewards.

6. Establish and maintain relevance in curricula

- Orienting curricula toward national priority health problems.
- Prepare for new/emerging roles, keeping pace rapid expansion and change in knowledge technology, and practice.
- Linking theory to practice.
- Building in periodic evaluation and revision.

7. Establish plan for improving the quality of education

- Setting standards –institutions, programmes clinical learning sites.
- Developing accreditation/quality processes.
- Developing expertise to establish, implement, maintain and improve the quality system.

8. Establish partnerships (national and international)

- Twinning.
- Assistance with programme development, implementation and evaluation.
- Faculty development.
- Faculty and student exchange.

9. Explore different types of educational providers – public and private, national and international

- Collaborate with diverse education providers
Public & private; National & international.
- Outreach campuses of national/international institutions.
- Partnering in joint educational ventures.
- Creating special overseas programmes to meet needs of international clients.
- Assisting with capacity and institutional building.
- Challenges -- relevance & quality; recognition of qualifications.

Conclusion

- ❑ Flexibility.
- ❑ Foster ability to think widely.
- ❑ Study alongside people from other disciplines.
- ❑ Develop firm knowledge base and range of competencies capable of supporting new skills and knowledge as they emerge.
- ❑ Being self-directed learners.
- ❑ Having a commitment to learning throughout the working life time.