EXPLORING GLOBAL TRENDS IN NURSING AND MIDWIFERY EDUCATION

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Presentation delivered at the

International Council of Nurses (ICN) conference 2015,

Seoul, Korea,

June 19-23, 2015

Introduction:

When I finished high school in 1983, nursing education in Australia was somewhere between the hospital and the university. Most nurses were trained in hospitals, as was I. The training was still very much that – training. And patients were called patients, not clients or consumers. From day one, I learned about (and did) observations, took temperatures, made beds and dressed wounds. We also learnt science, ethics, history and professional issues but the underlying message throughout my training was still that the doctor knew best and that the nurse, albeit able and intelligent in her duties, (and I say 'her' because it was mainly women training to be nurses then) would not be making the big decisions.

This is a photo of me as a third year nurse taken in 1987, I look at it now and see a young, innocent face (with a very 80s hairdo) – but also someone with a uniform that looks well lived-in. The photo on the right is a nursing student from James Cook University in Far Northern Australia, where I teach and conduct research. Dressed in her jeans and t-shirt, this student's focus is on the books and not the tools of apprenticeship. Quite quickly in my nursing career, I took **myself** off to university and graduated with a Bachelor of Nursing in 1991. This experience of learning began a deep love for and commitment to the academy, and I imagine that many nurses here have a similar story.

The world of health care today's student nurses and midwives move into is vastly different from the one I entered as a student nurse in Australia

some 30 years ago. So much change, so much difference in so little time – just one generation. How do we to keep up with it all?

My presentation today is about exploring global trends in nursing and midwifery education. Fifty, 40, even 30 years ago, nurses would not have talked about such things. Our ‘worlds’ were much smaller then. We could walk or drive just about anywhere within them in an hour or two. Here we are now, in 2015, meeting in South Korea. While most of us have flown in to this lovely city, there are also many who are joining in from different corners of the globe through the medium of Twitter. The pace of change in our world is staggering. And in this filled-to-the-brim era, we rarely seem to have the time to stop and think about just how much has changed in such a short time. This presentation speaks to the main trends and directions in global nursing and midwifery education – a complex and multi-faceted area. I suggest, however, that the answer to the question I posed earlier – “How do we keep up with it all?” – might actually be quite simple. I will get back to that one a little later.

The two global realities driving changes to nursing and midwifery education (and to just about everything else in life) are that our worlds are both shrinking, and becoming more pluralistic. What that means for nursing and midwifery education has been a focus of much discussion and debate in the past five years as educators, administrators, nurses and researchers around the world try to figure out exactly what role nurses should play in this evolving healthcare arena. Some of the major reports and commissions that have looked into the issues include the *Willis Commission* in the United Kingdom (Willis Commission, 2012) and the *Future of Nursing* report in the United States of America (IOM (Institute of Medicine), 2011). Most professional nursing bodies and governments around the world, have devoted considerable time and

money to the question of what nursing education should look like in this new age of technology and change. Regardless of the specific question each group chooses to ask, the answers are almost always the same.

The biggest trends and concerns for global nursing and midwifery education, as I see them, are threefold.

- The first is the recognition that nurses and midwives everywhere need to be culturally competent, but, as well as recognising the beauty in difference, we must focus on commonalities. We must recognise, learn and teach the core skills and values that we, as nurses, share, regardless of where we were born or raised.

- The second trend I will discuss is the focus on developing leadership at every level from undergraduate through to postgraduate and continuing professional development. The increasing responsibilities nurses are taking on in the healthcare environment must be considered and well-supported through education or the consequences will be dire. Effective leadership is needed at every level of nursing and nurses must be pro-active, considered and selective in their work choices as the pressure to be ‘everything to everybody’ grows.

- The third key global trend is the importance of inter-professional education. The time has come for a major rethink of the way education is to delivered all health professionals, nurses included, to better reflect the modern reality of a team-based, preventative approaches to health and well-being.

Cultural competence is a skill as necessary as effective communication. Because the world's nurses are more mobile than ever and societies themselves are more varied and culturally diverse, nurses need both an understanding of and respect for social and cultural difference as a core skill. As I wrote this speech I glanced at the whiteboard in my office - the one that helps me keep track of the post-graduate students I supervise. A quick look at my students' names, nationalities and their topics of study is a good illustration of just how culturally-diverse and internationally-mobile nursing students have become. My PhD candidates include one from Indonesia who specialises in disaster mental health; an Australian community development worker whose main working concern is to help women in Papua New Guinea stem the transmission of AIDS by understanding how male circumcision affects their lives; a French/Australian colleague who is concerned with the interactions and power relations between health professionals and patients (or consumers); and an African PhD student from Botswana investigating community nurses providing palliative care for those dying from AIDS.

Nurse academics are taking many different approaches to teach and foster tolerance, understanding and respect of difference – the aspects of cultural competence (Kulbok, Mitchell, Glick, & Greiner, 2012). The presence of these virtues and qualities in nurses cannot be taken for granted and, in many cases, must be explicitly taught. Academics are using simulation, cultural immersion, exchange programs and online-education modules (Barker & Mak, 2013). While the approaches to the delivery of material are different, the underlying message is that teaching cultural competence is about teaching students to look within their minds for bias and in-built prejudice, and to work against this. This self-

awareness can lead to openness and an honesty of purpose and practice that allows nurses to provide culturally-appropriate care and to work in cultures and countries other than their own. The New Zealand model of ‘cultural safety’, developed by Maori nurses and taught to all New Zealand nurses, describes well the kind of self-awareness and openness needed to become ‘culturally competent’.

> *The content of cultural safety education is focused on the understanding of self as a cultural bearer; the historical, social and political influences on health; and the development of relationships that engender trust and respect. (Nursing Council of New Zealand, 2011)*

While to date, our focus on teaching cultural competence to undergraduate students has been on providing high quality patient care there is a growing awareness of another dimension we need to emphasise in our teaching. Our shrinking world, and highly mobile nursing workforce also means we need to produce nurses and midwives who are culturally competent colleagues, demonstrating kind, sensitive and courteous behaviour in their interactions with other health professionals.

Cultural competence, however, is just one of the ‘**core skills’** that all nurses, worldwide, need. Nursing is promoted almost universally as a career that can take you anywhere. And in which there are so many employment options. And that is why one of the biggest challenges in nursing and midwifery education is to set out exactly what skills and proficiencies nurses require… to take them anywhere they are needed. Core skills for nurses are not only the ability to take a temperature or draw blood, although all nurses certainly need these skills. Core skills include the sort of deeper competencies and intelligences that allow nurses to learn, to teach, to incorporate evidence in their practice, to

communicate effectively, to work collaboratively, to listen and, most importantly, to **LEAD**. As, Michael Bleich, from the Future of Nursing project puts it, *"It's more than knowing how to perform tasks and procedures. It's how to be a more effective player…*'(Stokowski, 2011)

As pressures in the work environment continue to escalate as a result of increasingly complex health care delivery we need strong nurse leaders at every level as we stride forward to universal health care. The inclusion of leadership development in undergraduate curriculum is the second emerging global trend in nursing education that I want to highlight today. A leadership renaissance is apparent in the contemporary literature about nursing and midwifery (Waite & Brooks, 2014). At home, the Australian College of Nursing has reshaped its agenda to focus on leadership development be that executive or clinical (Australian College of Nursing, nd). A substantial investment of human and financial resources has followed this decision with the aim of developing a critical mass of nurses and midwifes able to drive effective change and foster positive practice environments.

However, leadership development and enablement needs to begin prior to graduation for early career registered nurses to be confidence to lead in the practice environment. While all schools of nursing might say they teach leadership knowledge and skills in their programs, the inclusion of explicit subjects on this topic is much more rare. At JCU our BNSc includes an elective titled *Clinical Leadership and Management*. It probably won't surprise you that I came up with this bright idea – however at the time, there was quite a lot of resistance to the subject being included in the curriculum as a second year elective. A number of my colleagues thought that second year's were too inexperienced to learn about leadership and management. The subject has a two week

clinical placement attached to it, and many were confused about what the students were going to do on placement – were they going to follow the nurse unit manager around? How were they going to 'practise' the application of leadership and management? It was an interesting time as we worked through these questions, often uncovering people's assumptions about who a leader is, and how leadership plays out in our everyday work. Instead of playing lip service, we actually had to work out what we meant by leadership at every level, and find ways for students to develop the required knowledge and skills. We don't have a perfect teaching solution by any means, and this subject has undergone a number of changes over the past three years, however one thing hasn't changed – and that's the value we place on leadership development and it's enduring place in the curriculum.

Like most things in our interconnected world, nursing can no longer be considered in isolation. The third and final trend in global education that I want to briefly address is the importance of **interprofessional** health education or IPE. In IPE, health professionals are encouraged to learn with each, about each other and their ways of working, knowledge, and roles (Reeves, Perrier, Goldman, Freeth, & Zwarenstein, 2013; Thistlethwaite, 2012). When this type of goal translates into well designed and facilitated **interprofessional learning experiences**, students leave with a deeper understanding and appreciation of each other's purpose and goals in care and a more cohesive, collaborative approach to addressing individual patient needs.

The release of the WHO framework for action on interprofessional education and collaborative practice (World Health Organisation, 2011) further cements the imperative to develop ways to integrate IPE within nursing and midwifery curricula. This report gives an overview of where

interprofessional collaboration is currently at internationally and describes methods for successful collaborative teamwork including actions for policy makers to use at a local level.

As the **world changes**, and nurses' roles expand, there is a danger that nurses are becoming, or being forced into a position, where they are trying to be all things to all people. We are the frontline but we cannot be the only line. Because the nursing and midwifery workforce is the largest of the health professional groups, it's tempting to think that we are a special case and need to be considered in isolation from other groups. Taking this position however, doesn't reflect the interprofessional nature of our work. Granted, the spectre of medical dominance continues to hover and, in many ways, drives our profession's desire to stand-alone. As a long-term strategy interprofessional undergraduate education has the potential to change this culture and establish equality in policy and practice development.

Conclusion:

I began this presentation with the question "how do we keep up with the pace of change?". For all of us there is a simple solution – we need to be mindful of paying it forward. All of us here today owe a debt to another who helped us in our career, mentored us, included us, provided us with opportunities. Your very presence at this amazing international conference means that you are a successful nurse. Being successful comes with certain responsibilities, and one of those is paying it forward to those who follow you. All of us are presented with a myriad of opportunities to make a difference to another nurse – we just need to decide to take that step. In the words of Gandhi *we need to be the*

change we want to see in the world, and we need to take the next generation with us.

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