



Review Article

## Nurse Preparation towards ASEAN Economic Community 2015

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### ABSTRACT

ASEAN Economic Community (AEC) is a big challenge for ASEAN member countries. Some believe that will be no change in 2015 or will be running very slowly. It is also considered that AEC will be the answer of nursing shortage issue. Although the concept of free flow of labor is made for skilled labor only, it will be two perspectives to face. The chance of skilled nurses to work in the host countries seems to be the advantage of those countries that needs skilled nurses to improve the nursing quality, and it is also a positive side of nurses who look for the better quality of life. Otherwise, the lack of skilled nurses in the country of origin will be the negative side, which may impact to nursing outcomes and severe nursing shortage in the country. However, AEC will gradually happen and nurses need to think and prepare maximally, particularly in nursing education, standard of competency, national licensure examination, and culture in order to study, work, and collaborate each other among ten ASEAN Countries.

**Keywords:** ASEAN Economic Community, Nursing, Mobility, Brain drain, Brain gain

### INTRODUCTION

Nowadays, ASEAN Economic Community (AEC) is a trend issue among ten ASEAN member countries, especially in Thailand. There are many flags of ten countries or poster of AEC in every institution in Thailand, including in the rural areas. AEC has been well informed and it is a part of education system in Thailand, which is most of Thai students have become more interested in learning ASEAN languages although English is to be used as the working language of ASEAN. The languages of various countries are

important, as they will bring the members of ASEAN community closer together. <sup>[1]</sup>

AEC involving seven professions under Mutual Recognition Arrangement (MRA) consisting of medical doctor, dentist, surveyor, architect, accounting, engineer, and nurse; will have free movement among ten ASEAN countries, which it seems to be a challenge for nursing leaders and managers in the countries. The brain drain could be the problem for the country of origin that will lose their skilled nurses and will effect to the quality of nursing care and make the severity of nursing shortage. Otherwise, it will be brain gain for the host

countries to improve nursing services and reduce nursing shortage; and the advantage for individual nurse is to find a good quality of life, good environment, or promised salary.

AEC has four pillars that aim “to transform ASEAN into a single market production base, a highly competitive economic region, a region of equitable economic development, and a region fully integrated into the global economy.” [2] However, to transform ASEAN into these pillars is very challenging. There are many perspectives about AEC. Some say that AEC is the same like EU Single Market, which it is actually inappropriate to compare because they are different. AEC also is neither a customs union with common external commercial policy nor a full common market with free mobility of capital and labor and some policy harmonization. [3]

Another perspective is that free flow of labor, free movement of goods and services, and the birth of single market and production are the myth of AEC. In fact, the progress of implementation of AEC implementation is very slow from bringing about single market. Tangkitvanich et al mentioned, in terms of free flow of labor, that nurses, medical doctor and dentist from other countries have to pass the written exam in Thai language to get licenses; and for engineer and architect, they have to pass the assessment by the professional regulatory bodies that they fully understand the codes of practice and laws written in the Thai language. Additionally, there is little progress in eliminating (Non-tariff barriers) NTBs although tariff reduction of goods under the (ASEAN Free Trade Arrangement) AFTA has been effective since 1993 and almost completely finished. [4]

Although it is far from a single base, AEC actually is not only about the mobility of nurses itself, but also to change the

information and knowledge between the countries, as it is mentioned in the objectives intended under MRA are to: (1) facilitate mobility of nursing professionals within ASEAN; (2) exchange information and expertise on standards and qualifications; (3) promote adoption of best practices on professional nursing services; and (4) provide opportunities for capacity building and training of nurses. [2] Therefore, based on these objectives, the authors through this paper aim to share the information and discuss about nursing preparation towards AEC.

### **NURSING PREPARATION and AEC**

The important thing why we need to discuss about nursing preparation and AEC, it is because the increasing number of nursing shortage as a serious concern, which is not only in developed countries, but also in developing countries. In developed country such as the U.S was estimated that nursing shortage in 2000 around 6% or 110,000; and leading to 29% of nursing shortage by 2020. In developing countries such as Japan, Malaysia, and Thailand will face nursing shortage in short, medium, or long term because of the impact of nurse migration and mal-distribution of nurses. [5] Therefore, AEC is existing as one step of good solution to address the nursing shortage.

To implement AEC, however, is not easy as a nurse just migrate to other countries. There are three basic foundations that we need to prepare, consisting of a) the Background of Education, b) Professional experiences, and c) License. [6] However, there are many variations of nursing education that reflect to nurse competency, and license examinations in ASEAN. The authors, in this paper, describe the background of nursing education, standard competency, licensure examinations and culture in ASEAN countries.

## Nursing Education

To facilitate the mobility of nurses, we need to consider the background of education. Having so many variations of

education in ten ASEAN countries (see table. 1) makes us difficult to determine which programs that we need to follow as a standard of education.

**Table 1. Comparison on Nursing Education in ten ASEAN countries**

Country	Programs
Thailand	Bachelor of Nursing Science (BNS) for 4 years of study; Master of Nursing Science (MNS) for 2 years of study; and Doctor of Philosophy Program in Nursing Science for 3 years of study, and direct program from BNS to PhD for 5 years of study. <sup>[7]</sup>
Brunei Darussalam	Diploma for 3 years (full time); Advanced Diploma for 12-18 month of study (full time); undergraduate degree for 4 years; Master by research: FT and PT PhD for 30-60 months of study. <sup>[8]</sup>
Philippine	Bachelor of Science in Nursing in 4 years, Master of Arts (Nursing) in 2-3 years, and Doctor of Philosophy in Nursing in 3 years. <sup>[9]</sup>
Singapore	Diploma in 3 years, Advanced diploma (specialty) in 8 months, Bachelor degree in 3 years, Master of Nursing in and Master of Science (Nursing) in 24 months, Doctor of Philosophy (PhD) in 3 years. <sup>[10]</sup>
Myanmar	One year Lady Health Visitor training, 2 years Midwifery Diploma, 3 years Nursing Diploma, 9 months Diploma in Specialty in Nursing, 2 years Master of Nursing Science, Bachelor of Nursing Science Bridge in 2 years from Diploma in Nursing, Bachelor of Nursing Science generic in 4 years. <sup>[11]</sup>
Lao PDR	Four years Bachelor of Nursing Sciences, 2.5 years Bachelor of Nursing Science (continuing Education), 2.5 years Bachelor of Nursing in Anesthesia (continuing education), 3 year Higher Diploma of Nursing, 1.5 years Higher Diploma of Nursing (continuing education), 2.5 years Technical Diploma Nursing, 1 year Technical Diploma Nursing (continuing education). <sup>[12]</sup>
Indonesia	Diploma Nursing program in 3 years, Bachelor Nursing program in 4 years, and Master/Nursing specialist program in 2 years, and Doctoral Program in 3 years. <sup>[13]</sup>
Vietnam	Secondary level program in 2 years, Diploma level in 3 years, Bachelor degree 3 years full time, Bachelor degree 4 years full time, Bachelor degree 1.5 years full time, Master degree in Nursing program in 2 years, and APN program in 2 years. <sup>[14]</sup>
Malaysia	Diploma program in 3 years, Bachelor degree of nursing in 4 years, Post graduate diploma in nursing in 6 months, Master degree in Nursing in 24 months, and Doctoral degree in Nursing in 4 years. <sup>[15]</sup>
Cambodia	Primary Nursing program in 1 year, Associate Degree in Nursing program in 3 years, BSN program in 4 years of study, Midwifery program in 1.5 years (continuing education), BSN program in 1.5 years (continuing education), and MSN program in 2 years. <sup>[16]</sup>

The table shows many schemes of educations that consist of Diploma 1,2,3; Advanced diploma; Technical nurse program; Bachelor degree; Master degree; and Doctoral degree. Nurse leaders as well as nurse managers, by looking at these variations, need to determine the basic standard of nursing education in order to convince that nurses have good qualification of education to migrate to another country.

However, we may see the requirement of being Registered Nurse (RN), in terms of global nurse, which is only a nurse holding bachelor degree is eligible to take the Registered Nurse (RN) licensing examination (National Council Licensing Examination) such as NCLEX in the U.S and U.K. Additionally, in ASEAN, for example, Thailand and Philippine also have no program for diploma degree for their educations. Those who hold associate degree

cannot be called as a professional nurse. As Indonesian Nursing Profession also mentioned that nurse who holds bachelor degree and complete “Ners” program is *the first professional degree*. <sup>[17]</sup> Furthermore, based on MRA, Nurse specifically refers to a natural person who has completed the required professional training and conferred the professional nursing qualification; and has been assessed by the Nursing Regulatory Authority of the Country of Origin as being technically, ethically and legally qualified to undertake professional nursing practice; and is registered and/or licensed as a professional nurse by the Nursing Regulatory Authority of the Country of Origin. This definition *shall not apply to a technical level nurse*. <sup>[2]</sup> So, nurse leaders may consider upgrading the nursing education program, which bachelor degree as a basic of education.

## **Nurse Standard Competency**

Before being registered, nurses need to achieve standard of competency that includes in the standard of education. Nurses must maintain these standards for competence throughout their careers. The competency standard is important resource and guide for nurse.

However, we need to consider the countries that have multiple backgrounds of basic educations that reflect to multiple nurse competencies. By looking at this situation, nurse leaders and managers in provided and agreed on 5 domains of the *ASEAN Nursing Common Core Competencies* namely: Ethics and Legal Practice; Professional Nursing Practice; Leadership and management; Education and Research; and Professional, Personal and Quality Development.<sup>[2]</sup>

This is the basic of core competencies for ASEAN nurses. However, nurse leaders and managers in the countries need to develop and differentiate core competencies of diploma, advanced diploma, bachelor nurses, and many others.

## **National Examination Licensure**

Having a license is a part of requirements of nurse who want to migrate to other countries as a skilled nurse. To get license, nurses need to pass the exam, such as in the U.S and U.K, all foreign nurses require to pass NCLEX.<sup>[5]</sup> However, in ASEAN, it depends on the policy of the countries.

The countries such as Singapore, Philippines, and Malaysia introduce a separate examination for foreign and/or foreign-trained nurses. Malaysia provides the Temporary Practice Certificate (TPC) to foreign nurses from seven countries that meet the requirements set by the Board. On the other side, Thailand conducts national licensure examinations in the national language only. In most cases, nurses who study nursing in English still need to pass the

national licensure examination in their national language.<sup>[5]</sup> This adds burden to those who receive nursing education in the English language in non-English speaking countries.

In Thailand, the Government actually is well aware of nursing shortage in the country; they enhance the national capacity of nurses to cope this shortage. But, actually this is not a barrier for nurses in other countries who want to migrate to Thailand when AEC begins. Like in Japan, most of foreign nurses work in Japan although they need to pass the examination in Japanese language.<sup>[5]</sup> On the other hand, MRA is not only for nurse migration physically, but also about knowledge and information transfer for best practice.

## **Culture**

When AEC has been announced, unicultural care is no longer appropriate. Many people with many backgrounds, religions, nationalities, and ethnicities could be found everywhere. The concept of transcultural nursing seems to be suitable for nursing care. The concept that has been found by Leininger is to address diverse human beings holistically.<sup>[18]</sup> Respect, sensitivity, cultural knowledge, competency, effective, appropriate, and congruent care are the essence of Transcultural care.<sup>[19]</sup>

ASEAN with ten countries has different population, such as in Malaysia, Brunei, and Indonesia are Muslim; in Thailand, Laos, Myanmar, Vietnam, and Cambodia are Buddhist; and the majority in the Philippines is Catholic and Christians. Multi-perspectives and multi-religion could create misunderstanding. Therefore, It is challenging for nurses. Nurses are demanded to have a good knowledge, skill, and attitude in providing good nursing care. Many things need to be considered and they are interrelated to each other. The complex of social structure, culture, family, and the centrality of religion are reflecting many

aspects of health care. Here, the examples that might be related to transcultural care, such as:

- a. Muslim people, rules for nutritional support, are prohibited to eat pork. They are only able to eat Halal food. Halal refers to the practices used to cultivate, process, slaughter meat and other foods. [20,21]
- b. Some Hindus embrace vegetarianism; some eat meat only in certain days. Food habits vary across communities and regions. Observant Hindus who do eat meat often abstain from beef. The cow in Hindu is traditionally identified as a caretaking and maternal figure. But Hindus do not worship cows, but rather deeply respect them. [22]
- c. Buddhism generally prohibits killing, either humans or animals. Some canonical passages see to accept meat consumption, whereas certain Mahayana sutras (texts) denounce eating meat. In the modern Buddhist world, attitudes towards vegetarianism vary by location. Buddhism does not oppose treatment of an existing illness by use of non-animal derived medicines, because treatment is act of mercy. Antibiotics kill microorganisms, yet antibiotics are accepted because they help people get closer to reaching Enlightenment. [22]
- d. The other thing is that Euthanasia in the viewpoints of the followers of Hinduism, Buddhism, and Jainism is unacceptable. While Judaism, Christianity and Islam regards euthanasia as a crime. [23]
- e. Buddhists also believe that meditation is to control the mind. Buddhists use meditation technique to release pain and stress. Muslim also believes that “dhikr”

(remembering the God) or spiritual emotional freedom is to decrease the emotional block, such as negative thinking, angry, jealous, etc. Some cultures also believe that making smoke by burning herbs smelling the smoke is a cure for asthma, while others believe that using a stone to scrub the stomach, called “Coining”, can release stomach pain. [20]

- f. Some people in Indonesia still believe that an illness may come from mystic, we may see the family of patients invite “shaman” (Dukun in Indonesian language) in the hospitals to cure the patients, and nurse need to be aware of that. [24]
- g. Nurses also need to consider the words while talking with patient. The joke in Indonesia may be different from Thailand.

From the examples above, nurses need to consider and prepare transcultural competency. Nurses need to increase knowledge and sensitivity associated with this essential nursing concern and must ask each client what their cultural practices and preferences are.

To have cultural competency, there are three progressive steps that help nurses provide care for patients from diverse backgrounds, namely:

*Step 1. Adopt Attitudes to Promote Transcultural Nursing Care.* Certain attitudes have been associated with effective and culturally competent nursing care, consisting of Caring, View problems or situations, Openness, and Flexibility.

*Step 2. Develop Awareness for Cultural Differences.* To provide culturally competent care, nurses should be aware that their patients might have various cultural differences

*Step 3. Perform a Cultural Assessment.* A concise cultural assessment is an effective way to obtain pertinent information about

patients' perspectives on important aspects of their care. [25]

## CONCLUSION

ASEAN Economic Community is a big issue that we need to face. Nursing Leaders, Managers, Educators, Scholars, and Nursing Students need to be ready to face AEC. Some may think that will be no change in 2015. However, the change will not be seen immediately. We might not see the nurse migration in the beginning of AEC by the end of this year. But, actually, it is not only about the mobility itself, but also the exchange of information and knowledge for best practice among ten ASEAN countries, which has already begun. On the other hand, we need to think the important thing of AEC in nursing service. Nowadays, we are suffering with nursing shortage, and AEC is small step to address this shortage in ASEAN countries by the free flow of skilled nurse. The basic foundation of mobilization of nurse is background of education, professional experiences, and nurse license.

Ten ASEAN countries have ten different backgrounds of educations, which will also reflect to distinct nurse competencies. So, nurse leaders and managers need to determine which program needs to follow as basic of nurse education. If we see the global nurse, BSN is a basic program in order to be eligible in Registered Nurse (RN) licensing examination. In Thailand and Philippines, nursing council adopted the position that the title of registered nurse should be reserved for those holding a baccalaureate degree, while those holding associate degree cannot be called as a nurse.

Licensure examination and culture also part of AEC that we need to consider. Singapore, Philippines, China, India, and Malaysia provide English examination for foreign nurse. Otherwise, Japan, Korea, and Thailand only provide exam in their

national languages. However, this is not a barrier. Most of foreign nurses like to migrate to Japan although they need to pass national examination.

Finally, nurses not only need educational background, license, and experiences; but also need to aware about culture of ten countries, in terms of religions, nationalities, and ethnicities. Nurses need to have knowledge about the background of their patients in order to give the best nursing care in nursing practice.

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