



Toward Further Professional Development of Nursing in ASEAN



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Opinion

The Association of Southeast Asian Nations (ASEAN) Mutual Recognition Arrangements (MRA) on Nursing Services was signed in 2006 with the aim of facilitating the mobility of nursing professionals, the exchange of information and expertise on standards and qualifications, the promotion of adaption of best practices on professional services, and the provision of opportunities for capacity building and training of nurses within ASEAN [1]. To implement the MRA on nursing, the ASEAN Joint Coordinating Committee on Nursing (AJCCN) was established in 2007.

In 2015, the delegations from each ASEAN member country reported numerous achievements at the AJCCN Meeting [2]. For instance, Cambodia, Lao PDR, and Vietnam have greatly enhanced their regulatory frameworks for nursing and developed laws and regulations regarding nursing professionals over the last decade. Commendable achievements represents not only the enforcement of legal documents but also upgrading of nursing education programs [3]. For example, Lao PDR established a 3-year Higher Diploma of Nursing program in 2009 and a 4-year Bachelor of Nursing Science program in 2011. All ASEAN member countries have now implemented bachelor-level nursing education programs. On the other hand, the difficulty in determining good educational qualifications has been pointed out, because several kinds of nursing education programs are running within ASEAN member countries [4].

The ASEAN MRA on Nursing Services has enhanced the nursing profession at the ASEAN regional level as well as at the national level, but some challenges remain. The first such challenge is the institutional capacity in establishing a functional license and registration system. Cambodia, Lao PDR, and Vietnam still need to develop further legal documents to implement licensing and registration systems within their respective regulatory frameworks. The institutional capacity of regulatory bodies, either as professional councils or ministries

of health, need to be further strengthened to implement sound regulatory systems in national contexts. Second, further investment in faculty development is needed to ensure the quality of education. The academic level of nurses has been rapidly elevated in Cambodia, Lao PDR, and Vietnam, but the number of nursing educators who hold bachelor's degrees is limited, and no master's and/or PhD courses are available in those countries [5]. Faculty development needs more attention to enlarge the critical mass of nursing educators who hold higher degrees in nursing. Third, cultural competency in addition to language skill for professional nurses working away from their home country should be considered. The sensibility of cultural competency for nurses is distinguished from that of other professionals in the MRA, because the nursing profession prioritizes human quality of life, not only medical paradigms. However, the present nursing curricula, even though upgraded, do not fully reflect this aspect. Fourth, continuing development of professional nursing education programs is needed. Short nursing education programs such as technical nursing programs might not be abolished at once from the perspective of ensuring equitable service delivery at the national level by the nursing workforce in member countries. Nurses who graduate from various nursing education programs are employed nationwide and need appropriate career paths for professional development.

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