



Guest Editorial

Current situation and challenges concerning nursing education in Pakistan

A B S T R A C T

Despite the advancements in the nursing education and nursing education-based research worldwide, nursing remains an undervalued profession in Pakistan and the nursing education system is steadily evolving. The purpose of this discussion is two-fold: (i) to describe the nursing education system in Pakistan and (ii) to analyze the status, trends, and challenges in nursing education and nursing education-based research in comparison with the international nursing education standards.

1. Introduction

Quality nursing education plays a crucial role in strengthening the healthcare system (World Health Organization, 2015). Excellence in nursing education is a hallmark of knowledgeable, competent, and committed nurses who can meet the challenges of complex nursing practice and engage in nursing education-based research (World Health Organization, 2016a). Over the years, there has been considerable development and progress in nursing education worldwide, which has improved the image of nursing. Compared to the international advancements in nursing education, the nursing education system of Pakistan substandard, but it is steadily evolving. Currently, the minimum educational requirement for a practicing nurse is a Bachelor of Science in Nursing (BScN) degree. However, most of the nursing workforce still holds a three years nursing diploma. The regulatory bodies and educational authorities anticipated that by 2020 all practicing nurses will be expected to complete a four-year BSN degree (Huda and Alisbinati, 2015). Achieving this target seems unrealistic because of the substandard nursing education system, a shortage of masters' and doctoral prepared nurse educators (Awalkhan and Ghani, 2018), poor infrastructure of teaching and learning environments (Meghani and Sajwani, 2013; Victor et al., 2016; Shahzadi et al., 2017), and a lack of research in nursing education.

1.1. Nursing education system

Pakistan is a developing country with a population of 199.7 million (Pakistan Economic Survey, 2016–17) and the total nursing and midwifery workforce is 4.9 per 10,000 population. The exact number of nursing graduates is unknown (World Health Organization, 2016b). The Pakistan Nursing Council (PNC) is the chief nursing regulatory body. The PNC was established in 1948 and the first nursing curriculum was developed in 1973 (Pakistan Nursing Council (PNC), 2017). Since the time of its inception, the nursing education has undergone great transformation. In total, there are approximately 166 recognized nursing institutions (Pakistan Nursing Council (PNC), 2017) which offer four types of nursing programs: (i) one-year community health nursing program for general nurses, community midwives, and lady health

visitors, which is offered by 86 institutions, (ii) one-year post basic diploma programs for nurses in specialized areas such as ward administration and teaching administration which is offered by 39 nursing institutions, (iii) a two-year Post RN BSN (awarded to three year diploma holder nurses after two years of additional education), four-year BSN and two-year Masters in Nursing program (MSN) offered by 62 nursing institutions, and (iv) one-year licensed practical nurse program offered by 26 nursing institutions (Pakistan Nursing Council (PNC), 2017).

Most of the diploma programs are offered under the apprenticeship model in collaboration with government hospitals, and the Post RN and BSN programs are offered mostly at private universities. There are only a few public universities that offer nursing programs. In the diploma programs, the nursing students work in hospitals, receive a monthly stipend, and are supervised by the hospital administrators who are mainly the doctors. Some hospitals have a diploma or BSN prepared nurse acting as a principal of the nursing school. The principals of most of the nursing schools report directly to the hospital administrators (i.e., doctors) (Gul, 2008). In the recent years, to meet the goal of BSN prepared nurses, the number of nursing institutions offering a Post-RN, BSN, and MSN degree programs have increased, and these institutions are affiliated with different universities. The curriculum for these programs is approved from the Higher Education Commission of Pakistan and the PNC. The first BSN curriculum was approved in 2006 and the MSN curricula are approved at an institutional level in collaboration with the Higher Education Commission. These programs include research and practice intensive courses with an aim to prepare qualified and competent nurse leaders. However, the lack of educational and research resources, minimal or no access to international research and literature, and minimal or no collaboration with international nursing regulatory bodies and institutions result in graduating nurses with minimal competence to advance nursing education.

1.2. Trends and challenges in nursing education

We believe that the quality of the nursing education system is affected by several factors which are as follows.

1.3. Shortage of nurse educators

As previously mentioned, there are approximately 166 recognized nursing institutions (Pakistan Nursing Council (PNC), 2017) and only a handful of these institutions have nurse educators with an MSN degree (Awalkhan and Ghani, 2018; Huda and Alisbinati, 2015). Most of the educators hold a BSN and/or Post RN degree with minimal teaching and research experience. This is a minimal qualification for nurse educators compared to masters' or doctoral prepared educators in developed countries such as the UK, Canada, and the US. According to the WHO Implementation Strategy Report (2011) Pakistan had only 41 master's and nine doctoral prepared nurses. The current number of these nurses is unknown. However, based on the authors' knowledge, the estimated number of MSN prepared nurses is approximately 30. It is also interesting to note that most of these nurses hold a master's degree in other disciplines such as public health, biostatistics or epidemiology, psychology, and education. Therefore, practically speaking, these nurses are not qualified to teach the actual nursing practice in accordance with international nursing standards, especially during this time when the country is striving to produce competent BSN prepared nurses.

1.4. Educational and clinical learning environments

The absence of supportive and productive educational and clinical learning environments is another reason for the poor quality nursing education system. Excluding some university affiliated nursing schools, most of the government and private nursing schools lack basic facilities such as personal teaching facilities (buildings) and financial and human resources. Some of the nursing schools also lack an affiliated teaching hospital, therefore graduates are awarded diplomas merely based on their coursework (Syed, 2016). Internationally, nursing students are taught in institutions which possess high-quality simulation labs, which have access to international and national research databases, and institutional level peer-reviewed nursing research journals. However, none of these facilities are available in most of the nursing schools in Pakistan.

1.5. Lack of nursing education-based research

There is also an extreme lack of nursing education-based research in Pakistan. To our knowledge, only a few nursing institutions are active in research because they receive research grants from available university funds. Nurse educators often rely on their personal resources to conduct research. A cursory review of different databases such as Google scholar, Science direct, CINAHL, EBSCO, and PubMed indicated that most of the nursing research in Pakistan is conducted in clinical settings in collaboration with doctors. There is minimal research in nursing education. All of these factors directly or indirectly result in reducing the qualified nurses, thereby leading to the poor quality of nursing education.

The lack of nursing education-based research also contributes to the lack of quality nursing curricula. The nursing schools mainly use older editions of western nursing textbooks and new editions are not available in libraries, and journals and books in libraries are not updated on a regular basis. To our knowledge, there are no culturally adapted textbooks. Nursing students learn about the standard nursing practices outlined in the western textbooks, but upon entering the clinical settings they often feel that these standard practices are either not applicable or sometimes cannot be applied because of non-supportive clinical learning environments.

Complementing all these factors are challenges such as a poor image of nursing, migration of nurses, gender discrimination, and lack of support from education and health authoritative bodies. A few Pakistani studies have reported the negative (Gul, 2008; Hamid, 2016) to slight positive image of nurses (Masih and Gulzar, 2016) and

indicated that nurses are considered sub-ordinates of doctors, lack autonomous decision making in health care and nursing education, and are not provided with adequate support and resources to engage in research activities (Gul, 2008; Hamid, 2016; Kousar et al., 2017). With regard to nurses' migration, the exact data is unavailable but according to World Health Organization implementation strategy report (2011) about 15% nurses migrate to developed countries because of improved nurses' image and respect, high salaries, and greater research and education opportunities in those countries. Another important factor is the gender discrimination in the nursing profession. Pakistan is a male dominant society and females are often looked down upon. Therefore, the greater number of females in nursing may attribute to the lack of respect given to nurses and poor image of nursing. The irony is that gender discrimination is openly promoted by the PNC by allocating a quota of 90:10 female and male students in the nursing programs. According to the Nursing Scholar, 2018, the top 30 nursing schools in Pakistan have 1, 943 seats for nursing students. Of these seats, 1544 (79.5%) seats are allocated for female students and 399 (20.5%) seats are allocated for male students. All of these factors and challenges undermine the quality of nursing education and nursing practice in Pakistan. We believe that the advancement in quality nursing education is not possible unless appropriate measures are taken to address these challenges and until policies are developed at the government level.

2. Conclusion

In conclusion, the nursing education in Pakistan is in a continuous state of transformation. However, shortage of qualified nurse educators, poor quality of clinical learning environments, and the lack of nursing education-based research seem to be obstacles to this transformation. The ambitious nurses who strive to enhance the quality of nursing education seem to be repressed by the poor nursing image, gender discrimination, and a lack of support from nursing regulatory bodies. Therefore, in order to improve the nursing education, collaboration is required at the personal, institutional, and government level.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.nepr.2019.102638>.

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