

After Five Years of Collaboration: The Benefits of University Based Education for Nurses in Sri Lanka

Moira M. Cameron
2010 6 Avenue NW, Calgary AB T2N OW5, Canada

Abstract: A request from the nurses of Sri Lanka led to the establishment of the country's first university nursing program. Delivered by distance, the program represented a collaborative approach among a Sri Lankan university (The Open University of Sri Lanka), a Canadian university (Athabasca University) and the Canadian International Development Agency (CIDA), who funded the project.

The challenges facing this undertaking included the lack of available culturally appropriate course materials, the English language proficiency of prospective students, the unavailability of nursing and related literature and the students lack of ready accessibility to communications technology. The lack of nurses qualified to assume university faculty positions was an additional challenge.

Seven years after the first intake of students, the OUSL BScN remains the country's only nursing degree program. In spite of small numbers of graduates, evaluation reveals that graduates are making a contribution to improving the nursing care of citizens while re-defining the traditional expectations of nurses. Success brings new challenges; among them is the need for educators and health planners to increase collaboration in order to further raise the levels of health care by continuing to improve the quality of nursing education.

Key words: Nursing Education, Primary Health Care Management

Introduction

While hospitals existed in Sri Lanka as far back as the 3rd. Century BC reign of King Asoka, it was not until 1939 that the first school of nursing was established, de Silva, C. (1997). There are now 11 schools throughout the country, all preparing diploma-level nurses in three years. It is estimated that the country's nursing population now numbers approximately 15,000. (*ibid*). As early as 1968, nurses themselves identified the need for university preparation. This was consistent with the view of the International Council of Nurses (ICN) and the World Health Organization (WHO) which had already recommended that nursing education programs parallel those in other professions by locating them in institutions of higher learning where they would be directed by nurse academics.

In 1992, the wish of Sri Lanka's nurses was acknowledged with the establishment of collaboration between the Open University of Sri Lanka (OUSL) and Canada's Athabasca University (AU). The project was funded by the Canadian International Development Agency (CIDA). The decision to select distance education as the delivery mode was based on a number of factors, including efficiency and cost effectiveness. Owing to the fact that no advanced education beyond the post-basic diploma in a few selected areas was available, nurses wanting such were obliged to study abroad. While the Ministry of Health had sponsored several nurses for study abroad in the past, none had been sent for several years prior to 1992. There was thus no ready pool of potential faculty. It was estimated that approximately 17 nurses in the country had baccalaureate preparation while 4 had master's degrees. Since master's preparation was the criteria for faculty, the distance modality used the limited staff numbers more efficiently. In addition, no financial support or extended study leaves were available to employed nurses wishing to enroll, making study at a conventional university an impossibility for many.

Methods

The major goal of the AU/OUSL Nursing Project was to

develop the capacity of the OUSL to offer a post-basic baccalaureate degree to practicing nurses in Sri Lanka. This required that the initial activities be directed towards identifying a program focus, developing the curriculum, hiring faculty and setting standards for admission and putting in place a process for selection of students.

Diploma nursing education had been preparing nurses to function primarily in the acute hospital setting. Nursing practice was physician driven and treatment focused. Although the country's National Health Plan (1992) was based on the principles of Primary Health Care, nursing education did not reflect this focus, Ministry of Health (1992). There was little emphasis on wellness and health promotion or on preparing nurses to assume an advocacy role for health. The growing complexity of nursing practice internationally and the recognition that nurses require critical thinking and decision -making skills to deal with contemporary health care issues influenced the direction chosen. Nurses would need a broader exposure to the sciences, social as well as biological, and the humanities. They would need to be competent in delivering nursing care outside the traditional hospital setting, in communities, schools, homes for the aged and the disabled. An understanding of the country's health care system and the skills required to influence change were identified as important for this new practitioner. Primary Health Care and the nurses' role within it was chosen as the focus of the OU BScN Program. Its principles, including those of delivering appropriate and accessible health care and patient/client participation in decision making, can be applied to any area of nursing practice. It was assumed that students had mastered the basic clinical skills in the diploma program and that the BScN would build upon these and develop new skills and knowledge rather than repeating familiar content.

The curriculum was designed to enable nurses to respond to the health care needs of the country as well as to provide graduates with access to master's studies. This was important as the OUSL BScN Program would

Cameron: After Five Years of Collaboration: The Benefits of University Based Education for Nurses in Sri Lanka

not be sustainable until it developed its own pool of academically qualified nurses for future faculty. A Canadian nursing education consultant and an instructional psychologist, along with the Canadian Project Director, who was the Director of the Centre for Nursing and Health Studies at Athabasca University, provided assistance to OUSL faculty in developing the new curriculum. It had initially been thought that courses from Athabasca University's own distance learning nursing program could be successfully modified to reflect the Sri Lankan experience. It became apparent that modification could be accomplished only with some courses. Courses from the Indira Gandhi National Open University (IGNOU) were examined as well in light of certain regional similarities, although they also were not directly applicable to the Sri Lankan situation. The courses introduced were developed by OUSL faculty, developed by Athabasca University and modified, or developed by content experts contracted by the program.

An Advisory Committee was struck with representation from the Ministry of Health, WHO, medical faculty and nursing leadership. Its purpose was to ensure that the program accurately reflected the needs of the country and of its health planners. That courses be relevant and complete was of particular importance in a country where library facilities, textbooks and journals are not easily accessible and where few students had access to electronic communication. To compensate for the lack in technology, face-to-face contact between faculty and student was facilitated on a quarterly basis (approximately 12 days per year) at "day schools" where students from across the country came to the OUSL campus at Colombo. This met the requirements of distance delivery where the student must be able to access the resources required to successfully meet course objectives.

Three masters prepared nurses in Sri Lanka became program faculty, and one the program coordinator. While a close working relationship was established between the universities involved in the project, the need for additional and consistent on-site expertise was soon identified and a Canadian consultant was hired, remaining for the final three and one-half years of the five-year funding. A second consultant, from India, was subsequently hired to replace a departing Sri Lankan faculty member. As well as course preparation and revision, the consultants participated in policy formulation, standard setting and carried a teaching load. However, program sustainability depended on developing future Sri Lankan faculty rather than continuing to rely on ex-patriates. Two additional Sri Lankan faculty members were prepared at a Canadian university with project funds. One is a graduate of the first OUSL BScN class.

The initial student intake in 1994 consisted of 75 students chosen from the 958 who applied. The availability of faculty was instrumental in deciding class size. All of the students were employed. All had received their nursing education in the Sinhala medium. International nursing literature is in English and that is the language of instruction at the OUSL. Competency in written and spoken English therefore became criteria for selection. A Ministry of Health requirement that candidates have at least 3 years of nursing experience

eliminated the less clinically experienced nurses. The ages of students ranged from the mid-20's to the early 60's, with the mean age being 36 years. 71.4 % of successful applicants were hospital based, 62% from nursing officer (staff nurse) ranks and 9.4 % from management levels. 24% were nursing tutors and a small number (4.7%) employed outside of the hospital /nursing school sector. While the ethnic conflict in Sri Lanka limited access to students from the northern and eastern provinces, other geographic areas, both rural and urban, were well represented in student selection.

Results

Any analysis of program success must consider that all students were employed, and that the majority were women with family responsibilities. In addition, travel to the OUSL in Colombo was required in order to attend "day schools"; for a number of students, this entailed from 4-11 hours, each way, on a bus. Financial hardship was a factor for some as there was no tuition support or paid release from duty available. The students were therefore encouraged to proceed with study at their own pace rather than assuming a full-course load. The entire initial group elected to enroll in the maximum number of courses available, which was 5 per semester. 88% of the 75 students remained with the program, with 31.8% graduating in the minimum time possible. An additional 24% graduated at the next scheduled convocation, held in 1999.

For the second and third groups, (66 students admitted in 1996 and 70 students admitted in 1997) the retention rates were similarly high, as was the determination to complete the program in the shortest possible time; thus the preference for full time study was the same. However, according to anecdotal information from faculty, the second and third groups were younger and less proficient in English. This is possible given that changes to the publicly-funded education system in recent decades have resulted in a situation where Sri Lankans educated in institutions other than in the universities are known to possess fewer English-language skills. Nurses are among this group. This may be related to the fact that 24% of the second group graduated in the minimum time possible, representing a decrease of 7.8%.

An external evaluation of the program was conducted in its fifth year CIDA Canadian Partnership Branch (1997). Data were collected through survey instruments (questionnaires) developed by the external consultant in consultation with the Project Director. Questionnaires were distributed to students, graduates, faculty, the Division of Health Sciences in the Faculty of Natural Sciences, OUSL, members of the Advisory Committee and employers. 170 questionnaires were distributed; overall response rate was 46%.

Discussion

Both graduates and students reported that the desire to improve knowledge and clinical skills along with the wish to raise the status of nursing in Sri Lanka were dual motivators for degree study. Improving the quality of nursing care delivered was the ultimate goal.

An increase in critical thinking, problem-solving and decision-making skills, and increased confidence in initiating collaboration with other disciplines were

Cameron: After Five Years of Collaboration: The Benefits of University Based Education for Nurses in Sri Lanka

identified by students as the results of degree study. By the time of graduation, they had broadened their description of nursing to include patient, client and staff teaching as legitimate nursing roles. This new found confidence in their practice was linked to a decrease in work place frustration and is consistent with the findings of studies relating to job satisfaction, O'Brien-Pallas, *et al.* (1994). It was identified as a reason for students and graduates to recommend BScN study to colleagues.

Employers identified four areas where the performance of the initial graduates could be differentiated from that of non-university prepared nurses. They identified improved communication skills and included in this category the ability to generate motivation to improve the care giving activities in others. They described a newfound confidence in the graduates as shown in their willingness to initiate dialogue and collaboration with other disciplines. Employers found these graduates to be an ally and support to them in decision-making, problem-solving and planning activities. They reported skill in teaching activities. The final category identified by employers in response to open-ended questions was the broadened knowledge of the graduates, particularly in the areas of health promotion and disease prevention. These results are consistent with the expectations of a nursing program focusing on Primary Health Care.

When specifically asked to address benefit accruing to the employing agency from the presence of degree-prepared nurses, employers identified leadership skills, teaching skills and the ability to deliver a higher quality of direct care. The care provided by graduates was described as resulting from a holistic approach to patients. Improved observational and needs assessment skills were mentioned as components of the improved care delivered.

The OUSL BScN remains the only degree program for nurses in Sri Lanka, although a second program, also at the baccalaureate level, at a conventional university, is in the process of development. Several of its graduates have achieved master's degrees, in countries including Canada, Australia and Sri Lanka. It continues to attract applicants who are highly motivated to improve both the performance and the academic profile of nursing for the benefit of the country. In order for this momentum to be maintained, there are challenges to be addressed. One is the limitation of library collections in the fields of nursing and related sciences. Access to the sparse literature available is severely limited for the distance student who is often employed and who must travel to libraries. Face-to-face contact with faculty in the form of day schools will remain an important support in the continued absence of reliable electronic communication, but will not replace the need for library acquisitions and availability. The other major challenge impacting the continued success of the program is that of graduate placement. While the critical mass of graduates is increasing and its size will provide momentum for change, the number of degree-prepared nurses in key positions such as teaching and management remains low. Changes to existing systems would be facilitated were nursing educators and leaders university prepared.

The Ministry of Health, the ultimate employer of the majority of nurses, has begun to support university study by providing a designated number of paid study days per year. This support has not been extended to graduates who remain in their same positions on graduation. Degree acquisition is not considered criteria for promotion.

The Ministry of Health demands that all applicants for tutor or manager positions earn a post-basic diploma in these areas. The diploma requires a further 18 months of study for BScN graduates. Some students enter the program already in possession of the post-basic diploma; only these graduates are eligible for promotion upon graduation. The wisdom of demanding a further credential at the diploma level for degree prepared nurses whose preparation includes course and clinical work in both teaching and managing must be questioned. Developing a process for articulation between the post-basic school and the university should be a priority. In this way, students at the post-basic school would receive some credit towards a degree until such time as the university nursing programs replace the need for the post-basic diploma. This approach would be consistent with the direction of nursing education in other countries.

A formal relationship between ministry and university will be required for a common direction for nursing to emerge. Creation of a vision and joint strategic planning are necessary if this to occur. Introduction of joint appointments at the decision-making levels of educational and service sectors is an approach that would facilitate this. Sri Lanka's initial degree-prepared nurses have demonstrated the benefits to be gained from investing in their university preparation. It is now time to consolidate the gains for the benefit of all.

Acknowledgement

The author expresses sincere gratitude to Dr. Roberta L. Carey, Project Director, Mrs. Chandra de Silva, MSc., Program Co-ordinator, and Mrs. Charlotte Samarasekera, MSc., Course Co-ordinator, who initially approached the OUSL about the need to establish a degree for nurses.

References

- CIDA Canadian Partnership Branch, 1997. Project evaluation: Development and delivery: Bachelor of nursing degree program, Open University of Sri Lanka. Margaret J.A. Edwards & Associates, Inc. Calgary.
- De Silva, C. 1997. The Past, The Present, The Future. Unpublished presentation to the International Conference on Nursing Research. Colombo, Sri Lanka.
- Ibid.
- Ministry of Health, 1992. National Health Policy. Colombo, Sri Lanka.
- O'Brien-Pallas, L-L, Baumann, A & Villeneuve, M.J. 1994. The quality of nursing work life. In J.M. Hibberd & Mavis E. Kyle (Eds) Nursing management in Canada. WB Saunders Canada. Toronto.