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CREATIVE CONTROVERSY

NURSING FORUM AN INDEPENDENT VOICE FOR NURSING WILEY

The development and professionalization of nursing in Vietnam

Van Ngoc Bich Nguyen PhD, MN, BN[1] | Anh Phuong Hoang RN, BN[2,3] | Thi Thanh Huong Nguyen PhD, MN, RN, BN[2] | Huyen Thi Hoa Nguyen PhD, MN, RN, BN[2]

Creative Controversy

This section of Nursing Forum is set aside to allow for authors to propose "wild ideas" for our consideration. The purpose of a Creative Controversy is to break with traditional thinking and pose a new way of considering an issue. Sometimes these ideas are a small stretch of the imagination; other times they are radical departures from the norm. Both are designed to stimulate conversation about a topic that concerns the profession. We are pleased to bring readers this Creative Controversy.

[1]School of Nursing and Midwifery, Faculty of Medicine, Nursing and Health Sciences, Monash University, Victoria, Australia

[2]College of Health Sciences, Vin University, Hanoi, Vietnam

[3]Faculty of Nursing and Midwifery, Hanoi Medical University, Hanoi, Vietnam

Correspondence

Van Ngoc Bich Nguyen, School of Nursing and Midwifery, Faculty of Medicine, Nursing and Health Sciences, Monash University, Wellington Rd, Clayton, Victoria, 3800, Australia.

Email: van.nguyen2@monash.edu and vannguyenrg@gmail.com

Abstract

This article provides a snapshot of the development of nursing education and practice in Vietnam and the impact of historical and socioeconomic factors of the last few decades. The Vietnamese government has played an instrumental role in shaping the professionalization of nursing while also presenting challenges to the evolving profession with its sometimes-conflicting policies/strategies. To tackle these challenges, the increased involvement of nursing experts who have in-depth understanding of contemporary nursing practice is warranted.

KEYWORDS

development of nursing, nursing, professionalization, Vietnam

1 | INTRODUCTION

Vietnam is a lower middle-income country with a population of more than 96 million people, located in the Southeast of Asia,[1] bordered by China, Cambodia, and Laos. Although Vietnam's economics and politics were and are quite visible in the world news, little is known about its health-care system or its nursing profile. In the last decade, literature about clinical nursing in Vietnam has started to evolve. There is, however, still a lack of scholarly research that systematically examines nursing's historical developments and the impact of recent reforms in the health sector on the professionalization of nursing. There is also no clear overview of the current profile of the nursing workforce in Vietnam. By addressing these gaps, we aim to provide a better understanding of nursing in Vietnam which may also provide a suggestion on the developmental journey of this profession in other low/middle-income countries.

2 | KEY MILESTONES IN THE DEVELOPMENT OF NURSING IN VIETNAM

The development of nursing in Vietnam has been substantially influenced by socioeconomic factors. One of the most significant historical events leading to profound changes in the Vietnamese society is the launch of the ĐỔI MỚI (ĐỔI meaning change; MỚI meaning new); collectively this term means the *Renovation* policy of 1986 that

transformed Vietnam from one of the poorest countries in the world to a lower middle-income country.[1] The policy and its transition marked an era of free-markets which welcomed international co-operation with Western countries.[2] This resulted in substantial opportunities for nursing in Vietnam to be exposed to regional and international nursing practice standards, and the realization of the need to reform nursing practice and education.

2.1 | Before 1986

Formal nursing education in Vietnam during this period was limited to and delivered by physicians. In the 1960s, while Cambodia—a neighboring country of Vietnam, had already implemented 1-year education programs,[3] the education for Vietnamese nurses consisted of several months with an emphasis on first-aid skills to provide care for soldiers in the wars.[4] In 1968, the Ministry of Health (MOH) developed a secondary training program in the North and an elementary training program in the South for grade-7 to high school students respectively.[4] Both programs were hospital-based training.[4]

2.2 | 1986–2005

In 1990, the Vietnamese Nurses Association (VNA) was established. In 1995, the first baccalaureate of nursing program was launched with the support of American nursing experts through the Friendship Bridge Nurse Group.[5] Nursing education throughout the country during the 1980s–1990s was however mostly at the secondary level (2-year)[6] as the baccalaureate program was only offered at three institutions nationwide.[7] Due to the critical lack of qualified nurses to deliver nursing education programs, the involvement of physicians in teaching nursing students since the 1960s, continued, leading to a focus on the medical model rather than nursing science and its values.[7,8] The impact of the medical model and medical dominance in nursing education further resulted in nursing practice continuing to be conducted in the hierarchical health system of Vietnam where nurses have long been considered inferior to their medical colleagues.[9] Other challenges inherent in the education sector during this period were the lack of information about nursing science in the Vietnamese context,[10] poor teaching conditions, and limited opportunities for continuing professional development for practicing nurses.[6,7]

2.3 | 2006 onwards

The Mutual Recognition Agreement between Vietnam and countries in the Association of Southeast Asian Nations (ASEAN)[11] signed in 2006 became the driving force for a major restructure of nursing that took place over the following two decades.[12] This agreement facilitated cooperation and information exchange among the ASEAN countries and the mobility of nurses, as well as other health professionals within the region.[13] The agreement led to a number of strategic development policies that aimed to improve the quality of nursing education and practice to reach regional practice standards, to build the quantity of the nursing workforce and more importantly, to increase the number of nurses prepared at baccalaureate levels.[11]

3 | IMPACTS OF THE RECENT REFORMS

Following the Mutual Recognition Agreement, more nurse leaders and educators were able to pursue postgraduate degrees including overseas studies as part of central and provincial government supporting schemes and international partnerships.[14–16] Nursing education at undergraduate levels expanded substantially throughout the country with the increase in baccalaureate nursing program providers[17] and the additional participation of the private sector.[12] In 2010, the national entry requirement for enrollment in secondary nursing programs was raised from the completion of high school grade-7 to completion of grade-12 as a result of the Joint Circular 19/2010/TT-BGDĐT.[18] In 2007, with the continuing support from the Friendship Bridge Nurse Group, the first Masters of Nursing program was commenced.[19]

As part of the requirement of the transnational agreement there was recognition of the need for regulation of the nursing workforce. The National Assembly of Vietnam passed the Law on Examination and Treatment in 2009, requiring all health-care workers to be accredited before practice.[17] Subsequently, in 2011, the MOH implemented an accreditation and licensing system for all health-care professionals. The registration through this system had indefinite validity and did not require licensure examination or renewal, rather, registration was granted once a nurse had practiced in one health-care agency continuously for 9 months.[20] Years later, this licensing system is still not considered uniformly effective as there is no recognized record of registered health workers in the country.[12,13] Recently, according to the National Assembly of Vietnam,[21] the Vietnamese government is in the process of revising the Law on Examination and Treatment, aiming to (a) limit the duration of all medical and nursing licenses to a fixed-term period instead of lifetime validity and (b) require a licensure examination for new or renewed registration. Such licensure examination is expected to be a standardized quality measure of graduate nurses across Vietnam. This revised Law on Examination and Treatment is anticipated to be in effect sometime in 2021[21] although anecdotal evidence suggests the implementation is not in place.

Apart from the focus on the licensing system, an important collaboration between the VNA and the Atlantic Philanthropy through the Queensland University of Technology, Australia in 2012 led to the promulgation of the policy document "Competency Standards for Vietnamese nurses." This development marked an essential shift in redefining Vietnamese nurses' scope of practice in education programs to reflect the standardized criteria of international nursing.[22] These standards led to a new governmental policy to require the transformation of the education sector to embrace a competency-based

curriculum.[23] Thus, there have been changes in pedagogical approaches, from mainly didactic teaching to the integration of peer, active/experiential and reflective teaching and learning approaches.[24]

As a result of the developments following the Mutual Recognition Agreement,[11] there was a significant surge in the number of nurses qualified for bachelor's and master's degrees. This improvement in the educational preparation of nurses contributed to their increased involvement in teaching the nursing curricula in the role of nurse educators as compared with that in 2000.[14,25–27] There was, however, still a substantial proportion of nurse educators who were neither educated as a nurse nor practiced nursing before teaching nursing students.[25,26] As nurse educators substantially shape student experiences through their role modeling behaviors,[28] the use of nonnurses to teach nursing programs can negatively impact students' development of professional identity and professional socialization into nursing.[25,26]

On the other hand, there is an improvement in the preparation for nurse educator roles over the years. While the preparation for nurse educators a decade ago was believed to be scarce,[14,29] nurse educators today reported to have received substantial preparation programs from their employers to undertake a teaching role.[25] Nevertheless, not all preparation strategies used for Vietnamese nurse educators were effective and indeed, some strategies were found to hinder their confidence in clinical teaching.[25] In the resource-limited context of a lower middle-income country, the use of preparation programs for Vietnamese nurse educators needs to be targeted and evidence-based to ensure these key players are well-equipped for their critical role.

4 | CONTEMPORARY NURSING IN VIETNAM

As of 2018, the current Vietnamese nursing workforce included approximately 110,000 nurses with almost two-thirds being female.[30] The nursing workforce is distributed disproportionately to the actual health-care needs of the population, in particular there is a lack of presence in remote and isolated areas.[31] This is the case for most health professionals. Approximately 55% of the Vietnamese nurses, 82% of pharmacists and 59% of physicians take care of 30% of the country's health-care needs and these are concentrated mainly in urban areas.[32,33] This issue is similar to other countries including China and Cambodia where most nurses predominantly seek employment in large urban areas.[3,33] Such employment preference continues to lead to health inequity throughout Vietnam while adding to the over-burdening of hospitals in large cities.[34]

In terms of the density of nurses in the population, the number of nurses per 1000 people in Vietnam increased from 1.021 (2008) to 1.226 (2013) and to 1.446 (2016).[35] This rise in nursing was steadier than that in medicine which recorded 0.66 physician per 1000 Vietnamese people in 2008, 1.18 in 2013 and 0.82 in 2016.[35] The increased ratio of nurses per 1000 people in 2016 also demonstrated an improved access to nursing services in Vietnam and compares favorably to other Asian lower middle-income countries like Cambodia (0.72 nurse in 1000 people), Indonesia (1.299) and Laos (1.03).[35] The rapid increase in access to nursing services in Vietnam necessitates an even more urgent focus on the quality and safety of nursing practice and the need to improve the overall quality of the national health-care system.[36] Vietnamese nurses are expected to deliver patient-centered care that requires not only knowledge of nursing science and clinical skills but cultural and spiritual competence.[37] Although the higher levels of education are in place for nursing and are anticipated to assist Vietnamese nurses meet these expectations,[37] the ever-changing population and the varying disease profiles in Vietnam require further advancements in the quality of nursing education programs.

Currently, the nursing workforce is comprised of nurses prepared at elementary (1-year), secondary (2-year), college (3-year), bachelor (4-year), and master degree (2-year). For many decades, the vast majority of the nursing workforce was qualified at only elementary and secondary levels.[9] During 2009–2013, the number of college/university-prepared nurses tripled (from 2736 to 7981) due to the increase in college and bachelor education providers.[17] Correspondingly, the number of elementary nurses decreased by approximately one-third from 8254 to 5339 owing to the discontinuation of elementary nursing education programs.[13] The secondary nursing programs were also believed to have ceased from 2018, and, the employment of nurses prepared at this level is anticipated to be discontinued from 2021 as directed in the joint circular 26/2015/TTLT-BYT-BNV.[38] These changes reflect the government's continuing efforts to improve the quality of the nursing workforce. Such sweeping changes will inevitably place pressure on the academic sector to provide sufficient places for the education and training for (a) thousands of practicing elementary/secondary nurses who wish to upgrade their qualifications to remain in nursing and (b), new nursing students who will be required to replace a large proportion of the workforce who obtained their elementary/secondary qualifications before the cut-off year. More nursing academics thus will be required to meet the increasing educational needs of the nursing workforce.

On the other hand, regardless of the different education levels of the current nursing workforce and major reforms in the academic sector, there has been little perceived distinction in the roles and responsibilities of nursing graduates both now and a decade ago.[38,39] The policy makers appear yet to recognize that nursing education programs now focus more on nursing science and values rather than the previous medical model. According to Huynh,[40] this lack of improvement in the recognition of the nursing scope of practice can be attributed to the involvement of multiple authorities in the regulation and management of education programs. More specifically, baccalaureate nursing programs have been governed by the MOH and Ministry of Education and Training while education at lower levels (i.e., college and secondary) have been governed by the MOH and the Ministry of Labor, War Invalids and Social Affairs.[40] Each of these ministries is in charge of different components of the nursing curriculum and that sometimes causes a self-inflicted impediment to their

own desire to expand Vietnamese nursing scope of practice.[40] Caught in this mismatch of educational needs and bureaucratic administration that does not understand the realities of nursing practice, Vietnamese nurses continue to report being dominated by physicians and not being able to practice to their full capacity in clinical settings.[41] If educational opportunity and system issues are not addressed, the seemingly low public status of nursing will be perpetuated. Much of this attitude to the nursing profession is due to the nature of a female-dominated workforce in a gender-stigmatized society like Vietnam, the entrenched hierarchical health system, and the limited education opportunities in the past.[7] Patient care and safety of the health system generally will be adversely affected should this situation continue. Nurses are less likely to pursue postgraduate education and/or continuing professional development in such a context yet these activities are essential for the improvement of patient care and the quality of the nursing profession.

5 | CONCLUSION

The Vietnamese government's development strategies are integral to the professionalization of nursing in Vietnam. The government and its relevant ministries have stimulated significant growth in both nursing education and practice in the last few decades, yet perhaps inevitably, the widespread changes have also presented numerous challenges to the profession. The reality is that nursing practice has been deeply influenced by the prolonged medical model and is yet to catch up with contemporary views of the nursing profession and dynamic nursing-focused curricula. Increasing both quality and quantity of nursing leaders with a background in nursing education and practice, who are able to truly understand the professional values and identity as well as the complexity of nursing practice, are required to enhance the coherence and consistence of the regulatory framework. Only when nursing policies are made with the participation and insider knowledge of nursing experts, will the advancement in nursing education be translated into nursing practice to benefit the Vietnamese population. Through this article, we hope to provide a reflective lens into the professionalization process of nursing in Vietnam to assist other countries that might also be experiencing similar historical challenges. Understanding the impact of each other's struggles and successes through the process of professionalization may help facilitate further transnational collaborations and partnerships to advance the global nursing collectively.

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CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

DATA AVAILABILITY STATEMENT

No data are available in this manuscript.

ORCID

Van Ngoc Bich Nguyen http://orcid.org/0000-0002-0982-2532
Anh Phuong Hoang http://orcid.org/0000-0002-9998-3523
Thi Thanh Huong Nguyen http://orcid.org/0000-0002-6468-4363
Huyen Thi Hoa Nguyen http://orcid.org/0000-0001-5836-0971

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