THE LIFESPAN OF NURSING EDUCATION IN CAMBODIA

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ABSTRACT
This paper aims to explain the lifespan of nursing education in Cambodia, which has been up and down for over 66 years. The journey of Cambodian nursing education is fulfilled by many challenges faced by nursing leaders in the country, including the challenges caused by the decades of civil war devastated Cambodian society. It takes high responsibility and needs more powers, skills, and commitments to produce competent professional nurses to fulfill the tasks in the clinical settings through nursing education, and it is characterized by the progress in responding societal needs of the society.

Keywords: nursing education, Cambodia, Asean community

INTRODUCTION
Over 66 years, nursing education in Cambodia has been turbulence based on the challenging issues, which has been up and down along the periods of the time. It took about 300 years after Angkor Wat Empire was built up. Nursing education is characterized with progress in responding to societal needs of the country.1 Decades of civil war devastated Cambodian society - its infrastructure, education and particularly the health system. Many health professionals and other intellectuals were murdered or forced from the country, and health professional schools were closed. While health services delivery has been improved, resulting in improved health care for the rural poor and the most vulnerable, with some of the worst human development indicators in South East Asia.

It is the responsibility of all nursing educators and leaders to shape nursing education to produce qualified nurse educators in order to produce nurse leaders and practitioners of tomorrow. Through carefully determined pedagogy and curriculum, nurse educators can engage students in important ways: ways that will fully prepare students to shape and partake in the emerging primary health care system, a system founded on respect, understanding and a keen awareness of the
social determinants of health. A system that will rely on nurses that know how to effectively lead change, and truly promote health, healing, and wellness in the diverse populations we serve.

HISTORY OF NURSING EDUCATION IN CAMBODIA

Cambodian has a long history of nursing education since 1950. Recognizing the importance of good nursing care to a patient’s well-being, the physicians initiated the courses for those who were interested in nursing.

The history of nursing is intertwined with the history of nursing education and nursing’s quest for a professional identity. Education has been vital in providing the knowledge, skills, and ability to give quality care to our patients, elevating nursing to a profession and gaining the respect of other professions. Physicians, while recognizing the need for nursing care, feared that if nurses were given too much education the nurse would supplant them. These were challenges that nurses needed to overcome. Given the enormous challenge, slowly, nurses have risen to the challenges. Thus, the profession of nursing was built.

This nursing educational history encourages understanding in defining professional identity in Cambodia. As such, it is relevant to current nursing practice. In so doing, it is needed to give a sense of professional identity, a useful methodological research skill, and a context for evaluating information.

Table 1 Historical Events in Nursing (milestones in the development of nursing)

| Year  | Description of education |
|-------|--------------------------|
| 1950  | First nursing school was founded 2 years general nursing course was commenced |
| 1960  | Nursing training curriculum was expanded to be a 3-year diploma program |
| 1975  | Nursing school closed down by “Khmer Rouge regime” |
| 1979  | Primary nursing started |
|       | Primary midwife course commenced |
| 1980  | 3-year program for secondary nurses and midwifery started |
| 1983  | 2-year bridge course for primary nurse to secondary nurses started |
| 1989  | 1-year primary nurse and primary midwife program were started |
| 1991  | 2-year anesthesiology course was introduced, and closed on 1999 |
|       | 1-year dental nursing course |
| 1994  | New 3-year nursing curriculum for secondary nurses started |
|       | New 3-year midwifery curriculum for secondary midwives started |
| 1995  | 3+1-year secondary nurse and midwife curriculum started. |
| 1997  | 2-year bridge course from primary to secondary nurse and midwife |
| 1998  | New nursing curriculum revised for ADN. |
|       | 1-year program of basic eye nurse started |
| 1999  | 1.5-year psychiatric/mental health nursing course was commenced |
| 2003  | 1-year program for nurse manager, closed 2006 |
| 2008  | Curriculum of bachelor of science in nursing (4-year program) |
| 2013 February | Bridging course from ADN to BSN (2-year program) started. |

NURSING EDUCATION SYSTEM

Public nursing schools are under the Ministry of Health, and private nursing schools and military schools are under Ministry of Education and Youth. Since 1950 until 1975, there was only one nursing school around Cambodia. After 1979, the Khmer Rouge Regime collapsed
and the new government started the improvement of infrastructures and education systems. Nursing education was the one, which the new government concentrated on and opened. By 1996, approximately 5 regional nursing schools were in operation in the country. These programs followed a fairly typical pattern. Each nursing school was either affiliated with or owned by a physician. Students received two to three years of training. While in the program students carried out the majority of patient care activities offered in the hospital, receiving only a modicum of classroom education in the form of lectures on patient care and related subjects. At the end of the educational program, students received a diploma and were eligible to seek work as a trained nurse. Currently, there have been 16 nursing schools in Cambodia.5

**NURSING EDUCATION CURRICULUM**

There are three types of nursing programs for students, such as primary nurse, Associate Degree in Nursing (ADN), and Bachelor of Science in Nursing (BSN). In addition, BSN is divided into two programs: (1) students hold diploma of general school, they take national entry exam to study 4-year program, (2) ADN’s graduates take national entry exam to enroll for 2-year program. Although, primary nursing program is not mandated to do national exit exam and registration. However, ADN and BSN are mandated to do national exit exam and registered for getting license to practice.6

*Primary Nursing Program.* This program offers 1-year academic program. The students require having diploma of general education. After 2 years of graduation, primary nurses can continue to associate degree in nursing program. The graduates of this program must continue in second year of ADN.7

*Associate Degree in Nursing Program.* Government and private universities offer associate degree in nursing programs, designed to be completed in three academic years by a full-time student whom has diploma of general education as required.7

*Bachelor of Science in Nursing.* There are two programs are conducted in Cambodia: 1) The 4-academic year program (full-time), for those who have a diploma of general school as required. Graduates are able to provide nursing care to individuals of all ages and families from diverse cultural backgrounds in any setting offering health care services. Health promotion, health maintenance, disease prevention and teaching are emphasized in all clinical settings. In addition, careful attention is paid to the skills needed in the treatment of the acutely ill, geriatric populations, and populations at risk.8 2) Bridging course program has been developed from associate degree in nursing to bachelor of science in nursing. This curriculum has been designed for 2-year program.

**NURSING EDUCATION ISSUES**

There are some issues in nursing education as follows: 1) In the current situation, mostly our nurse educators are ADN preparation; 2) There are two different types of faculty who teach at every nursing school. Most faculty members work part-time, but there is only the government nursing school that has more full-time faculty jobs. 3) Most nurse educators do not have extensive clinical experience, therefore, they cannot keep their own experiences, which lead to lack of effective clinical preceptorship for nursing students1; 4) With experience, nurse educators can be advancing to administrative roles, managing nurse education programs, writing or reviewing
textbooks, and developing continuing education programs for working nurses. Finally, the shortage number of faculty member is another concern.

In addition, as the Ministry of Health year 2001 mentioned that nurse educators must have higher degree than the class that they teach. In this regard, nurse educator is at least holding bachelor of science in nursing for teaching associate degree in nursing program, and at least holding master degree preparation to teach bachelor program.

CHALLENGES IN NURSING EDUCATION

Aligning education with clinical practice. As a critical component of the healthcare industry, the nursing profession must keep pace with changes in the healthcare system to insure the continued delivery of high quality, safe, and effective patient-centered care. To stay current, new nurses must be educated and equipped with relevant and appropriate competencies, knowledge, skills, and attitudes. The clinical learning environment remains the single most important resource in the development of competent, capable, and caring nurses.¹ It is almost the same statement with American Nurses Association, which stated, “The public has a right to expect registered nurses to demonstrate professional competence throughout their careers. ANA believes that it is the nursing profession’s responsibility to shape and guide any process for assuring nurse competence. Assurance of competence is the shared responsibility of the profession, individual nurses, professional organizations, credentialing and certification entities, regulatory agencies, employers, and other key stakeholders.” ¹⁰

Improvement of nursing educators. Quality education is dependent on well-prepared faculty members. Faculty development and faculty vacancies are critical challenges in nursing education. The nursing shortage poses a significant threat to healthcare delivery in the future. Insufficient capacity in nursing schools is a major contributor to the shortage of nurses and the shortage of nursing faculty is a major cause of the capacity constraints. In addition to increasing both quantity and quality the number of faculty members are able to incorporate evidence-based teaching practices more effectively and teach nursing students the skills that will be required. Nursing schools require faculty members who are experts in nursing education and who must possess the knowledge to serve in an advanced practice role. Furthermore, deans of schools of nursing are needed to complement these experts and act to create systems that value and reward expertise in nursing education. Finally, faculty members need to be prepared to retain clinical skills to guide nursing students to practice according to the school learning goals.

Promoting BSN, Master and PhD level. Across the nation, BSN nurses at each level of health care facilities are needed rather than ADN nurses. In order to achieve this promotion, each health facility has to facilitate nursing staffs, which they want to seek bridging course from ADN to BSN. Furthermore, the acceleration of baccalaureates to Master and PhD of Science in nursing programs is much needed. Therefore, expert nurses that can work at specialty areas of practice can exist.

Improvement of faculty shortage. The faculty shortage is very crucial. One of the challenges is that hospital directors may send some staff to nursing schools, and then those nursing schools teach those staff how to be clinical faculty members. This kind of academic practice exchange is gaining prominence in nursing education.
as a vehicle for bridging educational preparation and professional practice. Collaboration between academic institutions of nursing and hospitals or clinical agencies is a mean of solving critical problems facing educators and clinicians.\(^1\) They believe that academic-practice exchange can be an effective mean for helping to address workforce shortages and that policymakers should foster such partnerships.

*Regulation and laws.* A common thread of most approaches to nursing education involves existing laws and regulations. The reflection on language and cultural diversity are needed to develop understanding of values and beliefs.

**CONCLUSION**

As a part of the ASEAN economic community, Cambodia faces greater challenges to increase the quality of nursing education. Cambodian nursing education was started as 1-year program in 1950, and currently it has been upgraded to Bachelor of Science in Nursing.

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This study is the original work of the corresponding author.

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