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## International And Industry Partnerships Building Nursing Capacity In Thailand

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## Sealey, M., Rudd, C., and Churchouse, C. International And Industry Partnerships Building Nursing Capacity In Thailand

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### ABSTRACT

A newly formed partnership between Edith Cowan University, the Ministry of Public Health in Thailand, a College of Nursing and two major hospitals in Bangkok is building capacity within Thai Nurses to manage mental health problems and HIV/AIDS.

The partnership, funded through the AusAID Public Sector Linkages Program is developing and delivering these training programs in three phases. The first two phases support the development of the curriculum and planning for the course delivery, with Phase 3 being the delivery of a four month certificate course in each of the specialist areas, mental health and HIV/AIDS, to local Thai Nurses.

The program provides the opportunity for senior Thai Nurse Educators to gain insight into the Australian perspective of the relevant specialist areas as well as the broader Australian health system. Participants have then been able to review the course curricula and teaching methodologies, including additional and revised information and strategies as is relevant to the Thai health environment.

An integral component of the program is evaluation. Following completion of the courses, nurses will be followed up on return to their workplace, to assess the impact of the course on the work practices of nurses. The program evaluation will support better understanding of emerging issues for all program partners and provide a strong basis for refinement of the program for future delivery.

At the time of the ECU-COM 2006 conference, the program will be at the stage where the Thai nurses are completing the four month course. This paper will discuss the progress of the program to date, from the perspective of the Australian program partner.

### INTRODUCTION

“Schools of nursing and universities must become more integrated into world affairs and create innovative strategies designed to work cooperatively with colleagues in other parts of the world to adapt to the changing health care environment.”  
(Wright et al, 2005)

This quote accurately reflects the motivations behind the development of an international nursing partnership aimed at improving the knowledge and skills of Thai Nurses in meeting the needs of Thai people with Mental Health and HIV/AIDS problems.

There is now a growing body of interest amongst universities and regional communities in Australia in building relationships of mutual interest (Garlick & Langworthy n.d.).

Using networks already established within Thailand through the International and Commercial Office of the Faculty of Computing Health and Science, the School of Nursing, Midwifery and Postgraduate Medicine at Edith Cowan University identified an opportunity to value-add to Thai nursing education whilst maintaining the principles of capacity building to improve the health status of the Thai people.

The growth of HIV/AIDS in Thailand and the growing recognition of the impact of mental health problems and disorders on the community following such events as the Asian Tsunami in 2004, means that increasingly Thai nurses will need to have the skills to manage these issues no matter where they practice, in hospitals or in the community. This has a parallel to the discussion by Aoun, regarding the need to build capacity within rural and remote health workers in Australia to manage mental health problems in areas with no specialist services (Aoun & Johnson, 2002).

Mental health is a priority area for the School of Nursing, Midwifery and Postgraduate Medicine at Edith Cowan University. The World Health Organisation predicts that mental health problems and disorders will be responsible for 15% of the disease burden worldwide by the year 2020 (World Health Organisation 2001). So, while Australia has made a commitment under international human rights law to provide the 'highest attainable standard' of mental health care in Australia there remain significant deficiencies in the current system (Mental Health Council 2005; Nowrojee et al. 2005). Accordingly, Edith Cowan University also considered there was a key role to learn from, and support our international partners in this area of need, along with addressing the system capacity needs to deal with the growing problems of HIV/AIDS in Thailand.

As a result, Edith Cowan University, Praboromarajchanok Institute of Health Workforce Development, Boromarajanoni College of Nursing Chang Wat Nonthaburi, Sritanya Mental Health Hospital and Bamrasnaradura Infectious Diseases Institute prepared a joint proposal to AusAID, the Australian Government aid program, to develop and deliver training programs for Thai nurses in Mental Health Nursing and HIV/AIDS Prevention and Holistic Care.

It is important that whilst the Australian partners contribute knowledge and support to the program, the Thai partners must develop and deliver the training programs within the context of Thai culture. Western paradigms and theories have the potential to conflict with Thai cultural concepts and should be reframed to meet the needs of the Thai Nurses (Ekintumas, 1999). Thus the main aim of ECU's participation was to mentor and support the Thai Nurse Educators delivering the program.

#### THE ASIA PUBLIC SECTOR LINKAGES PROGRAM –AUSAID AUSTRALIA

The Australian Government and the AusAID program endeavours to provide assistance to build capacity in partner countries in a variety of areas including that of health care. In Thailand, HIV/AIDS and mental health have been identified as high priority health areas. The Asia Public Sector Linkages Program provided the appropriate framework for the program partners to achieve the desired outcomes and believed that these outcomes were congruent with the aims of AusAID.

“The Asia Public Sector Linkages Program (APSLP) aims to improve public sector capacity for governance and management for nationally determined development outcomes in selected partner Asian countries.” (Australian Government 2006)

The Asia Public Sector Linkages Program intends to achieve its aims by: transferring capacity-building skills and expertise to their public sector counterpart institutions in partner countries; and supporting the strengthening of sustainable, development-focused public sector bilateral and regional linkages.

Edith Cowan University along with its Thai partners, Praboromarajchanok Institute of Health Workforce Development, Boromarajanoni College of Nursing Chang Wat Nonthaburi, Sritanya

Mental Health Hospital and Bamrasnaradura Infectious Diseases Institute successfully applied for funding through the APSLP to develop and deliver training programs for Thai nurses in Mental Health Nursing and HIV/AIDS prevention and holistic care.

## PROGRAM PHASES

The program has been delivered in 3 phases. Phase 1 was the recruitment of Thai Nurse Educators to the program and the development of the curriculum. Phase 2 was a visit by the Nurse Educators to Perth Western Australia aimed at providing a broader overseas perspective in both of the content areas. Phase 3 was the actual delivery of the training course to Thai Registered Nurses, supported by consultants from Edith Cowan University.

### **Phase 1 – Recruitment of Nurse Educators and Curricula Development**

Phase 1 was coordinated by Boromarajanoni College of Nursing Chang Wat Nonthaburi. The first step was to recruit the Nurse Educators who would write and eventually coordinate and deliver the training programs. The content areas of HIV/AIDS and mental health were criteria considered as part of the recruitment process as well as the applicant's ability to speak and write in the English language, as these training courses were being treated as international courses due to the Australian partners.

The recruitment process resulted in 11 Nurse Educators being recruited from Boromarajanoni College of Nursing Chang Wat Nonthaburi and Bamrasnaradura Infectious Diseases institute to develop and deliver the HIV/AIDS training program and 10 from the College of Nursing and Sritanya Mental Health Hospital for the mental health program.

The Nurse Educators, then working within their respective HIV/AIDS and mental health teams developed the draft curricula for the two courses.

It is to be noted that the Nurse Educators whilst supported by their respective institutes to participate in this training program, continued to work at their substantive positions and on many occasions had more than a full time work load, demonstrating their commitment to this program.

### **Phase 2 – Overseas visit**

In June 2006, 20 of the Nurse educators visited Perth, Western Australia and were hosted by Edith Cowan University, School of Nursing, Midwifery and Postgraduate Medicine.

The program for this visit was developed following;  
Review of the draft curricula received from the Thai Nurse Educators;  
Discussions and suggestions from the Edith Cowan University consultants including the Project Coordinator and content experts in mental health and HIV/AIDS; and  
Suggestions from Thai postgraduate nursing students currently enrolled at Edith Cowan University in PhD studies.

Following the above consultation it was considered important to provide a framework for the visitors to allow them to understand the structure of the health system and nursing as a profession within Australia. This would then allow a better understanding of the content areas of HIV/AIDS and mental health when viewed within that framework.

Topics and health services included in the program were;  
Psychiatric hospitals and clinics;

- Mental health hospital in the home programs;
- Crisis care in mental health
- Western Australian AIDS Council;
- Pre and post test counselling for HIV/AIDS testing;
- Immunology clinics;
- Hospital in the home programs;
- The Australian health system;

- Nursing careers and roles in Western Australia;
- Curriculum development and student assessment.

### **Observations from Overseas Visit**

Many of the Thai Nurses who have visited Western Australia in larger groups have been undergraduate students, and along with the youthful appearance of the Thai Nurse educators (which belied their level of experience) set up a perception with the local health personnel that the Thai visitors were junior nurses.

The Thai Nurse Educators who participated in the program were highly educated nurses most of whom had attained Masters level education, with three PhD Nursing Doctorates in the group. Along with the Nurse educators from the College of Nursing, who are responsible for undergraduate nursing education, Sritanya Mental Health Hospital and Bamrasnaradura Infectious Diseases Institute are leading Thai hospitals in the areas of mental health and infectious diseases respectively.

Whilst the overall Thai health care system may not be as well resourced as that in Australia, this is not a reflection of the capacity of the staff within the system.

This had to be clearly spelt out to the local Government and non-Government partners who assisted in the Perth program. Perth hospitals, clinics and non-government organisation were very pleased to support the program, either arranging for the Thai Nurse Educators to visit their services or by providing a speaker. However, the Perth coordinators needed to be very explicit about the level at which the lecture or visit needed to be conducted. Whilst a tour of a tertiary hospital could be very interesting, the requirements of this program were much more in depth as these nurses have had frequent exposure to highly technical hospital settings in their own health system. Some of the visits did turn into hospital tours and caused the Nurse Educators some degree of frustration, however they used the experience to provide the background framework discussed above.

The English language capacity of the Nurse educators also provided some challenges. Several of the Nurse Educators had attended an intensive English language course, just prior to visiting Perth and approximately one quarter of them had lived outside of Thailand and had extensive experience in speaking and comprehending English. This ensured a basic level of communication, but some of the finer details had the potential to be 'lost in translation'.

To optimise the exchange of information with the Western Australian health services, we provided some basic guidelines for speakers. These included speaking slowly, allowing frequent pauses and seeking explicit acknowledgement of understanding. Where some of the concepts did not appear to be understood, we sought translation from one of the more English proficient Nurse Educators.

### **Phase 3 – Delivery of Training Programs for Thai Nurses in Mental Health Nursing and HIV/AIDS Prevention and Holistic Care**

Following their return to Thailand, the two immediate tasks required to progress this program were the recruitment of the Training Program participants and submission of the curricula to the Thai Nursing Council for approval.

Approval from the Thai Nursing Council was sought to ensure that participants would gain credit points for successfully completing these training programs. These credit points contribute to their professional development portfolios and can support the nurse with career advancement, additional pay allowances etc.

### **Recruitment of Participants**

Due to the timelines involved in the APSLP and the forward workforce planning in the Thai health system, the advertising of these two training courses was not optimum. The gap between advertising and course commencement did not leave adequate time for nurses to be relieved from current duties. This effected the initial enrolments into the courses. At the commencement of the

Training Program there were 27 participants enrolled; 11 in the HIV/AIDS course and 16 in the Mental Health course. The program was able to accept up to 40 participants, 20 in each content area.

At the official opening of the Training Programs by the Permanent First Secretary of the Ministry of Public Health, Dr Prat Boonyavongvirot, the content and collaborative nature of the program impressed Ministry officials so much that they endeavoured to increase enrolments where possible. By the end of the second week of the training program, enrolments had increased to 12 in the HIV/AIDS group and 19 in the Mental Health group, giving an overall total of 31 participants.

The participants, who are all Registered Nurses, come from all over Thailand and range from new graduates with only one or two years experience through to skilled senior nurses. This range was also reflected in their previous experience in the Training Program content areas. Some had no experience in Mental Health nursing, whereas one participant is a Head Nurse of an infectious diseases ward with much experience working with patients with HIV/AIDS.

Due to the international nature of this course and the decision to deliver the lectures in English, recruited participants were encouraged to attend a two week intensive English course help immediately prior to the commencement of the training programs. At the commencement of the training program, the ECU consultants had concerns about the participants' ability to comprehend English lectures. However over the next four weeks the English skills of the nurses improved dramatically.

### **Training Program Timetable and Delivery**

The training programs for both mental health nursing and HIV/AIDS prevention and holistic care were to be four months in length. Whilst there have been many short term post graduate nursing courses of up to two weeks duration in the past, this was the first longer term course in Thailand for these content areas.

The training programs commenced on 15 August 2006 with the official opening discussed above and the first four weeks of the program were mainly lecture based. During these first four weeks, the ECU consultants attended the Boromarajanoni College of Nursing, Nonthaburi, in Thailand where the training programs were delivered. The ECU consultants provided practical and mentoring support for the Nurse Educators preparing to deliver the lectures in English. The support included the areas of subject content, English language skills and teaching and learning skills.

The ECU consultants also delivered guest lectures in areas of content specialty, which not only gave the participants a broader view of the subject area but also honed their skills in comprehending English with a non-Thai accent.

Both the Mental Health and HIV/AIDS curricula included a section on Health Policy and Nursing. These subjects were delivered concurrently to both groups, early in the classroom based section of the program.

The training program was a mixture of theoretical, classroom based lectures, practicum placements in specialist areas, site visits to services relevant to the theory base and community project work.

The ECU consultants again visited Thailand for the last four weeks of the course. At this stage of the training course the nurses were participating in site visits, collecting information for and completing their community based projects in either subject area. Where possible the ECU consultants accompanied the groups on site visits, many of which were some distance from Nonthaburi.

## **Site Visits**

The Thai Nurse Educators had organised a comprehensive program of site visits to consolidate the theoretical basis for the participants.

From an Australian perspective, site visits to clinical areas such as mental health and HIV/AIDS, had the potential to be complicated with privacy issues. It was interesting to observe that this did not present an issue for the Thai people, particularly patients, who were more than willing to share extensive information with the participants. At a regional hospital in north-western Thailand, the ECU consultant observed the group of 12 HIV/AIDS training participants, sit in the waiting area of an 'Anonymous' clinic for all types of infectious diseases and informally approach and interview patients. These patients were quite willing to discuss such personal issues as their CD4 counts, their sexual practices and the strategies they were using to optimise their own health. The participants and ECU consultant also observed a strong volunteer movement, of people infected with HIV/AIDS volunteering as role models in the community as well as facilitating access to health care for those in need and coordinating patients at the local hospitals.

Community development and empowerment were strong themes of the training program for both subject areas. On a site visit to communities affected by the 2004 Asian Tsunami in the Khao Lak Province in southern Thailand, the Mental Health Nursing group visited community health services and communities to observe the steps taken for recovery. Along with the obvious loss of life and displacement caused by the Tsunami, mental health issues were a less obvious sequelae to the disaster. Strong examples of community empowerment, action and development were observed. Community leadership was demonstrated by the local 'head men' who are community leaders in Thailand and by the monks at the temples. Much of this leadership and pro-activity came to the fore at a time when such shocking events can cause bureaucratic paralysis. Programs such as fishermen rebuilding their own fishing fleet, relocating and rebuilding homes lost in the wave, utilizing local crafts to increase income whilst traditional industries were re-established were all observed to be supporting and promoting the esteem of the local people involved.

This strength of community development seemed remarkable to the ECU consultant when compared to the Australian experience, but appeared a matter of course for the training program participants. This may reflect the much stronger sense of community that appears to be part of Thai culture and the relative expectation of the availability of resources that the Thai and Australian people would expect in times of crises. Whilst this is not to minimize the impact of such disasters, the Thai people appear to have a high degree of resilience.

## **HIV/AIDS Prevention**

The Training Program had the title HIV/AIDS Prevention and Holistic Care. Whilst there was a strong emphasis on holistic care of patients with lectures and information on community development, complementary therapies, palliative care etc, the ECU consultant did not observe a strong theme on prevention. Most of the HIV/AIDS visits and experience were hospital based, even community programs like Hospital at Home were outreach from the hospital. Whilst there were prevention messages at the hospitals such as condom distribution, much of the focus on the health promotion activities were on people with HIV/AIDS keeping as well as possible. This may be a reflection of the prevalence of the disease in Thailand and the burden it has on the health system. It also may reflect the allocation of health activities in Thailand; whilst most of the hospital site visits mentioned the non-government sector, their specific activities and responsibilities were not clearly discussed. To provide a broader, whole of health perspective for the training program participants, it would be recommended that the non-government sector and community prevention programs be given a higher profile within the program.

## **EVALUATION**

The impact of this program on the ongoing practice and experience of the participants will be evaluated. At the time of writing this paper, the training course was in its final four weeks with the first stage of the evaluation to take place at the completion of the training program.

The evaluation will also be used by the Thai partners to adapt the training courses, to improve and refine the curriculum for future delivery. It is proposed that these courses be run on an annual basis, with support being supplied remotely from ECU as opposed to having consultants on site as has occurred in this inaugural program.

## INTERNATIONAL PARTNERSHIPS

As with any interaction between different cultures, there are always opportunities and at times challenges.

On the visit to Perth, the Thai Nurse educators were very interested in the discussions regarding curriculum development. They requested additional time on this subject and the content specialist spent time working with the specific curriculum and advising how it could be restructured. Local content specialists had some concerns regarding the level of assessment that was built into the curriculum; from an Australian perspective there appeared to be a large number of assessment activities in proportion to the duration of the course. However following lengthy discussions with the Nurse Educators it was very clear that this level of assessment was the norm for Thai nursing education. This was also supported with informal discussions with the training program participants once in Thailand.

When the ECU consultants visited Thailand for the commencement of the training programs, the hospitality of our hosts was overwhelming. We were at all times treated as 'special guests' and were invited to attend several official nursing functions. This excellent hospitality was greatly appreciated by the ECU consultants. As the consultants were very mindful of their roles of supporting their Thai Nurse Educator colleagues, it seemed at times that the role of 'special guest' reduced the ability for the consultants to be part of the team, thus not optimising the use of the ECU consultants. Offers of assistance with project management, coordination, financial management and the like were always gratefully acknowledged but were never taken up. In future similar projects, it would be recommended that the potential role of consultants be clearly articulated and understood. This could have the benefit of building capacity in project management and delivery, aspects of program delivery that are often taken for granted.

The ability of the ECU consultants to be working side-by-side with the local nurses has allowed far greater insight into the formal and informal Thai health systems. This increased insight will support better understanding so that potential future projects can focus in areas where international partnerships are more likely to succeed. This 'on the ground' experience of the ECU consultants has also provided exposure to disease profiles such as HIV/AIDS that are very different from the disease profile in Australia, again allowing much better understanding of health strategies that differ from the Australian experience.

Strong networks have been developed as a result of the training programs. The local partners have a much greater appreciation for the level of expertise and skills of their colleagues particularly between the College of Nursing and the partner hospitals. This was observed during the practicum placement of the participants, where the knowledge and expertise of both Nurse Educators and ward staff was strongly demonstrated in the mentoring of the participants. This provides a good framework for future collaborative activities to improve the knowledge and skills of Thai nurses.

The relationship between ECU and the Thai partners has also been strengthened; again with a greater appreciation of the experience and knowledge that all parties have brought to the program. ECU has built on its previous experiences in Thailand and now has added local post graduate nurse training to its portfolio. Through this program ECU has had interactions with the Thai Nursing Council and the Praboromarajchanok Institute of Health Workforce Development and has appreciated their support for these training programs



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