

HOW DOES TYPE OF TRAINING INSTITUTION AFFECT NURSES' ATTITUDES AND JOB CHOICES?

POLICY BRIEF

MARCH 2016

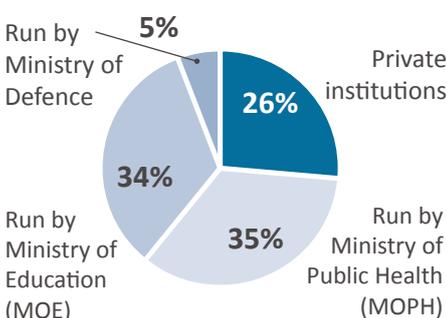
Key points

- There has been rapid growth of the number of private nurse training institutions in Thailand; however, the extent to which these institutions will help relieve nursing shortages in public facilities and rural areas is unknown.
- RESYST research has found that privately trained nurses are less likely to work in the public sector compared to those who trained in public schools, with only a third intending to do so upon graduation.
- There is no difference between public and privately trained nurses in their attitudes towards working in rural areas; however, those who trained in public institutions were better prepared to work in rural areas.
- Rural upbringing and local recruitment to nurse training programmes are associated with a more positive attitude towards working in rural areas.
- Nursing schools should continue to selectively recruit students from rural areas, and ensure that curriculum content and training experiences improve students' knowledge of, and attitudes towards, rural areas.

Background

In Thailand, one of the greatest human resources for health challenges is the recruitment and retention of nurses to public facilities in rural areas. Nurses play an essential role in the provision of primary health services, and shortages in rural areas impedes access to services for many people, as well as creating disparities in health outcomes between urban and rural populations.

The demand for nurses in Thailand has increased markedly since 2008 when the government implemented the Universal Health Coverage policy. With the population growing older and living longer, demand is likely to rise further, and the Thailand Nursing and Midwifery Council estimate that there will be a shortage of 50,000 nurses by 2020. In recent years there has been a rapid proliferation of private nursing schools to respond to increased demand, and they now constitute more than a quarter of all training institutions.



However, questions remain as to whether private schools will help address the problem of nurse shortages in public facilities and rural areas. RESYST researchers have sought to identify differences between public and private training institutions with

regards to students' intention to work in public services after graduation and their attitudes towards rural areas. They compared the responses of more than 3,300 students from 36 institutions. The main characteristics of these institutions are shown in Figure 1.

Figure 1: Characteristics of public and private training institutions in Thailand

	Public institutions (MOPH and MOE)	Private institutions
Admission (targeting rural recruitment)	Admission criteria for MOPH schools favours students from remote areas	Do not recruit students from remote areas
Financing	More than 60% of budget is from government, followed by 27% from tuition fees	92% of funding is from tuition fees
Teaching methods	Mostly classroom-based learning	Mostly classroom-based learning
Curriculum	Reviewed every 5 years; limited focus on health system topics	Reviewed every 5 years; limited focus on health system topics
Staff	43% of staff at MOE institutions hold a doctorate degree compared with 10% at MOPH institutions; criteria for staff dependant on education, not (rural) work experience	14% of staff hold a doctorate degree; criteria for staff dependant on education, not (rural) work experience
Student competency	49% (MOPH) - 60% (MOE) of students passed national licence exam at first sitting	30% of students passed national licence exam at first sitting
Attrition	5-10%; mainly due to desire to change institute	5-10%; mainly due to poor academic performance

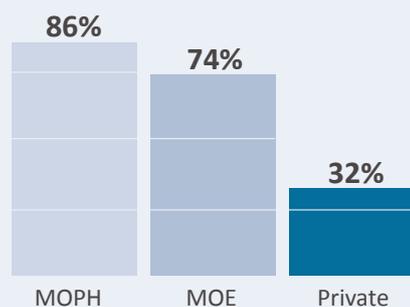
Research findings

Nurses' job intentions

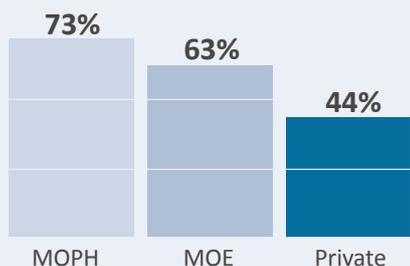
- Publicly trained nurses are more likely to choose to work in the public sector, both immediately after graduation and up to 5 years after graduation, with those trained in MOPH schools most likely to work in the public sector (see Figure 2).

Figure 2: Nurses' intentions to work in the public sector

Immediately after graduation



5 years after graduation



- Less than one third of students from private schools plan to work in the public sector after their graduation, although the number increases to 44% 5 years after graduation.
- This may be because public nursing students are trained exclusively in public hospitals, whereas private students have experience in both public and private hospitals. It may be that nurses feel more familiar working in environments that they are used to.

- For private sector graduates, income is a factor in their preference to work in (better paid) private facilities. This might be because they had higher expenses and tuition fees compared to publicly trained students.

Attitudes towards working in rural areas

- Nurses' attitude towards working in rural areas is a strong predictor for their intention to work in rural areas.
- There is no difference between nursing students who trained in a public or private institutions, with regard to their attitude towards working in rural areas.
- However, a larger proportion from students from public schools agreed with the idea that they were prepared, and inspired, to work in rural areas through their training.

Factors affecting nurses' choice to work in rural areas

- Rural upbringing and entering the nursing education program through local recruitment were associated with a more positive attitude towards working in rural areas.
- This finding is similar to that of research on doctors in Thailand, where it was found that students admitted to medical schools from rural backgrounds preferred to work in community hospitals in rural areas.

Policy recommendations

For all nursing institutions

Admission/recruitment policy:

- Nursing schools should continue to selectively recruit students from rural areas. Rural recruitment has been recommended by WHO as an effective strategy to address rural retention, and this study provides further evidence for this.
- Local training and placements in students' hometown would also help retain nurses in rural areas.

Curriculum development:

- Curriculum content and training experiences should be more focused on influencing students' attitudes towards rural areas by providing more exposure to rural practice and environments.
- The curriculum should also be revised to include health system topics such as health equity, health policy, cultural sensitivity and evidence-based practice.

Faculty development:

- Experience of working in rural and community practices should be an important criteria for recruiting new teaching staff.
- All nursing schools should design and implement a mandatory continuous professional development programme that is relevant and responsive to the evolving health-care needs of the population.
- MOPH schools need to build capacity of their current staff and attract newly qualified staff, in order to meet the criteria of educational standards.
- Private institutions should also improve the quality of teaching staff in line with those at government funded nursing schools.
- All types of nursing schools face challenges in maintaining staff, including an aging workforce, and high attrition rates. Thus, better planning and strategies are required to maintain staff levels and to retain current teaching staff.

For the Ministry of Public Health

- Government or employers (e.g. local hospitals) should provide scholarships for students from rural backgrounds and seek to collaborate with both public and private schools to promote nurse production for rural areas.
- MOPH should take a role as a national focal point by indicating the demand for nurses in rural areas nationwide.

About the brief

This policy brief is based on research carried out as part of the RESYST health workforce theme, which looks at the role of the private sector in addressing human resource constraints in Thailand, India and Kenya.

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Further resources

- Reynolds J et al (2013) The role of the private sector in the production of nurses in India, Kenya, South Africa and Thailand: a review of the literature. *Human Resources for Health* 2013 11:14
- Srisuphan W, Sawaengdee K. Recommended Policy-Based Solutions to Shortage of Registered Nurses in Thailand *Thai Journal of Nursing Council* 2012 27 (No.1 Jan-Mar): (in Thai).

<http://resyst.lshtm.ac.uk>

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