

PUBLIC AND PRIVATE NURSING SCHOOLS IN THAILAND

ROLE AND CONTRIBUTIONS IN A DYNAMIC HEALTH SYSTEM

POLICY BRIEF

DECEMBER 2016

Key messages

- Demand for nurses is growing in Thailand, and private nursing schools have the potential to increase the number of available nurses.
- Publicly trained nursing students are more likely to choose to work in the public health sector immediately after graduation, especially nurses who were trained in Ministry of Public Health run schools. Only one third of private nursing students plan to work in public sector.
- There is no difference between public and privately trained students in terms of their preference to work in rural and remote areas. This is more dependent on nurses' individual characteristics, e.g. whether they lived or received training in a rural area.

Private nursing schools now make up one quarter of all nurse-training institutions in Thailand and can help to reduce shortages in supply. However, students from private schools are less likely to work in the public health sector, with up to two-thirds stating a preference to work in private hospitals, located in predominantly urban areas. Both private and public training institutions can introduce new measures to attract nurses to work in rural and remote areas.

Background

The demand for nurses has rapidly increased in Thailand due to aging populations, higher levels of chronic disease and net migration. The Thailand Nursing and Midwifery Council has projected a shortage of 50,000 nurses by 2020 [1].

As the demand grows, private nursing schools have the potential to play an important role in producing qualified nurses. In 2006, one in five new nurses graduated from private nursing schools, increasing to one in four in 2012 [2].

Although private nursing schools help to increase the stock of nurses available to work in Thailand, it is not clear whether they help to relieve nurse shortages in rural, remote or hardship areas and contribute to the public health system.

RESYST researchers set out to address the following questions:

1. What are the regulatory and policy environments of nursing education in Thailand?
2. What are the characteristics of public and private institutions, and how do they differ?
3. How does type of institution affect students' attitude, job choices, and self-assessed competencies?

The research methods included: a descriptive, comparative, cross-sectional sample survey of more than 3,300 students from 36 nurse training institutions; key informant interviews; document analysis; and, an institutional survey.

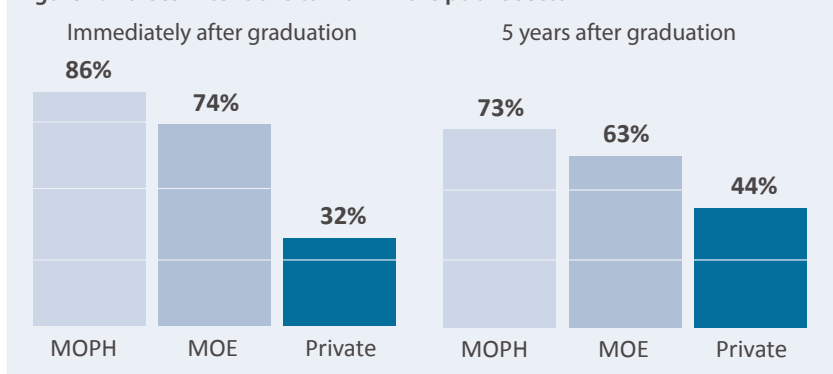
Key findings

1. Characteristics of public and private nurse 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

2. Nursing students' attitude, job choices and competencies

Figure 1: Nurses' intentions to work in the public sector



- Publicly trained nurses are more likely to choose to work in the public sector, especially nurses who were trained in MOPH schools (figure 1). Only one third of private nursing students plan to work in public sector. This may be because public nursing students are trained exclusively in public hospitals and feel familiar with working in these environments.
- For private 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

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

Factors affecting nursing students' 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 like 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 [3].

Self-assessed competencies

- Private nursing students reported higher competency levels than public nursing students, although only marginally. Based on two main competencies identified through factor analysis (Public health competency and Clinical competency), private nursing students reported significantly higher levels of competency.
- This may be because private students had opportunities to work in more diverse environments, ranging from sub-district health centers to tertiary hospitals, and in both public and private settings. This helped expose them to a wide range of health cadres, and health service systems.
- Despite self-assessed competencies of privately trained graduates being higher, they performed less well in national nursing exams than publicly trained nurses, with a smaller proportion passing the exam first time.

Policy recommendations

For all nurse institutions

Admission/recruitment policy:

- Nursing schools should continue to selectively recruit students from rural areas. This study provides further evidence that rural recruitment is an effective strategy to address rural retention
- Local training and placements in students' hometown would also help retain nurses in rural areas.

Curriculum development:

- Curriculum content and training experiences should focus more on influencing nursing students' attitude towards rural areas by providing more exposure to rural practice and environments, different levels of health systems, and both public and private settings.
- The curriculum should also be revised to include health system topics such as health equity, health policy and cultural sensitivity.

Faculty development:

- Experience of working in rural and community practices should be an important criterion for recruiting new teaching staff.
- All nursing schools should implement a mandatory continuous professional development programme, which is relevant and responsive to the evolving health-care needs of the population.
- Public schools need to build capacity of their current staff and attract newly qualified staff 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. 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.

References

- Srisuphan W and 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).
- AAAH. The 6th Asia Pacific Action Alliance on Human Resources for Health (AAAH) Annual Conference, Capacity Building for HRH Management and Development to Support Universal Health Coverage. Cebu 2011.
- Thammatacharee N, Suphanchaimat R, et al Attitudes toward working in rural areas of Thai medical, dental and pharmacy new graduates in 2012: a cross-sectional survey. Human Resources for Health 2013, 11:53.

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