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## Expert discussion

# Closing the gap in nursing education: Comparing nursing registration systems in Australia and China

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## ABSTRACT

**Aim:** To provide a better understanding of how the nursing registration process in China compares to that of Australia and to identify common features and potential barriers that may affect or facilitate the development of China's ever-demanding need for healthcare and nursing education.

**Background:** Chinese nursing graduates are increasingly being used to augment the shortage of nurses in other countries, including Australia. However, China is desperately in need of strategies to cope with its current challenges in healthcare and nursing education. There is little discussion concerning the differences in nursing registration systems between countries, such as China and Australia. It is unknown how the differences and potential similarities of nursing registration systems in these two countries contribute to or impede nurses' training in China; or the potential for these Australia trained Chinese nursing returnees to cope with the challenges China is facing.

**Evaluation:** Using Bereday's four steps comparison method, this paper will describe, explain, compare, and contrast the nursing registration systems of Australia and China.

**Key issues:** Differences were found in the qualification requirements for: (1) initial registration, (2) levels of registration, (3) continuing professional development, (4) requirements of the registration renewal process, and (5) whether each country has a national nursing registration system. These factors may affect nursing education and healthcare development in China.

**Conclusions:** Although differences in the nursing registration process between Australia and China were identified, the insights gained from this study support the development of strategies to help with China's ever-demanding need for nursing education and healthcare development, thereby alleviating its nursing shortage.

**Implications for nursing management:** The implications of globalization of nursing education, research, and clinical practice, coupled with the nursing shortage on a global scale, have demanded increasing attention on the development of a high standard for nursing education that supports a safe and effective nursing workforce. This paper argues that there is value in nursing authorities, educators, and legislators working together in a network of collaborative engagement to support nursing education, thereby alleviating the nursing shortage on a global scale.

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## 1. Introduction

The growing phenomenon of globalization and transcultural nursing,<sup>1–3</sup> linked with the predicted nursing shortage, poses challenges for health care provision on a global scale.<sup>4,5</sup> Nursing shortages have been associated with increased patient mortality,<sup>6</sup> workplace injury, staff turnover, and higher levels of stress.<sup>7</sup> In

Australia, there will be an estimated shortage of approximately 1,09,000 nurses by 2025. International recruitment of foreign nurses is viewed as one strategy to address this problem. Currently, overseas-born nurses constitute one-third of the nursing workforce in Australia, and this percentage is expected to increase<sup>8</sup> as a result of the national workforce policy.<sup>9,10</sup>

China is an increasingly important source of nursing export to Australia to help alleviate the projected shortage.<sup>9,11</sup> In addition to the import of trained nurses, a significant number of international students are also being enrolled in nursing programs at Australian universities.<sup>1</sup> China is noted to be the country of origin for the single

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largest group of international students in many Australian educational institutions.<sup>12</sup> According to the data of Australian Department of Education on international student enrolments,<sup>13</sup> Chinese students were the largest single group of international students as a whole and, similarly, comprised the largest number of international students studying nursing in Australia.

However, China, similar to Australia and other countries, is also experiencing nursing shortages. There are increasing demands on China's health market for more and more qualified nurses because of the aging population with increasing needs for care; however, the capacity of the Chinese education system to train and certify high quality nurses in China is extremely lacking.<sup>14,15</sup> Many Chinese nurses lack professional competence as a result of limitations in nursing schools. These limitations include unqualified teaching faculties and outdated teaching approaches and materials.<sup>14,16–18</sup> For example, nursing practice focuses on disease treatment rather than disease prevention and health rehabilitation; the nursing curriculum uses a biomedical model instead of a nursing-oriented model, and it lacks the use of an evidence-based approach, standardized curriculum, and adequately resourced research opportunities; because of the lack of employer-funded professional development for nursing staff, the heavy workload, and outdated public perceptions of nursing roles, few people are interested in studying nursing, and nursing retention rates are generally low.<sup>19–22</sup>

All of these factors limit the development of nursing in China. Wang et al<sup>14</sup> estimated that there was a shortfall of 3,46,000 nurses in China in 2012 and noted that there was an “extreme shortage of well-educated nurses and those with advanced professional titles”.<sup>14</sup> Globalization has implications for nursing education, research and clinical practice.<sup>2</sup> Coupled with the global nursing shortage, the development of nursing education to support a safe and effective nursing workforce has drawn increasing attention.<sup>14,16,17,19,23–25</sup> Chinese nursing graduates are increasingly being used to augment the shortage of nurses in other countries including Australia; however, China is desperately in need of strategies to cope with challenges it is currently facing in healthcare and nursing education. Although many issues have been identified in the literature regarding barriers to facilitating nursing and nursing education in China,<sup>14,16–18</sup> there is little discussion concerning the differences in nursing registration systems between countries such as China and Australia. It is unknown how the differences and potential similarities of nursing registration systems in the two countries contribute to or impede nurse training in China or what the potential is for these Australian-trained Chinese nurse returnees to cope with the challenges China is facing. This paper aims to provide a better understanding of how the nursing registration process in China compares to that of Australia and to identify common features and potential barriers that may affect or facilitate the development of China's ever-demanding healthcare and nursing education.

## 2. Evaluation

The Bereday's four steps comparison method<sup>26–28</sup> is used in this paper to compare these two countries' nursing registration systems through document review. The comparative method has been adopted as the core method in the field of comparative education and educational research,<sup>29,30</sup> and “comparative perspectives are seen as most likely to render the essential common language required for academic discourse in an intercultural context”.<sup>31</sup> In his book, *Comparative Analysis in Education*, Bereday<sup>27</sup> set out a four-step method for a comparative study: (I) Description, (II) Interpretation, (III) Juxtaposition, and (IV) Comparison. Bereday's

explanation of the four steps was perfectly illustrated by Lor<sup>32</sup> in Fig. 1.

Existing data from the two countries' nursing registration systems were described individually in the first step (Description); then, the data were further interpreted and evaluated in the second step (Interpretation). Data from each country were compared to establish similarities and differences in the third step (Juxtaposition), and a simultaneous analysis was conducted based on the comparison in the fourth step (Comparison).<sup>33</sup>

### 2.1. Description

#### 2.1.1. Australian nursing registration system

The National Registration and Accreditation Scheme<sup>34</sup> for health care practitioners was established by Australia's state and territory governments and commenced on July 1, 2010. It is governed by the Health Practitioner Regulation National Law.<sup>35</sup> The NRAS aims to protect the public by ensuring that only suitably trained and qualified practitioners are registered to practice health care in Australia. The Australian Nursing & Midwifery Accreditation Council<sup>36</sup> is responsible for protecting the health and safety of the Australian community by ensuring a high national standard of nursing and midwifery education through certification of educational programs in nursing and midwifery. Nurses and midwives who complete the education programs accredited by the ANMAC are qualified to register with the Nursing and Midwifery Board of Australia<sup>37</sup> and are bound by the professional code of conduct to practice safe competent health care across the domains of nursing practice. The NMBA is responsible for the registration and regulation of nurses and midwives under the national law. In other words, to work as an enrolled or registered nurse in Australia, a person must have completed an ANMAC approved diploma or degree course in nursing and register with the NMBA via the Australian Health Practitioner Regulation Agency.

According to the AHPRA,<sup>38</sup> there are currently three levels of nursing registration in Australia: (1) Enrolled Nurse (EN): An EN requires 12–18 months of full-time or equivalent part-time study for a Diploma of Enrolled Nursing in Australia. An EN provides care to patients across a range of clinical settings under the supervision of a registered nurse. An EN can progress to a registered nurse by way of successful completion of an ANMAC recognized program of study at an accredited university. However, an EN is usually given recognition of prior learning and experience, which shortens the period of study prior to registration. (2) Registered Nurse (RN): An RN requires 3 to 3.5 years full-time or part-time equivalent study for a Bachelor of Science (Nursing) or Bachelor of Nursing in Australia. The responsibilities of an RN include but are not limited to, depending on the scope of practice within the healthcare facility:

- providing direct patient care
- coordinating care delivery
- promoting health and wellness
- managing staff
- undertaking research or providing education

There are numerous career advancement options such as a capacity to specialize and scope to work in advanced practice roles. (3) Nurse Practitioner (NP): An NP is an experienced and knowledgeable registered nurse who has completed a relevant master's degree. An NP has been endorsed to function independently and/or work collaboratively in an advanced and extended clinical role and practice in a designated nurse practice area. The NP role includes assessment and management of patients using nursing knowledge and skills that may include, but are not limited to, direct referral of

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