

## Vietnam nursing in transition

Marcia A. Petrini\*

### Abstract :

Vietnam as a country is undergoing major changes. Nursing is also experiencing many changes in education and practice. This study evaluated the current status of nursing in Vietnam, the planned direction for change and the process that is being utilized for implementation of transforming nursing from a dependent profession to a profession with autonomous unique functions to improve the health care for the country. Interviews were conducted with nursing leaders in three main areas of the country to establish needs, current plans and projected needs. The application of nursing theory and the theory of planned change was clearly demonstrated in this evaluation. Assessments have been completed, plans made and implementation is in process with ongoing evaluation monitoring goal accomplishment.

**Key words :** international nursing, Vietnam nursing education and nursing practice issues

### Introduction

Vietnam historically has been ruled by other powers and only in recent years has become independent. Nursing has been influenced by the foreign powers that controlled Vietnam. Health is a concern of the government and the improvement of health services is a priority. The shortage of nurses is critical and becoming worse as economic development provides more opportunities for women. Nursing shortages and the status of the working conditions for nurses are problems universally in recent years.

The purpose of this study was to evaluate the current status and the future direction for nursing education and practice in Vietnam and the role of the Vietnam Nursing Association. The Stufflebeam CIPP (context, input, process and product) Evaluation model was used<sup>1)</sup>. The CIPP model of evaluation is based on a systems approach. The questions addressed in the study were: What are the current resources in nursing and the health disciplines in Vietnam? What is the government policy related to the development of nursing? What type of educational programs exist for nursing? What are the current plans for

nursing education and service? How is the transition projected for developing nurses capable of independent practice in rural areas?

### Background

Vietnam is a long narrow country covered with mountains and plateaus with the marshy Mekong delta in the south. Life expectancy for men is 65 years and for women 70 years. With the death rate decreasing and the life expectancy increasing, like other countries the problem of care for the increasing elderly population is a concern. The health care budget is less than 50 yen per person per year. Table 1 reflects the country profile.

**Table 1 :** Country profile - Vietnam  
(Vietnam. Hanoi : The Gioi Publishers, 1996)<sup>2)</sup>

Area	330,363 sq.km.
Population	77,562,000
Population Density	201/sq. km.
Population Growth Rate	2.1%
GNP per capita	250 USD
Health Budget	4.0%
Health cost/Population	5,552 Dong*
	* (\$1/11,800 dong)

\* School of Nursing, Yamaguchi Prefectural University

Table 2 presents the leading causes of death. All of these causes of death can be affected through public health measures.

**Table 2 : Leading Causes of Death**  
(WHO Country Status Report, 1998)<sup>3)</sup>

Malaria
Stroke
Infant Mortality (49%)
acute respiratory disease
diarrhoeal disease
malaria
neonatal tetanus (40% of neonatal deaths)
measles
Malnutrition
Pneumonia

World Health Organization currently has a major program initiative for the eradication of malaria<sup>4)</sup>.

The Vietnam national health policy related to nursing has four major objectives: to develop professional nursing care; to strengthen management capability of hospital head nurses; to establish new curriculum of each level of study for nursing; to establish bachelor's degree in nursing programs. These objectives were addressed in the interviews with nursing leaders and administrators in the sites visited. Nursing during the past nearly 25 years has been based on the Russian model for nursing education advocated by the countries ruled by communism. This system placed nursing at a vocational level after nine years of elementary school. Prior to the institution of this system nursing was post high school. Vietnam is undergoing rapid economic development and educational changes. Health care is becoming more technical and the leaders recognize that nurses need to be more educated to manage the technical and professional abilities to provide safe care. From the Ministry of Health, Office of Nursing to the school and hospital sites visited, the commitment to revise all nursing education programs was discussed.

It is important to look at the current health

delivery personnel in the system before looking at the nursing education programs. Table 3 reflects the status of the health manpower for the country.

**Table 3 : Health Manpower(Nursing in the World The Facts, Needs and Prospects. 3rd Ed. Tokyo: The International Nursing Foundation of Japan, 1995.)<sup>5)</sup>**

Doctors	26,821
Bachelor of Medicine	201
Assistant Doctor	46,101
Traditional Medicine Practitioners	1,739
Nurses (Secondary Level)	16,827
Midwives (Secondary Level)	5,025
Elementary Nurses	41,867
Elementary Midwives	8,193
Pharmacist	5,752
Medical Technicians	5,800
Pharmaceutical technicians	1,602
Assistant pharmacist	7,252
Lab assistant technicians	1,940
Elementary pharmacists	10,467

There are few health care practitioners with a bachelor's in medicine. There is collectively an abundance of doctors. The emergency medical technicians from the days of French imperialism became assistant doctors in the health care system. These individuals were to remain in rural areas prescribing birth control information and performing health care tasks such as minor suturing, caring for chronic illnesses, prescribing medicines, health assessments, etc. In recent years they have been moving into the cities and are being employed in hospitals to provide nursing care, for which they are not prepared. In assessing the ratio of doctors to nurses, it is 1 doctor to 0.6 nurse. This reflects an inadequate number of nurses to serve the population needs. The Health Department leaders cited the lack of nurses as one of the most critical challenges faced. In Japan for example, there are 219,000 doctors and 795,810 nurses or 3.6 nurses for each doctor<sup>4)</sup>. The shortage

is amplified when the number of hospital beds and the number of nurses is analyzed. Table 4 presents the types of hospitals and the number of beds. The number of nurses and institutions allow about one nurse per institution and about 0.1 nurse per bed. With this ratio, nursing care can not be professional, nor can advanced medical care be instituted.

**Table 4:** Types of Institutions, number of each and number of beds (*Nursing in the World The Facts, Needs and Prospects*. 3rd Ed. Tokyo: The International Nursing Foundation of Japan, 1995.)<sup>5)</sup>

Type of Institution	Number	Number of Beds
General Hospital	782	112,500
Polyclinic	873	8,030
District Maternity	64	1,081
TB Sanitarium	112	9,198
Leprosy Sanitarium	27	3,983
Health Stations	10,716	1,692
Total	12,574	136,583

The current status of nursing education in Vietnam is reflected in Table 5.

**Table 5:** Types of Nursing Education Programs, Requirements, Length of Study and Primary Work Setting (*Nursing in the World The Facts, Needs and Prospects*. 3rd Ed. Tokyo: The International Nursing Foundation of Japan, 1995.)<sup>5)</sup>

Type of Program Degree	Requirements	Length of Study	Primary Setting
Baccalaureate Nursing/Midwifery	12 years of academic study, national college entrance exam	4 years	Teaching in Schools of Nursing
Baccalaureate Nursing/Midwifery	Secondary Nursing plus minimum 3 years of experience	4 years 120 hours twice a year	Teaching in Schools of Nursing
Secondary Nursing/Secondary Midwife	12 years of basic education	2 and 1/2 years nursing education	Hospitals
Primary Nursing/Primary Midwifery	9 years general education	1 year nursing education	Community

The education of nurses and midwives is parallel. For each type of care giver (nurse, midwife, pharmacy aide, assistant doctor, etc.) the majority are prepared in a one year program after 9 years of education. Their primary work setting is in the community. Baccalaureate education was

initiated in 1985 to prepare nurses in leadership positions who are teaching in schools of nursing. Currently there are three baccalaureate nursing programs. In 1985 the first two baccalaureate nursing programs were started. These two programs were for nurses educated in secondary schools of nursing, with years of experience who are teaching in schools of nursing. These first two programs required students to go to school part time studying for 120 hours each year. These programs were located in medical schools and taught by physicians. In 1995 a nursing program was initiated in a medical school for entry level practice. The curriculum was "cut and pasted from curriculums for various schools of nursing whose catalogues were available" according to one of the leaders of nursing. Nursing is primarily a female profession although there are 15% male and the enrollment of males in schools of nursing is increasing in recent years.

The enrollment for nursing schools is set by the government at 8,531 students per year. Currently, there are fifty-three schools of nursing, one in each province with four main schools. The four main schools are located geographically, two in the north in Hanoi and Nam Dinh, one in central in Da Nang and one in the south in Ho Chi Minh. These four main schools are run by the Ministry of Health and are known as Secondary Medical Technical Schools with the purpose of educating multiple health disciplines: nurses, midwives, assistant physicians and lab technicians. The current enrollment allowed for nursing by the government is not being met according to the interviews conducted with the key nursing leaders. Schools are unable to attract students because of the low status of nursing and the poor working situations.

## Methodology

This study was an evaluation of the current status of nursing for assessment of potential role for international aid donors. An evaluation study seemed the most appropriate tool. There are six

major types of evaluation: goal oriented, decision oriented, transactional, evaluation research, goal free evaluation and adversary evaluation<sup>6</sup>. Each of these has unique characteristics. For the purpose of this study it seemed most appropriate to use a decision oriented evaluation. This would provide data necessary for decisions to be made and establish for planning and program implementation, ongoing evaluation that would continually feed into decisions related to program implementation and revision. The CIPP model of evaluation serves four types of decisions: planning decisions that will influence the selection of goals and objectives; structuring decisions which ascertain optimal strategies and procedural designs for achieving the objectives that have been derived from planning decisions; implementing decisions which afford the means for carrying out and improving upon the execution of already selected designs, methods or strategies and recycling decisions which determine whether to continue, change, or terminate an activity<sup>7</sup>. This evaluation was conducted through review of literature and interviews with leaders in Vietnam. Challenges identified by the leaders were categorized by education, service and continuing education.

## Findings and Discussion

The nursing history presented by the leaders stated that nursing education began the post French influence. According to the leaders, nursing education was initiated in Vietnam in 1960. The focus of nursing education from 1960-1987 was to train assistant doctors and to educate secondary school nurses and midwives with a basis of 9 years of education, entering nursing education programs at 13-14 years of age. In 1987-1991 there was cooperation with Tibing Medical College to educate nurses with the doctors. This group of nurses then began the next phase of nursing education. From 1991-now the focus of this group was to recruit a group and train a core group of nurses and midwives with a bachelor's degree to teach in schools of nursing. The Ministry of

Health focuses on developing bachelor's degree programs that will focus on nursing and midwifery with the goal of improving practice. The programs will consist of general education courses as well as professional education.

The current number of students were identified in the following categories: 514 in baccalaureate programs for nursing and midwifery; 628 in secondary nursing programs; 188 midwifery students and 65 assistant doctors for a total of 1,395 studying for all types of nursing programs. This is significantly lower than the number 8,531 given as the allocated number of nursing students per year even if multiplied by 4 would be 5,880 which indicates there are 2,651 vacancies. This vacancy rate does however reflect the finding that recruitment is a problem because of competing opportunities.

The curriculum as is common in many Asian countries is a national curriculum. Entrance requirements vary for each of the programs. The bachelor's program for the graduates of secondary schools of nursing are 4 years part time, 2 semesters each year that are 2 months each with 8 months practice in their own institution in addition to their teaching assignments. Graduation requirements for the generic baccalaureate students in nursing and midwifery include a written exam on general theory and questions in all areas of study and a practical exam requiring an examination of a patient, complete assessment, plan, implementation of the plan, evaluation of the plan and follow-up with the patient care. Health assessment is a part of the curriculum. Nurses are learning total patient assessment since many are now supervising assistant doctors who perform this function.

The curriculum for the Bachelor's Degree also includes: management and leadership, basic nursing, math, biochemistry, physics, anatomy, informatics, psychiatry, community health, internal medicine, surgery, pediatrics, obstetrics, communicable disease. A total of 40 subjects including basic areas and a specialty are required for graduation.

The reason that the Ministry is advocating baccalaureate education for nursing is that they believe that an increase in the level of education of the nurse will consequently improve their function and the quality of health care for the population both in and out of the hospital will also be improved. Currently they believe that there is an increase in mortality rate, poor patient care, and health problems that are preventable such as: communicable disease, diarrhea (ORT (oral rehydration therapy) programs and education are needed), high incidence rates of ARI (acute respiratory infection), malnourishment, infant tetanus (rate is decreasing with administration of prenatal tetanus toxoid and education mothers and midwives), and population problem are a few of the areas in which good nursing can make a difference. Other areas that have been identified as nursing activities once nurses obtain more education are: HIV prevention education; management of care of the elderly; cancer detection and treatment programs; recognition of mental illness and treatment programs; teaching about the effect of stress on health; nursing services related to the increase in heart, renal, and respiratory diseases; and the increasing number of accidents with residual neurological problems due to the increase of motor vehicles.

Many of these conditions are public health concerns because they require long-term support for care from government. Care will have to be provided in the community where it is more cost effective.

Challenges identified by the leaders in Vietnam for education were:

- lack of nursing teachers, all most all teachers in school of nursing are physicians;
- nursing education currently focuses on technical skills and needs to be broader to meet today's health care challenges;
- nurses studying at the baccalaureate level are learning medicine, the education is very disease oriented, not care focused;
- need for professional orientation to nursing rather than vocational focus; and

- lack of resources, libraries have no books, no space for libraries.

Approaches that are being implemented to meet the challenges of education by the nursing leaders with the support of the Ministry of Health:

- short courses that focus on teaching methods,
- application of nursing theory to practice,
- development of specialists in nursing, i.e. adult, child, women and infant, mental health, and sub specialties, and
- seeking assistance from USA, Sweden, Australia, Japan, etc.

Consultants are going to Vietnam to offer short training courses. Several of the countries are providing academic exchanges. Current resources are being provided by several of the countries. JICA has volunteers conducting courses in hospitals for management and intensive care units. The leaders expressed a concern that overseas fellowships can only be provided for a few and are very expensive, but if foreign experts can come to Vietnam, larger numbers can benefit from the opportunity.

Nursing service issues were discussed in the interviews and the responses were consistent in identifying the shortages of staff, the increasing complex health problems, and the need to provide more services in the community. In North Vietnam there is a nurse practitioner program being conducted to develop nurses to meet some of the needs of people in the rural areas for health services.

The government advocated a study to be implemented to verify the number of nurses needed based on nursing care needs of patients. The government has agreed that if the study is scientifically conducted and reflects a need, the number of nurses will be increased. The study is in process.

Hospital nursing is similar to many countries, the structure includes a director of nursing and head nurses. The type of care is functional nursing so one nurse does one or two tasks, i.e. medications, baths, changing linens, etc. The number of patients per nurse is high often over fifty patients. In some large hospitals one nurse will be

in charge of several units.

The nursing administrators place a strong value on education and have identified the need for continuing education for nurses. Each hospital is free to schedule sessions for continuing education in two month blocks of time. The challenge is to find nurses with new knowledge to teach with a nursing focus rather than a medically oriented focus. The nursing leaders are committed to the need to teach nursing care and its many roles to improve patient outcomes.

Family members provide patient care in hospitals for patients since there are insufficient nurses. Vietnamese tradition mandates that families be present to care for a family member. However, the facilities in the hospitals are inadequate to meet the needs of the families so there are problems with sanitation, food preparation, infection, rest facilities, etc. Improved nursing education will help the nurses to effectively work with families to reduce complications and to use the family more effectively as a resource.

Economics related to health care were addressed in the interviews. Health insurance is available for government workers and for the poor. Health insurance pays for all drugs, tests, care and total bill. There is no cost for those insured. Businessmen and self-employed individuals and their family must pay for health care services. Farmers must pay but can often get letters from local officials to reduce the bill. The average length of stay in the hospital is 7-10 days which is shorter than in some Asian countries.

Government allocation for health care is approximately 50 cents per person per year. The cost of a hospital bed per year is 15 million dong. 50-60% of total expenses are paid by the government with the balance paid by insurance fees and aid (World Health Organization, UNICEF, non-governmental organizations from various other nations, and bilateral government agencies).

Challenges for nursing related to service and the nursing pool were identified as:

- recruitment issues are regionally different - in the south there is a decrease in nursing students

because there are better opportunities providing higher salary and better working conditions; however, there is an increase in enrollment in the north because of the opportunity for employment outside the home or farm, and

- the number of nurses is fixed by the central government.

The Vietnam Nursing Organization was established in 1990. The membership is about 50,000 with annual dues of 5,000 dong. This amount is insufficient for them to join the International Council of Nursing. The total income is insufficient for them to provide many services for the members. The leaders of the Association stated that they thought if they could offer something to the members the membership would increase. In 1994 they were given an office in the Ministry of Public Health. Their main function at this time is that they are responsible for national nursing issues. The staff is implementing the study to determine how many nurses are needed to serve the country health needs. The organization is less than 10 years old but is recognized officially by the government, the people and nursing. The organization has a national board of 45 members that meet semiannually in Hanoi. The standard agenda items are: nursing issues, planning activities, inservice education, nursing managers, nursing teachers, hospital infection control and nursing issues to propose to the government. In Vietnam there is a major program to combat nosocomial infections in hospitals. World Health Organization has identified this as an endemic problem that can be addressed and minimized with proper precautions, education of staff and public<sup>8)</sup>

The Vietnam Nursing Organization officers have been invited to the minister's office to discuss nursing issues which is seen as progress by the nurses. Previously, nursing had no voice and no access. Hospitals charge the Vietnam Nursing Organization for office space about 1000 dong per month which is currently being paid by the government.

The members of the board are elected at a

national conference. Major issues addressed at their national meetings are registration; standards for nursing practice and nursing education; defining roles and functions of nurses in practice settings. Goals that have been identified for the organization are:

- increase the number of teachers at the Master's level (now only have medical doctors, no nurses),
- study tours for nurses to see how nursing is practiced abroad,
- improve physical conditions-books, library space, equipment to provide better opportunities for teaching theory and skills, and
- short term workshops with foreign experts for faculty development to include implementation not just theory.

Nurses throughout the country are studying English so that they can read and learn about ways to improve nursing care. All of the countries that they are working with use English as the common language even though for some of the countries it is not their native tongue.

In the process of the study, it was interesting to observe that the concerns were consistent in all parts of the country. The commitment of the leaders was genuine. The analysis done by the leaders assessed their needs, their resources, their options and the direction for which the plan has been developed. The use of political strategies was seen as needed to make advances with the extreme shortages of nurses and the declining enrollment. Vietnam has had a strong history of valuing education and the approach of the nursing leaders to conduct a scientific study to document need was an example of their application of theory into practice. The change strategies being employed by the leaders demonstrates an understanding of multifaceted nature of the problem. The principles of planned change are guiding the transition of nursing from a vocational level to a professional level.

## Conclusion

Vietnam nursing is in transition. The nursing

organization and nursing leaders have applied the basic steps of the nursing process in planning for the change in their profession. The needs have been assessed, the resources identified that are present and those that are needed, the plan has been developed, the implementation is in varying stages and ongoing evaluation is being done. The transformation cannot occur overnight, but with the planning and ongoing evaluation by the leaders, Vietnam nursing will be changed to meet the health care needs of the people. The process will be efficient and the impact will benefit all.

Acknowledgments: The author would like to express deep appreciation to the following people who generously gave of their time, ideas, and plans for nursing in Vietnam: Dinh Ngoc, Head of the Department of Training Management, the Ministry of Health, Nam Dinh Medical High School; Do Dinh Ho, MD, Director of the Central Middle School of Medical Technology No.37; Do Dinh Xuan, Standing Director, Nam Dinh, the Ministry of Health, Nam Dinh Medical High School; Do Duy Tru, Personnel Officer, the Ministry of Health, Nam Dinh Medical High School; Do Kim Ngoc, Director, Secondary Nursing School at Cho Ray Hospital, District 5, Ho Chi Minh City; Harumi Shimuzu, Expert for Nursing Management, JICA, Cho Ray Hospital; Le Thi Thuan, B.S. Midwife, the Ministry of Health, Nam Dinh Medical High School; Pham Duc Muc, Director of National Nursing Office, the Ministry of Health, Hanoi and Vice President, Vietnam Nursing Association; Sachiko Miyoshi, Expert ICU, JICA, Cho Ray Hospital and Trinh Thi Loan, BSN Dip.N.Ad (NZ), Vice President Vietnamese Nurses Association, President of Nurses Association Southern Provinces

## References

- 1) Stufflebeam DL, Foley WJ, Gephart WJ, Guba EF, Hammond RL , Merriman HO, Provus MM; Educational Evaluation and Decision-Making.p.7, Itasca, IL, FE Peacock, 1971.
- 2) Vietnam. Hanoi, The Gioi Publishers, 1996.
- 3) World Health Organization: Country Report-Vietnam, Internet;(http://www.who.org.ph)
- 4) World Health Organization:Making a Difference. pp 49–63,Geneva, World Health Organization, 1999.
- 5) Nursing in the World The Facts, Needs and Prospects. 3rd ed. pp 120–123, Tokyo, The International Nursing Foundation of Japan, 1995.
- 6) Morris LL, Fitz-Gibbon CT: Evaluator's Handbook. p.7 Beverly Hills, CA, SAGE, 1978.
- 7) Isaac S, Michael, WB: Handbook of Research and Evaluation. pp 12–19, San Diego, EdITS, 1997.
- 8) World Health Organization: Removing Obstacles to Healthy Development. Switzerland, World Health Organization 1999.