

Development of basic nursing education in China and Hong Kong

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Hong Kong returned to the sovereignty of the People's Republic of China in July 1997. In the past, Hong Kong has been greatly influenced by the British system of nurses' training, which was very different from that in mainland China. As Hong Kong is now a part of China again, there is an increased opportunity for the exchange of experience and ideas among nurse educators. The First China–Hong Kong Nursing Education Conference has provided opportunities for the authors to gain a deeper understanding of the development of nursing education in China and Hong Kong. The authors believe that it is also important for China and Hong Kong to increase networking with the international nursing community. This paper has been written largely based on the information gathered from papers presented in the Conference and the discussion with nurse educators who attended the Conference, together with a review of literature. This paper focuses on comparing the history and present development of basic nursing education in both places. The future direction for the development of nursing education in these two places will also be discussed.

Keywords: China, development, Hong Kong, nursing education

INTRODUCTION

In September 1996, the First China–Hong Kong Nursing Education Conference was held in Hong Kong. The Conference was the first of its kind in the Asian region. A total of 250 delegates participated in the Conference, of which 100 were from mainland China. Nurse education in both Hong Kong and mainland China shared common concerns and changes, including ageing of the population,

changes of disease patterns from infectious diseases to chronic illnesses, increased concern in primary health care and community care, and increases in health care costs. Nursing education in mainland China and Hong Kong is facing similar challenges; e.g. the shift of focus of nursing education from an illness to a health model, an increasing emphasis on primary health care, a need for nurses to have a broader knowledge base covering behavioural and biological sciences and a move towards student-centred approaches to teaching. There were also similar concerns in upgrading nursing education to tertiary level. This paper starts by comparing the historical development of nursing education in China and Hong Kong, and then discusses present concerns and future development.

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DEVELOPMENT OF NURSING EDUCATION IN CHINA

The training of nurses in China preceded that of Hong Kong by more than half a century. In 1835, Dr Peter Parker, the first Protestant medical Missionary to China, established a hospital and dispensary in Canton, later known as the Canton Hospital. The first graduated nurse in China was Elizabeth McKechnie, who arrived in Shanghai from the United States of America (USA) in 1884 to take up nursing in a hospital. She introduced the Florence Nightingale system of nursing to China and stayed there for 12 years. The first school for Chinese nurses was established in Fuchou in 1888, by Ella Johnson, also an American (Davis *et al.* 1992). By 1915, examinations were offered to certify nurses. The growth of nursing schools continued in the 1920s and 1930s, and by 1937 there were 183 registered schools of nursing (Yu 1989).

The early period of Chinese nursing was chiefly under the leadership of missionary nurses from the West. These Western nurses held positions of hospital directors and teachers (Davis *et al.* 1992). In 1914, the first officers of the Chinese Nursing Association were elected. The president was Miss Nina Gage, an American who was the Dean of the University Hospital School of Nursing at Hunan Yale University at Hunan, China. Ma Feng Zhen, a Chinese nurse, became the vice president. She was the first Chinese nurse to study in England. The Chinese word for nurse was translated by Ms Zhen into *Hu-Shih*, which means educated nurse or nurse scholar. The Chinese Nursing Association joined the International Council of Nurses in 1922 and retained membership until 1949 when the Communists came into power in China (Yu 1989).

In 1915, the Peking Union Medical College (PUMC) was set up by the Rockefeller Foundation of USA to establish medical education in China. A decision was also made to establish a nursing school at PUMC. The nursing school was to meet the same standard of excellence as that of the medical school. Furthermore, the emphasis was to be on education rather than on service, in contrast to practice in nursing schools. The first Bachelor of Science degree programme in nursing was established in PUMC. Many PUMC graduates have held leadership positions and have had an immense impact on nursing education and service in this century. Bowers (1973) remarked that the contributions of PUMC in elevating nursing to a respected position in China were important.

During the Cultural Revolution in China from 1967 to 1977, education itself was deemed non-essential and many nursing schools were closed. Nursing education and professional activities came to a stop during this time (Davis *et al.* 1992).

Nursing schools started to function again after the Cultural Revolution. During the early 1980s, the Chinese government realized the urgency and importance of

developing nursing and nursing education. It had to catch up with the time lost. At present, there are three levels of basic nursing education in China: the health schools, university diploma and university degree. All together, they have produced more than one million nurses in China.

Health schools

Health school-based nursing training is the dominant form of nursing education in China. Ninety-five per cent of the nurses are trained at health school, of which many are attached to hospitals. Students are mostly recruited from junior high school graduates. A 3–4-year course will be offered to the junior high school graduates, while a 2–3-year course will be offered to the senior high school graduates. Upon completion of the courses, students have to sit for the State Nurses Registration Examination (RN). Those who passed the examination are qualified to work in the nursing field. There are 500 nursing schools of this nature nationwide, and they share a common curriculum that was set by the Department of Health. The health schools trained about 40,000 nurses per year (Chiu & Lee 1996).

University diploma

The university diploma is a form of higher level nursing training in China. Starting in the 1980s, there are now altogether 40 institutes offering nursing studies at the diploma level. They offer 3-year courses to the senior high school graduates. After completion of the courses, graduates can engage in both clinical nursing and clinical teaching. These institutes train around 1000 diplomates each year (Chiu & Lee 1996).

University degree

In order to improve the standard of nursing and nursing education, in the 1980s China resumed degree level nursing education that had stopped for 30 years. In September 1983, the first nursing department was established at Tianjin Medical College to prepare baccalaureate degree nursing education. This programme graduated its first class in 1988. At present, there are now about 13 medical universities in China that run a nursing degree programme. The baccalaureate degree offered is a 5-year course. These schools produce around 300 graduates yearly. Graduates from degree programmes work in clinical nursing, education and management positions (Chiu & Lee 1996).

PRESENT CONCERNS

Over the past 10 years, there have been around 10,000 nurses graduated from university degree and diploma

level programmes. Nurses with higher nursing qualifications, i.e. university diploma and university degree, only accounted for 1% of the total nursing population. Chiu & Lee (1996) commented that as basic nursing education in China is largely confined to health schools, the students recruited only have junior high school qualifications. Their knowledge base is limited. Nursing is still being seen as a simple, repetitive and practical operation. Moreover, health schools usually train nurses according to the individual hospital's needs. Some hospitals stress nursing techniques only. During students' training, their clinical experience is confined to the same hospital. Nursing students are very much influenced by the characteristics of that hospital, such as the type of illnesses, medical facilities, and the prevailing attitude of the hospital staff. Teaching tends to be didactic and focuses on an illness model. This greatly hinders the overall development of the students and also the advancement of the nursing profession.

One of the problems facing basic nursing training in China is the young age of the students. The majority of the nursing students are junior high school graduates, usually about 14–15 years of age. They are at the adolescent phase of development. After completion of the course, students are only 17–18 years of age. Also, because of the one child policy in China, about 70% of nursing students come from one child families. Being the only child in the family, many students are brought up in an overprotective environment, which may affect their ability in decision making and independence. When they have to nurse patients of different ages and health problems, it is doubtful whether they are mature and competent enough to provide the necessary care to patients, especially in meeting their emotional needs (Chiu & Lee 1996).

DEVELOPMENT OF NURSING EDUCATION IN HONG KONG

Hong Kong was a small fishing village that belonged to China before the British occupied it in 1842. Nursing education in Hong Kong had followed the apprenticeship system of the British model, student nurses as paid employees who were rostered as part of the regular work force (Chan 1996). The first hospital in Hong Kong was opened in 1873. From then on, more and more hospitals were built and a large number of nurses were recruited from Britain, they worked as nurse tutors and managers throughout the period from the 1900s to the 1980s.

Formal nurse training in Hong Kong started in 1893 at the Alice Ho Memorial Hospital (later renamed the Alice Ho Miu Ling Nethersole Hospital), which was founded by the London Mission Society. The Matron and Medical Superintendent participated in the training programme with English as the medium for teaching. The nursing

students worked and learned full-time on the wards, and returned to classroom to attend lectures at regular intervals. The training period was 3 years and the students graduated as registered nurses (RN) (Stratton 1973; Poon 1983).

With the Nurses Registration Ordinance passed in 1958, the Nursing Board of Hong Kong, the statutory body for regulating the professional training and practice of nursing, was established. Its function is similar to that of the United Kingdom Central Council for Nursing, Midwifery, and Health Visiting (UKCC). The roles of the Nursing Board of Hong Kong (NBHK) were to monitoring the quality of nurses' training and to maintain the register of practising nurses. The NBHK exercised control over the nursing curriculum by stipulating requirements for entering nursing training, the content and length of time for theoretical instruction and practical training (Combes 1984).

In the early 1960s, Britain started a 2-year training of a new category of auxiliary nurses. This form of nurse training was based on the belief that not all nurses who worked with patients required the same professional status. It is believed that this development also arose from the severe shortage of nurses at that time. Hong Kong decided to follow the British model and started a separate training of nurses, the enrolled nurses (EN). This training took 2 years to complete and was essentially a practical training (Stratton 1973; Poon 1983).

In the hospital-based system of training, be it the 3-year RN training or the 2-year EN training, there was a stipulated minimum duration of classroom study plus specific periods of clinical placement in the required areas. While all students were paid during the whole training, all hospitals providing the nurse training would demand students to be placed in clinical areas after fulfilling the minimal study period required by the NBHK. Gradually, nurse learners in the hospital-based programme became a substantial part of nursing manpower in those hospitals with a nursing school.

All along, nursing education was conducted in schools of nursing attached to the hospital. In the mid-1980s, the economy in Hong Kong was booming. More than adequate jobs were freely available in the job market. Since nursing in Hong Kong had long been regarded as a badly paid and hard job, schools of nursing experienced increasing difficulties in recruiting students to the apprenticeship programme, and the dropout rate was extremely high (Hong Kong Hospital Authority Working Group on Nursing Education 1992). These difficulties raised a concern in the nursing profession as well as in the Government, about the problems of the hospital-based nursing programme.

In 1989, a Working Party for a Degree Course in Nursing was set up by the NBHK, and recommended that a small number of nursing students should be enrolled to take a degree programme in nursing (Nursing Board of Hong

Kong 1989). In 1990, the Government gave approval for the universities in Hong Kong to run the basic nursing degree programme. There were 40 places for the pre-registration degree programme, and the number of degree places in universities would be increased to 180 in 1998 (Ming Pao Newspaper, March 17, 1995, p. 2). At present, there are four levels of basic nursing education in Hong Kong: hospital-based certificate, hospital-based diploma, university professional diploma and the university degree level education.

Hospital-based certificate

Candidates who apply must have attained a level of study equivalent to senior high school. Students will undertake a 2-year study as an apprentice in hospital. The training is divided into two streams: general and psychiatric. Students have to pass the Nursing Board Examination for Enrolment before they can practice as an EN in general nursing or psychiatric nursing. ENs belong to a single grade of practical nurses. Unless they move on to finish RN training and become RNs, ENs do not have any promotion prospects. There are at present eight nursing schools that train ENs.

Hospital-based diploma

This is an apprenticeship system of training and students are recruited from O-level graduates. The course is of 3-years duration, during which time the student's receive a salary from the hospitals and have to provide services to the hospital. The training is divided into two streams: general and psychiatric. There are at present 13 schools of nursing training RNs. On the successful completion of the 3 year training and passing the registration examinations organized by the NBHK, a student nurse can register with the NBHK and be able to practice as an RN in either general nursing or psychiatric nursing.

University professional diploma

This programme started in 1996 and is a 3-year programme. The entrance qualification is at A-level, which is higher than the hospital diploma programme entrants. The programme is the result of a collaboration between schools of nursing and the university. Graduates from this programme will be granted a university diploma and will qualify as RNs.

University degree

There are three universities offering a 4-year course of preregistration bachelor degree programme for nurses. Students have to have university entrance qualification. The first group graduated in 1994 and graduates have the

RN qualification. There has been an intake of about 180 each year from 1998.

PRESENT CONCERNS

In Hong Kong, the hospital-based apprenticeship system for training RNs is still the way of producing the majority of nurses for meeting the needs of the health care system. At present, there are in total 21 schools of nursing for basic nursing education. About 1000 students graduate each year from schools of nursing.

In the past, nursing in Hong Kong was greatly influenced by the British model. Hospital-based training was the dominant mode of nursing education. The limitations of apprenticeship nursing training were highlighted in various reports both overseas and in Hong Kong (Sax 1978; UKCC 1982; Wilson-Barnett 1988; College of Nursing Hong Kong 1992). Firstly, the teaching and learning process is directed more to the achievement of specific skills rather than to the individual learner's needs and development. Secondly, the hospital-based programme is dominated and controlled by employers, i.e. the hospital management. In Hong Kong, the Hong Kong Hospital Authority (HA) is the biggest employer of nurses. Nursing students are to provide a substantial proportion of hospital nursing services while fulfilling the dual role of learners and employees. They spend most of their time working and the guidance and supervision is often inadequate. The quality of learning in clinical areas is often jeopardised by the heavy workload and overcrowded environment in most public hospitals.

Furthermore, the very limited environment of the hospital nursing schools provided a relatively restricted and vocational type of education. The hospital-based training offered by hospital nursing schools is operated outside the mainstream educational system. Nursing schools are an internal training department of hospitals and there is little connection between the hospital-based training and the mainstream university education. Though a certificate or a diploma is awarded to the nurses when they complete their training, it is difficult to compare the level of nurse education in hospitals with recognized academic qualifications.

This lack of legitimacy for nurse training has brought about many problems. The failure of nursing education in Hong Kong to offer the academic recognition at tertiary level, which is much valued by most young adult students, makes hospital-based nurse training unattractive to young people. The reform of nursing education thus became a concern to both the nursing profession and the employing agencies. There is a general wish in the nursing profession in Hong Kong to upgrade nursing education to degree level (College of Nursing Hong Kong 1992; Hong Kong Hospital Authority Working Group on Nursing Education 1992; Hong Kong Hospital Authority 1994, 1996).

Moreover, as the graduates from hospital diploma, university professional diploma and university degree programme all carry the title of RN and all perform similar functions in the clinical areas, there is confusion in the public eye about the different types of nurses. There is a need for a clear direction for the development of nursing education.

Apprenticeship training tends to emphasize rote learning and following instructions. However, due to the knowledge explosion and the role expansion of nurses, the traditional way of teaching has not proved effective in preparing nurses to face future challenges. There is a need to promote critical thinking and the decision making abilities of the students. Moreover, a more self-directed and student-centred learning approach is advocated in contemporary nursing (Chan 1996).

From the 1980s onward, Hong Kong has become more internationalized, with nurses establishing networks with different parts of the world. The British influence on Hong Kong nursing has gradually become diluted, and there is more input from those nurse academics coming from Australia, the USA and other Western countries. Hong Kong nurses' desire for advancing the nursing education system has become stronger and stronger.

COMMON CONCERNS ON THE FUTURE DEVELOPMENT OF NURSING EDUCATION IN CHINA AND HONG KONG

From the historical point of view, it can be seen that the basic nursing education systems of Hong Kong and China are different. Table 1 outlines different programmes in these two places. Nursing in China was greatly influenced by the USA and nursing in Hong Kong was greatly influenced by the British system. Nursing development in Hong Kong was relatively uninterrupted when compared with China. Despite the differences, there are common concerns to both places. Nursing in Hong Kong and China needs to develop in parallel with the international trends.

Table 1 Outline of different nursing education programmes in China and Hong Kong

China	Hong Kong
Health School 3–4 years	Hospital-based certificate 2 years
University Diploma 3 years	Hospital-based diploma 3 years
University Degree 5 years	University Professional Diploma 3 years University Degree 4 years

Upgrading of nursing education to degree level

Advances in scientific and technical knowledge, greater emphasis on promotion and maintenance of health, and developments in the fields of education and administration have led to an increased demand for nurses with better academic preparation. The World Health Organization Global Advisory Group in 1992 has recommended that, when appropriate, countries should move basic nursing education to university standards (Modley *et al.* 1995).

Countries like the USA and Australia have established basic nursing education at degree level. There is a need to narrow the gap between the levels of nursing education among China, Hong Kong and other developed countries. The health school-based and hospital-based training is considered inadequate to prepare competent nurses. There is a need to upgrade the basic nursing education to degree level in both Hong Kong and China (Wilson-Barnett 1988; College of Nursing Hong Kong 1992; Cheng 1995; Chiu & Lee 1996; Lau & Cheung 1996; Chan *et al.* 1998, pp. 29–32).

In Hong Kong, hospital-based nursing education is still run as an apprenticeship system. Hospitals rely heavily on students as manpower. The manpower problem has to be overcome if Hong Kong nursing education has to move away from an apprenticeship system. Opponents to university nursing education argue that university education is costly; however, the argument is not supported by evidence. At present, there are 52 study weeks during the 3-year training in hospital-based diplomas. When compared with 32 study weeks in the 1980s, it can be seen that apprenticeship nurse training can no longer provide cheap labour in hospitals.

Also, the inflexibility of relying on nurse learners as part of the workforce has forced the big hospitals to spend huge amounts on running a nursing school that has the difficulty of reacting flexibly to the changing demand for nursing staff. A more cost-effective and higher quality nursing education may be provided when the tertiary institutes take over the preparation of nurses. Furthermore, Hong Kong is a relatively small place when compared with the whole of China, and the number of new graduate nurses needed per year is only 1000. Reform in education is probably comparatively easy when compared with China because of the scale of involvement in bringing about change.

In a recent survey of the nurse educators in Hong Kong, the majority of the respondents agreed that preregistration nursing education should be at tertiary level. A comprehensive programme was preferred. Many respondents preferred a gradual transfer of nursing education to tertiary institutes, a drastic transfer being seen as unrealistic. However, there is no clear Government policy on the future development of nursing education in Hong Kong. Such lack of direction may be reflected by the existence of various types of preregistration programmes (Chan *et al.* 1998,

pp. 29–32). It is important that a clear direction for the development of nursing education should be mapped out as soon as possible. There should be a clear differentiation of the nursing competencies expected from different nursing qualifications to justify the need for these programmes.

However, the decision to transfer nursing education to tertiary institutes is not a decision entirely in the hands of the nursing profession. Since the HA is the biggest employer of nurses in Hong Kong, and student nurses are the main source of manpower, nursing education reform will have manpower implications for HA hospitals. Also, reform in nursing education involves the generation or reallocation of resources within tertiary institutes because more degree places have to be established. The competition for resources occurs both at the governmental and at the institutional levels. There is a need for a Government policy with regard to the future development of nursing education in Hong Kong.

In China, there are factors favouring the promotion of nursing education at university level. Firstly, all nursing students are already of student status, they pay their tuition fee to study. Hospitals do not rely on nursing students for manpower. Secondly, there are abundant resources in the health schools. In recent years, the Chinese Government has put millions of dollars into funding some health schools to improve the teaching environment. As a result, some health schools are quite well-resourced. Thirdly, a lot of valuable experience has been acquired through the 10-year operation of the nursing faculties in more than 10 of China's key medical universities. Some of these nursing faculties could be merged with the well-equipped, experienced health schools to form larger scale university schools. It would greatly help upgrading the level of nursing education in China.

However, as China is a big country, the rural and urban areas have different resources and needs for health care services. For the foreseeable future, resource implications for many centres would be one of the main barriers to upgrading the level of basic nursing education.

In China, student nurses are of a younger age than those in Hong Kong. Because of their young age, they are still immature in many aspects, particularly their personality. When they are involved in nursing work, they may not be able to satisfy patients' psychological needs. Since they graduated from junior high schools, they also do not have enough knowledge base for subsequent learning. Students recruited into nursing should be at least a senior high school graduate so that they have the appropriate knowledge and maturity level.

Curriculum content

As the standard of living improves and the life expectancy of the population increases, it is expected that by the year

2000, the aged population will account for 11% of the total population in China (Lau & Cheung 1996). The same is expected in Hong Kong. Lau & Cheung (1996) suggested that care of the elderly needed to be emphasized in the curriculum. Also, due to changing disease patterns, prevention and management of chronic disease is a health concern that needs to be addressed in the nursing curriculum.

In different parts of the world, the functions of nurses are shifting from hospitals to communities. In recent years, the biological medical model is shifting to a biopsychosocial model, the traditional disease-orientated functional nursing practice has to transform into health-orientated nursing practice. However, health school-based and hospital-based nursing education still focus on acute care rather than primary health care (Chan 1996; Chiu & Lee 1996; Lau & Cheung 1996).

In Hong Kong, individual nursing schools have tried to modify the illness-focused curriculum to a health-based curriculum with the aim of adding knowledge on primary health care, psychology and sociology. However, the proportion of time spent on behavioural sciences is still small when compared with bio-medicine subjects, and a lot of emphasis is still on medical science and acute care in students' clinical education.

In China, the curriculum for nursing education is set by the Department of Health. The curriculum has been revised in past years and has been implemented by some schools. Some hours have been added for psychology and primary prevention (Ku & Yeung 1996). However, although the nursing curriculum has been revised, it is still physiologically based and disease-orientated. Many nurse educators recommend that there is a need for a more radical change in the curriculum (Chiu & Lee 1996; Ku & Yeung 1996; Lau & Cheung 1996).

Traditional Chinese medicine (TCM) is a subject in the nursing curriculum in China, and the integration of TCM in nursing practice is being emphasized (Woo 1996). In Hong Kong, the Government has just passed legislation governing the practise of TCM (Hong Kong Health and Welfare Bureau Hong Kong Government Secretariat 1997). At present, TCM is not included in the nursing curriculum in Hong Kong. However, the use of TCM is common amongst Hong Kong people, and thus is a need for Hong Kong nurses to know more about TCM. The education of nurses about the knowledge of TCM is important if nurses are to provide holistic care to the clients. The NBHK should also consider the inclusion of TCM in the basic nursing curriculum.

Many available learning resources in nursing education in Hong Kong are produced in English. Generally, Hong Kong nurses have the ability to read and write in English, which facilitates the sharing and exchange between Hong Kong and other parts of the world. Hong Kong is an open city and has much more networking with other countries when compared with some places in China; Hong Kong

can act as a bridge for the networking between China and the rest of the world. In China, many learning resources are produced by nurses in China and are written in Chinese. In future, however, nurses in Hong Kong have to publish nursing texts in Chinese that are more culturally relevant for the use of Chinese nurses in Hong Kong. Some balance between meeting national and international networking needs must be achieved.

Teaching methodology

In the first China–Hong Kong nursing conference, there were 300 abstracts submitted, of which about 25% were on innovative teaching methodology. There is a general awareness of the limitations of traditional teaching methods, which include rote learning and didactic teaching. There was an emphasis on different ways to promote critical and independent thinking in papers presented by both Hong Kong and China nurse educators. Student-centred learning, such as self-directed learning and problem-based learning (Lau & Cheung 1996; Lee 1996), is being discussed. It is anticipated that this trend will continue and nurse educators will keep on trying new ways to promote student-centred learning.

CONCLUSION

Although Hong Kong has returned to China, under the ‘one country two system policy’ Hong Kong has retained its own system of nurses training. Basic nursing education in Hong Kong and China has shared similarities and differences. When approaching the 21st century, there is a need to upgrade the basic nursing education to degree level in both places. There is also a need to revise the curriculum content to promote primary health care and psychosocial care. Teaching methods are becoming more student-centred, and these changes are a response to the changing needs of society. Nursing in Hong Kong and China has to develop in parallel with international trends, at the same time being relevant to the culture of the people. The integration of TCM into nursing is one of the examples.

Health care practice is influenced by socio-economic-political contexts, and so is nursing practice. Hong Kong is now a part of China; however, it is difficult to merge the two nursing education systems because of the diversity in both systems, and the different health care needs in both societies. Nevertheless, increased co-operation is expected in the future. The understanding and collaboration between nurses in Hong Kong and China are important for the future development of nursing education. Nurses in Hong Kong and China can work together to improve the quality of nursing care to all of their people.

Nursing in Hong Kong and China must also develop in parallel with international trends. Promoting communi-

cation and maintaining international links are important for the future development of nursing practice and nursing education in the nation.

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