INTRODUCTION

Thailand is the third largest Southeast Asian country. The country’s 60 million citizens are 95% Thai with the remaining being Indian and Chinese. Most of Thai citizens (approximately 95%) are Buddhists, with 4% Moslems and 1% other. Myanmar, Laos, Cambodia, and Malaysia all border Thailand (Bureau of Health Policy, 1997).

As of 1996 the average life expectancy for a man was 69.7 years and for a woman 74.99 years. While higher than the global average it is still below some other Southeast Asian countries. The infant mortality rate in 1996 was 26.05 per 1000 live births, while maternal mortality was 0.164 per 1000 live births (Bureau of Health Policy, 1997).

The leading cause of death is accidents followed by cancer, pneumonia, heart disease and AIDS. Emerging diseases such as tuberculosis and filariasis are increasing primarily in emigrants from neighboring countries (Bureau of Health Policy, 1997).

The proportion of medical doctors to the population is 1 per 3500. The Ministry of Public Health estimates that there is a shortage of 10,000 physicians. The ratio in the rural and inner city areas is higher. In 1995, the number of nurses to the population was 1 to 1092. Most nurses work in the large cities. It is estimated that there is a shortage of nearly 30,000 nurses (Bureau of Health Policy, 1997).

Thailand, like most countries, relies upon nurses to provide health care in a variety of settings. The Ministry of Public Health employs about 60% of nurses while the remainder work in the public sector (Bureau of Health Policy, 1997). The current economic crisis in Thailand has adversely impacted the number of nurses employed. While there is a clinical need for nurses, the limited funds available for health care has created a reduction in the number of nurses at bedsides.

HISTORICAL PERSPECTIVE

Nursing in Thailand has a long history. The first nursing school in Thailand was established in 1896. Queen Sripatchariantra, who was the daughter of King Rama IV and the queen of King Rama V first introduced nursing as a career for women. The tragedy of losing her infant child to cholera and the high maternal death rate motivated her to introduce modern nursing to Thailand.

The first permanent hospital and medical school were established in 1888. The hospital, Siriraj, is named after the Queen’s deceased son. One of King Rama V’s sons, Prince Mahidol of Songkhla is considered the father of medicine in Thailand. Prince Mahidol received his medical education at Harvard University in Massachusetts, USA. He invited the
Rockefeller foundation to assist the Ministry of Public Health to work at improving the quality of nursing and medical education in Thailand.

Prince Mahidol’s wife, the recently deceased Princess Mother, graduated in 1915 from the Siriraj School of Nursing. She provided royal patronage for the Thai Nursing Association. Her two sons were Rama VIII and the current King Rama IX. In the late 1970s, in celebration of the marriage of King Rama IX’s son the Crown Prince, funds were raised to build over 30 community hospitals.

The first nurses were daughters of urban nobility. These young women were the only ones who had the necessary 3 years of schooling required for entrance into nursing. In Thailand the Buddhist monks educated men but no formal education was provided to women. It was not until the reign of Rama V that women received an education (Muecke & Srisuphan, 1989).

The initial nursing curriculum emphasized obstetrical nursing, in particular midwifery. These programs were in line with the Queen’s wish to decrease infant mortality and maternal deaths. It was primarily foreign physicians who taught the curriculum. In addition to the focus on birthing and care of the newborn, students also took a 1 year course designed to teach nurses how to assist patients with their daily living activities. At that time it was inappropriate for female nurses to give personal care to men. A school of nursing for men was established in 1914 in order to provide care for men. With the Prince’s return from Harvard, he began the development of nursing education into a knowledge-based program (Sethajun et al., 1986).

The first baccalaureate degree program for nursing was established in 1956 at Siriraj, Khon Kean University in Northeast Thailand in 1971 established nursing as an independent professional development with the creation of the first Faculty of Nursing. It was not until 1973 that the Faculty of Education established the first master’s degree program at Chulalongkorn University. In 1978 all nursing colleges required 4 years of education. Then, in response to the shortage of nurses particularly in rural areas, 2 year technical programs were established. The Faculty of Public Health of Mahidol University began the first doctoral program in public health nursing in 1984 (Muecke & Srisuphan, 1989). A collaborative doctor of nursing science degree program involving four public universities was created in 1990.

At Chiang Mai University the first international master’s degree program was established. The first PhD degree in nursing was also started at Chiang Mai University in 1997. Beginning in 1999 an international PhD program began. In this program students study at both Chiang Mai University and at selected universities in the USA. When in the USA, students are mentored by faculty with expertise in the area of their dissertation research.

LICENSING LAWS

The licensing laws have changed much over the past 25 years. The nursing practice act was first passed in 1975. This law began the national regulation of nursing practice. The act was revised in 1997. The definition and scope of nursing practice was modified with these revisions. The Thai Nursing Council was established in 1975. The council is responsible for overseeing nursing practice. The Council Committee comprises 32 individuals. Sixteen members are elected by the nurses of Thailand. The other 16 members are appointed to the board by other agencies such as the Ministry of University Affairs and the Ministry of Public Health.

In 1998 the first national examination for nursing graduates was administered by the Nursing Council. Prior to this time graduation from an approved school of nursing or university was all that was required for licensing. The license is renewed every 5 years. The examination covers six areas and is administered three times a year. The student must pass each individual section.

The Nursing Council, a non-governmental agency, is also responsible for the accreditation of all undergraduate nursing programs in Thailand. There are 62 nursing educational institutions in Thailand. These include the 13 university-based programs that are within the Ministry of University Affairs and 35 schools under the Ministry of Public Health. There are also other nursing programs located in agencies such as the Department of Police, the Department of the Army, the Airforce, and the Navy. In addition, there are a number of other nursing programs located in private universities.

The accreditation is granted for 2–5 years (Tontipalacheewa, 1998). As in the USA, the review includes the curriculum, numbers of faculty and their qualifications, infrastructure to support the educational programs, and financial resources available to provide quality educational offerings.

NURSING PROGRAMS

Even though the Thai Nursing Council regulates the accreditation and licensing of nursing schools, there are several different routes students may take. The students can enroll in established BS programs
administered by the Ministry of University Affairs. They can also attend a school under the jurisdiction of the Ministry of Public Health or they may enroll in one of the private universities offering nursing degrees. Students may also enroll in one of 10 private universities, military, police department, metropolitan, or Red Cross programs, which offer nursing degrees (Table 1). There are also a number of technical nursing programs in Thailand which started in 1980 to address the nursing shortage problem in the country. These technical programs are 2-year programs. The nurses who attended these programs can enroll for an additional 2 years to become professional nurses.

Because of the severe shortage of nurses, the Ministry of Public Health established new programs to provide staff for their facilities. Each program is now affiliated with one of the 11 established universities for academic support. The university-based programs provide curriculum and instructional consultation, staff development activities, and other professional support to these schools.

Upon completion of the curriculum in the Ministry of Public Health schools, the students receive a certificate of completion. In order to receive the BS degree, the Ministry of Public Health graduates must pass a comprehensive examination administered by the university with which their school is affiliated. The comprehensive examination is the same test given to the graduates at the affiliated universities. However, each of the 12 universities developed their own comprehensive examination. Upon passing the test the students are granted a BS degree from their affiliated university.

As in many other countries Thailand uses a national and regional examination process to assist with admission decisions. The regional examination is given to students who live in a region near a national university. For example, Chiang Mai University’s regional exam is for applicants who live in any of the 17 northern provinces. Fifty per cent of students are admitted based on their scores in this exam.

The national entrance exam is given to all students seeking admission to any public and some private universities located in Thailand. The national exam is administered in October and March of each year. The applicants know their score prior to their selection to the faculty. About 95% of applicants are women. The undergraduate applicants are between the ages of 18 and 20 years.

The national examination is comprehensive in scope. The subjects covered in the examination include chemistry, physics, biology, mathematics, English, Thai language, and social sciences. On the application form the student lists which universities he/she would like to attend as well as the intended area of study. The top ranked students then have the option of studying at any major university of their choice. The more prestigious universities typically attract the best students. The admission process to the Ministry of Public Health nursing colleges is less structured. Students who live in the provinces served by the schools have first priority for admission.

The nursing programs typically have on average seven students applying for each place. A faculty admission committee usually interviews the top applicants. The interview results combined with the examination score are the basis of an admission decision. All applicants must have submitted a competency report concerning the subjects taught in their senior high school program. Because of the quality of the public universities and the relatively low tuition cost (approximately $100 per year), competition for admission is more intensive than in private schools.

In March 1999 there were approximately 4000 new nursing graduates who took the licensing exam. Students in some of the public programs have the option of receiving a tuition waiver and a low monthly salary. In return, upon graduation the student agrees to work in a public hospital 1 year for each year of support received. However, because of the current economic crisis in Thailand there are no positions for many of these nurses once they graduate. As a result some of these students have been released from the payback provision.

In the Ministry of University Affairs nursing programs, students take basic science courses with students in other majors from other schools in the university. The nursing courses, depending on the university, begin in the second or third year of study.

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<td>Total</td>
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* Chulalongkorn University does not provide undergraduate nursing education.

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Table 1. Nursing education in institutes in Thailand, 1998
In the Ministry of Public Health nursing colleges, the nursing faculty teaches many of the basic science courses. These schools also use adjunct faculty to teach social science and some of the basic science subjects.

TYPICAL PROGRAM
The academic year starts in June and ends in February with a 2 month break during the first and second semesters and 3 week break in the summer which begins in March and ends in May. Classes are held daily with the first class generally scheduled for 08.00 am and the last class finishing at 05.00 pm. Students can choose their class schedule. In the university, students may finish a class at 08.00 pm for laboratory.

In a typical 4 year program students are required to complete 30 credits of general education, 90 credits of core education and at least three for elective to make a total of not more than 150 credits. The requirements usually include such courses as biology, philosophy, sociology, physiology, microbiology, economics, statistics, biochemistry, Thai language, and English. The nursing curriculum is similar to those in the USA with the major courses being nursing fundamentals, adult health, geriatrics, psychiatric mental health, pediatrics, obstetrics and gynecology, and public health. Students also receive instruction in midwifery and primary care. Each student in the midwifery course delivers at least five babies. In the primary care courses the students learn how to diagnose and treat a variety of minor illnesses. They also learn how to suture minor lacerations (Ministry of University Affairs, 1996).

Content and the clinical applications are taught concurrently. Some universities teach the content in 5 week blocks. The clinical hours are 4–6 h per week per credit. The number of credits varies with each course. Within the Ministry of University Affairs, Faculty of Nursing, the faculty to student ratio in clinical settings is 1:4 to 1:8 depending upon the course. The ratio in the Ministry of Public Health and in some private schools is in some cases higher. These programs tend to also use more clinical preceptors.

Students in most universities are involved in evaluating the curriculum, teaching–learning process. However, faculty members in most cases do not solicit feedback from students regarding teaching quality or instruction. Student evaluations are seldom used in decisions about retention and promotion of faculty. However, in the future, the evaluation result may be used because the quality assurance is used for quality control.

FUTURE DIRECTIONS
Thailand’s entry level into practice is at the baccalaureate degree. Degree completion programs are also provided for technical nurses who want to further their education and study for an additional 2 years. Because of the significant shortage of nurses in Thailand in the past 5 years, there has been a rapid increase in the number of nursing programs within the Ministry of Public Health. This growth has created a significant shortage of faculty prepared to teach in nursing colleges. Thai Nursing Council and the Ministry of University Affairs control the quality of nursing education for the whole country (Table 2).

In the master’s programs the emphasis is primarily on educating nurse specialists in a variety of fields and nurse administrators. The clinical nurses upon graduation are often employed as educators and staff nurses. They do not have the expertise as advanced practical nurses.

In the current 5 year plan developed by the Ministry of Public Health, a key goal is to improve the quality of health care. It seems that the universities will need to respond to this request through the establishment of advanced practice nursing programs. In addition, they may need to place greater emphasis on clinical competency in the existing MS programs.

Both Chiang Mai and Mahidol Universities are creating programs that will meet these needs. These universities are jointly developing a family nurse practitioner program in collaboration with the University of Hawaii. They will in the near future, prepare an advanced practiced nurse who can provide quality and cost-effective primary care.

The current doctoral programs are also being redesigned to strengthen the quality of the research. In 1999 an international PhD program, supported by the Ministry of University Affairs, is being implemented at Chiang Mai University. In this program, the Thai student studies in the USA with experts in the area of his/her dissertation research. The student will spend 1 year in the USA and 2 years studying in Thailand.

Table 2. Qualifications of nurse-educators in Thailand, 1997

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The Nursing educational system in Thailand is growing and can be a model for other countries. The current nurse leaders of the country are committed to improving the educational system and positive changes will continue to occur.

ACKNOWLEDGMENTS

The factual information in this manuscript was obtained from interviews with nursing leaders in Thailand. We would like to thank in particular Dr Wichit Srisuphan, Vice President for Academic Affairs, Chiang Mai University; Dr Tassanda Boontong, First Vice President of the Thai Nursing Council and Associate Professor Wilawan Senaratana, Dean, Faculty of Nursing, Chiang Mai University.

REFERENCES


