

## Bilingual nursing education for Thailand: Facing the challenges head-on

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### Abstract

Bilingual nursing education has increasingly gained attention worldwide, and rightfully so, with global economic changes, an increased migration, and increased demand for quality care. This is particularly true in Thailand where the demand for bilingual healthcare providers is critical. The nursing profession, which comprises a very large percentage of the healthcare work force, is in direct contact with the growing number of foreign patients coming to Thailand for care. This has implications in the delivery of care and subsequently the quality of care outcomes. Attempts to meet these expectations are not without challenges. This paper addresses the history of bilingual education and the needs of bilingual nursing education for Thailand. It further reviews the bilingual nursing education in countries that have experience with programs that have been in effect for some time. It is hoped that programs in Thailand can gain insight from the experience in these countries that could be used to avoid mistakes and benefit from successes. The recommendations are formulated with the intention of positioning institutes of higher education in Thailand to be able to take advantage of the greatest opportunities for success.

**Keywords:** *bilingual education, bilingual nursing education for Thailand, bilingual nursing education programs*

### บทคัดย่อ

การศึกษาวิชาการพยาบาลสองภาษาได้รับความนิยมไปทั่วโลกด้วยเหตุผลของภาวะเศรษฐกิจที่เปลี่ยนแปลงไป การเคลื่อนย้ายแรงงานที่เพิ่มขึ้น และความต้องการคุณภาพของการบริการสุขภาพที่เพิ่มขึ้น ประเทศไทยกำลังเผชิญกับภาวะของการเปลี่ยนแปลงนี้เช่นกันเมื่อความต้องการบุคลากรทางด้านบริการสุขภาพที่สามารถสื่อสารได้มากกว่าภาษาไทยมีมากขึ้นถึงจุดที่น่าเป็นห่วงโดยเฉพาะอย่างยิ่งพยาบาลวิชาชีพซึ่งถือว่าเป็นกลุ่มที่มีจำนวนบุคลากรจำนวนมากเมื่อเทียบกับกลุ่มบุคลากรอื่นในองค์กรที่ให้บริการทางสุขภาพ พยาบาลวิชาชีพเป็นผู้ให้บริการโดยตรงแก่ผู้ป่วยต่างชาติที่เข้ามาใช้บริการในประเทศมากขึ้น ส่งผลให้เกิดความคาดหวังที่สูงขึ้นทั้งด้านการบริการและผลลัพธ์ของการบริการสุขภาพที่มีคุณภาพ สิ่งที่ทำนายคือความพยายามในการตอบสนองความคาดหวังดังกล่าว บทความนี้เขียนขึ้นเพื่อทบทวนประวัติศาสตร์ของการศึกษาโดยทั่วไปและการศึกษาวิชาการพยาบาลสองภาษาในประเทศไทย ทบทวนการศึกษาวิชาการพยาบาลสองภาษาในต่างประเทศที่ได้เริ่มต้นและมีประสบการณ์มาก่อนหน้านี้ซึ่งคาดว่าจะช่วยให้สามารถหลีกเลี่ยงความผิดพลาดและเรียนรู้ประโยชน์จากความสำเร็จที่ปรากฏได้ และสุดท้ายคือข้อเสนอแนะในการจัดการเพื่อให้สถานการศึกษาระดับอุดมศึกษาในประเทศไทยได้ใช้เป็นประโยชน์เพื่อโอกาสในการสร้างความสำเร็จของหลักสูตรการพยาบาลสองภาษาต่อไป

**คำสำคัญ:** *การศึกษาสองภาษา, การศึกษาพยาบาลสองภาษาของประเทศไทย, หลักสูตรพยาบาลศาสตรสองภาษา*

### 1. Introduction

Throughout history, language has been used to express thoughts and ideas establishing social and cultural identity. It is very widely accepted that people have a right, if not an obligation, to speak and learn their native/first language, especially in those countries where multiple languages are used. In view of the fact that there are more than six thousand languages spoken in the world, emphasis is being placed on the most commonly recognized languages being used for communication. These languages are Mandarin, Spanish, English, Arabic, Hindi, Bengali, Portuguese, Russian, Japanese, and German (Lewis, 2009). At least half the world population speaks two

or more languages in daily life (King, 2003). Bilingual education has increasingly gained attention worldwide due in part to the impact of globalization.

In an effort to fight poverty, the World Bank supported a study aimed at identifying strategies to help students effectively move from first language (L1) to second language (L2) (Dutcher & Tucker, 1997). This is essential in order to take advantage of the opportunities for greater exposure to the global economy and world knowledge. The United Nations Educational, Scientific and Cultural Organization (UNESCO), in its *Education in a Multilingual World* (King, 2003), supported the notion of balancing the learning of first language

(mother tongue) with providing access to international/global languages of instruction. Its position is based on globalized economic growth as well as advances in communication technology.

Bilingual education may mean different things to different people depending on who is providing the interpretation. King (2003, p. 17) defined bilingual/multilingual education as “the use of two or more languages as mediums of instruction”. It is advantageous for the nursing profession to provide bilingual nurses with a means to improve their ability to provide safe, quality patient care, improve opportunities for exposure to new/advanced knowledge, and improve the opportunity for jobs with better compensation. In response to the increasing challenges faced with the delivery of competent care in terms of both culture and language, healthcare facilities in the United States, as an example, must provide staff with certified language proficiency, identify the patient’s communication needs, and respect the patient’s right to be informed in a manner that provides a clear patient understanding in order to become accredited (Arocha & Moore, 2011).

The need for bilingual nurses in Thailand is very evident as the country aims to be a regional medical hub, to promote medical tourism. Currently, two of the major private hospitals in Bangkok report foreign patient populations to be as high as 40% of total patient days (Johnson, 2011). The effort to provide care to a large foreign patient population needs to be supported by well-equipped, modern medical facilities and well-trained, culturally and linguistically competent, physicians, nurses, ancillary, and support staff.

## 2. Background

Thailand has long recognized the value of bilingual or multilingual communication especially the prestigious language of English. It was in the early 18<sup>th</sup> century, during the colonization era of Southeast Asia, when English, French, Spanish and Portuguese were introduced (Baker, 2008; Crystal, 2003). It was during this time that western missionaries arrived in Thailand and because they found conversion difficult they were relegated to teaching, medical work and the introduction of modern technology. These initiatives encouraged the need for an understanding of English (Baker & Phongpaichit, 2005). It was during this time that

King Rama III recognized the importance of English as a key to success in introducing the technological advances he found so important to the development of the country (Sukamolson, 1998; Toh, 2003). King Rama IV, who was a great scholar, was very much interested in languages and used western languages (Latin and English) fluently.

King Rama V, Chulalongkorn, who is credited with modernizing Thailand, was greatly influenced by a number of western scholars who served as his tutors and foreign affairs advisors (Baker & Phongpaichit, 2005; Fry, 2002). His particular interest was providing the Thai people with an opportunity to use the English language as a vehicle through which they could take advantage of what the modern world had to offer.

The 1980’s saw an influx of tourists to Thailand, which led to the demand for English language skills, particularly in the service industry. Furthermore, the influence of western companies setting up business in Thailand has made English the foreign language of choice (Foley, 2005).

## 3. Significance of bilingual nurses in health care in Thailand

Studying in the bilingual nursing program allows students to develop the language confidence necessary to meet an increasing demand as well as broaden their life experience after graduation. There is no doubt that bilingual nursing graduates will find opportunities outside their home country of Thailand. Thus raising the question of whether or not this will add to the nursing shortage in Thailand. This concern can be countered by the fact that the number of graduates actually seeking international positions is relatively small (NCSBN, 2011) in part due to the language and cultural gaps seen in foreign country licensing exams, such as the NCLEX. Of much greater concern regarding the shortage of nursing in Thailand is the fact that approximately thirteen percent of new graduates who worked in the public sector left during their first five years of employment and nearly twenty percent left within ten years (Sawaengdee, 2008). The healthcare leaders in the country have the option of providing competitive salaries and benefits to bilingual nursing graduates in order to keep them in Thailand. A large number of nurses presently staying at home or working in other than the healthcare market in Thailand might be swayed back into the work force

if salaries, benefits and opportunities for advancement and refresher education were available to them, particularly English language proficiency.

Two significant factors which accelerate the needs for bilingual nurses are 1) *Government policy - Medical hub*, and 2) *ASEAN economic community (AEC) 2015*.

1) *Government policy - Medical hub*. For many years Thailand has been known as a medical hub for Asia due to its internationally recognized high quality healthcare services, offered at a comparatively low cost. In 2007, there were approximately 1.4 million international patients who came to Thailand for the main purpose of seeking medical services (NaRanong & NaRanong, 2011). It is also estimated that the number of international patients will grow from 2.5% (estimated low growth) to 16% (estimated high growth) annually (NaRanong & NaRanong, 2011). This movement will inevitably result in an increase in the demand for qualified (bilingual) nurses.

2) *ASEAN economic community (AEC) 2015*. Established on August 8, 1967, the Association of Southeast Asia Nations (ASEAN, n.d.) aimed at promoting “regional peace and stability” while accelerating “the economic growth, social progress and cultural development” within the region, using “mutual respect” as the key principle. The Charter of the ASEAN, Chapter X, Article 34 specifies “the working language of ASEAN shall be *English*”. Thirty years later the ASEAN vision 2020 has been adopted by the heads of state or governments of the member states of ASEAN to bond together “in partnership in dynamic development and in a community of caring societies”. On January 30, 2007, at the 12<sup>th</sup> ASEAN Summit in Cebu, Philippines, an agreement was reached to “accelerate the establishment of the ASEAN Community to 2015”. The ASEAN Economic Community (AEC) is one of the three pillars of the ASEAN Community. The AEC Blueprint, signed in Singapore on the 20<sup>th</sup> of November 2007, declared leading ASEAN “into a region with free movement of goods, services, investments, skilled labour, and the freer flow of capital” (AEC Blueprint, 2008).

Adding to the present stress of providing linguistically competent healthcare providers is the AEC Blueprint, for the “free flow of investment.” This means an increase in healthcare business shares held by foreign investors (from the present 15% up to 70%). Furthermore, the AEC 2015 will bring

opportunities for Thai business and academic leaders in the form of both opportunities for higher investments in health service industries and greater movement of skilled healthcare professionals within the region (Economic Intelligence Center, 2012). In addition the free flow of skilled labor means freer mobility of the healthcare professionals (especially physicians and nurses) who are the key providers. It will be critical that Thailand positions itself to meet this potentially rapidly growing market need through bilingual nursing education, taking into account that nurses are the largest healthcare profession in the healthcare industry.

#### **4. Challenges of bilingual nursing education**

In addition to linguistic competency, bilingual nursing education will also need to include a cultural component so as to provide the students with an understanding of the expectations of the foreign patients, which would most likely be quite different from the local expectations. This cultural competency can be critical to the patients understanding of their care and their ability to comply with treatment plans that eventually lead to quality care outcomes.

The Thailand Nursing and Midwifery Council (Srisuphan & Sawaengdee, 2012) reported that currently there are 43,250 registered nurses needed to fill positions in healthcare services in Thailand. AEC in 2015 will bring even greater hardship to the country already experiencing a severe nursing shortage. The article further addressed the increasing demand for registered nurses forcing schools of nursing nationwide to increase their enrollment. The recommendation was to increase the enrollment from 6,000 to 7,000-8,500 annually during 2006-2010 and up to 9,000 annually during 2011-2016 (Srisuphan & Sawaengdee, 2012). The demand for high-qualified nursing graduates (bilingual) who are able to provide quality care for both national and international clients will continue to rise. However, according to the Thailand Nursing and Midwifery Council, there are only 4 bilingual nursing programs out of 74 approved undergraduate nursing curricula and only one of two approved doctorate nursing programs is a bilingual program.

#### **5. Lesson learned**

In view of the increasing demand for nursing professionals worldwide, the global migration of nurses as well as the growth of the

population at large, the need for bilingual nursing education is very well recognized. Bilingual nursing education is believed to be the best way to prepare the students for a globalized healthcare system. The cases presented here are merely intended to provide samples of bilingual nursing education in various countries.

*United States.* Andersson & Boyer (1970) defined bilingual education as “instruction in two languages and the use of those two languages as mediums of instruction for any part of or all of the school curriculum” (p. 12). The first bilingual school in America opened in the 18<sup>th</sup> century by the immigrants from Europe, namely German, French and Scandinavian. At the time, there were merely “non-English speaking” schools with *English* as one of the subjects being taught. In 1968 the Bilingual Education Act was enacted to support (financially) the needs of students with limited English speaking ability (LESA) specifically Spanish-speaking students (Nieto, 2009). Since then, bilingual education has been a subject of national criticism.

Critical questions concerning the meeting of quality care and patient safety standards due to communication difficulties of the English as a Second Language (ESL) nursing students are the most critical facing bilingual nursing education in the United States (Irvine, Roberts, Tranter, Williams, & Jones, 2008; Olson, 2012; Doutrich, Wros, Valdez, & Ruiz, 2005). It is very important to note that for students who are studying in a bilingual nursing program, where English is not the native language, they must not only be proficient in academic English but also in medical/nursing terminology which is, by itself, a second language (Guhde, 2003). Furthermore, several studies found that ESL nursing students generally had low learning performance (Colosimo & Xu, 2006; Evans & Stevenson, 2009; Sanner & Wilson, 2008) and a low professional self-concept (Angel, Craven, & Denson, 2012; McDermott-Levy, 2011).

*China.* Influenced by globalization, the ministry of Education (China), in 2001, initiated a 3-year national program aimed at expanding the level of foreign language instruction to be 10% of the total courses (He, Xu, & Zhu, 2011). With one of the three aims of the bilingual nursing programs in China being to promote the export of Chinese nurses, the authors discussed the impact of bilingual nursing education and the success of the international qualifying exam required by all US State Boards of Nursing and the Commission on Graduates of

Foreign Nursing Schools (CGFNS) which was introduced to China in 2003.

He, et al. (2011) reviewed the history of bilingual nursing education in China (dating back to 1985), identified the current issues and trends, and offered direction for the future of bilingual nursing education in China. However, the main focus of the article was to address the perspective of teaching in a bilingual nursing program.

Although the majority of nursing students in China were enthusiastic about the bilingual program at the beginning of their school year, they often felt overwhelmingly challenged due to their limited ability to communicate in English as well as the bilingual nursing content. As a result relatively few of them were successful in the program (He, et al., 2011). The authors recognized the importance of the English proficiency of the educators as “crucial and decisive factors” in teaching bilingual programs and suggested that nursing faculty development and more international exchange programs would enhance teaching performance in the bilingual nursing programs in China.

*Saudi Arabia.* In the Middle East where Arabic is the first language, Suliman and Tadros (2011) discussed the effect of nursing instruction, delivered in English, on coping mechanisms of the students. For many years healthcare facilities in Saudi Arabia, where the authors conducted the study, were faced with a severe shortage of nurses forcing them to import non-Saudi nurses to fill the positions. With the majority of the hospital staff being non-Saudi, the hospital policy states that all communication in the hospital shall be in English while communication with the patients shall be in Arabic. As a result, admission to the nursing curriculum provides a prerequisite that includes the successful completion of “a foundation program” in English. Although the nursing school offers ongoing English courses at each level of their study in the program, the students still have to face the reality of their studies, which are delivered in the language that is not their native language. They also realize that success in the bilingual nursing program will make them more “competitive and more appealing on the international market”. This put tremendous stress on the students. The study found the pattern of coping to be inconsistent and emphasized the significant role of teachers and their teaching methodologies as a means to lessen the students’ stress level.

Researchers generally agreed that to improve the attrition rate of the bilingual nursing

students innovative and modification of teaching strategies are crucial (Mattila, Pitkäljärvi, & Eriksson, 2010; Sanner & Wilson, 2008; Starr, 2009) and that the most important first step is to assess the students' learning needs (Caputi, Engelmann, & Stasinopoulosm 2006; Davidhizer & Shearer, 2005; Evans & Stevenson, 2009).

## 6. Challenges from within

Perhaps most challenging is that the bilingual approach to nursing education for Thailand is relatively new and as a result nursing faculty may not yet be prepared to deliver instructions in a manner that would promote the efficiency and effectiveness of teaching/learning. In addition, the entry level of proficiency in English is not high enough to meet the requirements for bilingual nursing education. The students have to be linguistically proficient and at the same time try to master the nursing subject material. Furthermore, a unique characteristic of Thai students is their being shy. In addition, as from experience of the author, peer pressure is an issue since bilingual education used to be established for upper class citizens only and when students speak English or languages other than Thai they often are seen as being snobbish.

## 7. Recommendations

In order to meet the demands for bilingual nurses, driven by the growing medical tourism industry and the potential growth of facilities providing healthcare services to foreign patients due to the upcoming AEC in 2015, there are a number of recommendations that offer solutions to the general concerns of bilingual nursing education in Thailand.

*Redesign of the bilingual nursing program curriculum.* English language skills should be assessed at the time of application with a requirement of meeting minimum English language proficiency prior to being accepted into the program. With an English language proficiency level identified, the introduction of English into the curriculum should be done early in the program and gradually increased so that comprehension improves so by the time students begin clinical training they are relatively proficient in English.

The students should be immersed in opportunities to use English language. Simply encouraging the use of English in their daily life, among other students and friends, is an informal way of improving English language skills. Providing students the opportunity to work in an environment

that cares for many foreign patients is recommended as a very good way of encouraging the use of English language. This environment provides the opportunity to interface with other Thais who are also using the English language on a daily basis in the care of the foreign patients. This experience may increase the students' confidence level in using English.

It is recommended that the curriculum provide for the opportunity for the student to travel and rotate to a foreign country where English language is used to care for patients. This encourages the student to use English in their day-to-day living and working. "Nursing English" should be added to the curriculum as an introduction to medical/nursing terminology. English and/or bilingual textbooks and bilingual handouts can be effective additions to the curriculum especially when added as preview courses. In today's world of technology there are ample opportunities for students to take free on-line courses in English. Taking advantage of web based English language courses and resources should be encouraged. These courses can be accessed from anywhere with an internet connection thus allowing the students to work on their class(es) at their own pace (Koch, et al., 2011).

*Recreate the learning atmosphere that would be conducive to learning.* In order to create an atmosphere that is conducive to learning, students should be assigned classes according to their English proficiency. This allows students performing at a high level to be challenged and continue to excel and allows the teachers to provide more concentrated efforts for those students needing additional help. The general atmosphere should be English language based and one that encourages English language use and avoids the "shy" factor of Thai students. The "shy" factor can be overcome with confidence in speaking English and speaking English in an environment where language mistakes are accepted and corrected in a face saving manner.

*Develop faculty competency.* It is obvious that effective bilingual education is dependent on adequately trained and prepared faculty. The following discusses a number of initiatives that would help in preparing bilingual nursing program faculty to meet the challenges they face in providing for successful educational outcomes. Eligibility to teach in the program would have to be assessed carefully to ensure competency to teach in such a program. This would entail proficiency testing in English and individual knowledge related to

bilingual teaching. Financial incentives may have an influence in encouraging qualified faculty who are interested in bilingual education. As an augment to this, mandatory cultural introduction courses or passing a cultural assessment exam should be included in the requirement to teach in the program.

A combination of introducing qualified foreign nurse educators, perhaps as guest lecturers, who bring English as a first language to the faculty and providing the opportunity for Thai teachers to spend time teaching in a foreign country where English is the curriculum language would provide opportunities that would improve the quality of the faculty and the bilingual nursing program. Working in an environment that forced and encouraged the faculty member to use English in day-to-day working and living in the foreign country can only improve English language skills. Qualified foreign nurse educators, as guest lecturers, would force and encourage the Thai faculty to use English in day-to-day communication and thus improve their English language skills. Additionally qualified foreign nurse educators would force and encourage the Thai nursing students to use the English in day-to-day conversations with the foreign faculty. Educating the qualified foreign nurse faculty member to the Thai culture would also help facilitate meaningful English language interaction and help avoid cultural insensitivity.

## 8. Conclusion

The need for bilingual nursing education for Thailand will continue to escalate since the current demand for bilingual nurses has far outweighed the supply of qualified nurses who are culturally and linguistically competent to provide safe quality care for patients, local and foreign patients alike. Now is the time to accept and pursue the challenges the future holds. A recognized saying in English is “there is no time like the present”.

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