

VISIT TO BANGKOK AND CHIANG MAI, THAILAND, 2001

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VISIT TO THE CHULANLONGKORN UNIVERSITY IN BANGKOK (29 January 2001)

The Faculty of Nursing at the university was the pioneer of post-basic nursing education in Thailand in 1973. The Dean, Prof Jintana Yuniband and her staff of 21 academics offer a Master of Nursing Sciences with four different programmes including Nursing Administration, Nursing Education, Nursing Sciences, Mental Health and Psychiatric Nursing. The Faculty focusses on International collaboration, research, and excellence, and not on student numbers. It provides more than fifty percent of the nurse leaders in Thailand and currently have two hundred registered students. They focus on quality assurance, ethics, efficiency, equity, and excellence. An international programme is offered via Web based courses in collaboration with the Universities of Colorado, Maryland, and Purdue in the United States. Many similarities between the Nursing Education Systems of Thailand and South Africa were identified and interest in faculty and student exchange between this Faculty and the Department of Advanced Nursing Sciences was indicated. The possibility of future cooperative research projects should be explored.

The following important key points were identified during the visit:

1. Ethics and excellence should play an important part as key concepts in the vision of health institutions.
2. In all educational settings the focus should be on the quality of academic work rather

than great number of students especially in the accompanying of master and doctoral students.

3. Collaboration and partnership between national and international universities are becoming a common practice world-wide with regard to international conferences and research studies.

INTERNATIONAL CONFERENCE: IMPROVING HEALTH THROUGH HEALTH PROMOTION: NURSES MAKING A DIFFERENCE (31 January – 2 February 2001)

The aim of the conference was to provide a forum for nurses and health care providers to explore interdisciplinary opportunities for research that would positively impact on the health of individuals and to explore health promotion activities internationally and develop collaborative relationships.

During the first day, discussions focussed on *evidence based practice* in health care. Health care decisions have to be based on the best research evidence available and the availability and accessibility of research and electronic data bases have to be increased. It was noted that the face of health care is changing due to the high costs of health care and that health promotion and risk reduction is therefore a promising approach. A grass roots community approach integrated with an empirical/theoretical approach is the challenge. The focus should be on health behaviour development rather than health behaviour change. The need for early behaviour

education for children, and for longitudinal studies to establish effects of interventions, community wide programs, and the tailoring of health behaviour intervention programs to cultural and individual differences, was indicated. Global sharing of health promotion intervention research is absolute to gain an international perspective on health promotion.

The second day emphasised the importance of the WHO and its health promotion policy. The WHO's 4 strategies for health promotion (5th global conference Mexico City, June 2000) were noted, namely: to reduce mortality and disability, put health at the centre of economic and development policy, reduce health risks, and establish health systems that equitably improve health outcomes. The priority areas identified included improving the health of women, food and nutrition, tobacco and alcohol control, and supportive environments. The 1998 Ottawa Charter for Health Promotion advocated mobilisation of and assistance to member states to implement strategies and form global, regional and local health promotion networks. There has to be global control on tobacco advertising, marketing, sponsorship and smuggling. Health promotion should form the corner stone of WHO policies and action, and must be evidence based. Health promotion should be aimed at young people, health communications, health systems, evidence based approaches, disadvantaged populations, key diseases, and risk protective factors. Culturally sensitive proven strategies have to be implemented to assist member states. The WHO will have to stimulate joint action, coordinate activities, and expand partnerships e.g. private sector. A common agenda has to be followed to ensure that activities are complemented and not duplicated.

Discussions on the third day examined the concept of globalisation in terms of health education. The global village has been formed due to travel, science and economic systems and computerisation which opened the world. The many challenges to health education and health care delivery includes:

health concerns such as HIV/AIDS, tobacco, infectious disease, health care costs, health education, which is still a low priority, and health behaviours - a new paradigm is necessary to address the global village:

- Define minimum essentials for health education that every citizen should know, skills behaviours
- Core curriculum to be developed for health education for the globe
- Standardisation in health education degree programs
- Create virtual classrooms for health education
- Leadership Institute to train leaders in global health education
- Collaboration to enhance health education.

The following recommendations were made:

- Nursing education: realign nursing curricula: shift emphasis to health promotion to both undergraduate and post graduate levels. Partnership, teamwork, capacity building, community based curriculum, involve communication in making choices and implementing these. Health needs of a country/population should determine nursing curricula.
- Nursing should focus on advanced practices for nurses, ethics, diversity, promotive health care, prevention, global health care, community partnerships, risk reduction, sensitivity to culture and individuals, healthy lifestyle, health prevention and promotion.
- Existing WHO offices should become partners with academic institutions and should focus on evidence-based research that advances the application and implementation of health promotion principles and approaches in developing countries.
- An international nursing research priority is health promotion. Health promotion should be viewed as extending across the

life span. (childbirth to elderly). Health promotion should also take place across populations and disease conditions. Cross-national and cross-cultural nursing research is urgently needed.

BASIC KEYNOTE IDEAS IDENTIFIED DURING THE INTERNATIONAL CONFERENCE: IMPROVING LIFE THROUGH HEALTH PROMOTION: NURSES MAKING A DIFFERENCE IN CHIANG MAI, THAILAND

Nurses should focus on an evidence-based approach to Health Promotion policies and practices: using the full range of quantitative and qualitative methodologies. Health Promotion was emphasised as a fundamental component in health programmes in all countries. The following premise was highlighted:

- Health is both a fundamental right and a sound social investment.
- The heavy burden of work among health care professionals has not always supported the involvement of nurses in health promotion. The emphasis in nursing training/curricula and practice should be on promoting existing health rather than restoring health. A basic assumption of nursing should be that it is important to prevent a health problem rather than cure such a problem.
- Nurses in the health services of the future will be required to:
 - stimulate healthy lifestyles and promote self-care
 - educate about health promoting issues
 - work within health teams composed of different professional groups.

The fight against tobacco use continues. Four million people die every year from tobacco and this figure can rise to almost 10 million by the 2020s.

Special attention should also be given to the importance of physical activity, of sport and recreation, and health promotion effects directed at young people. This has a great potential for advancing the public's health.

RESEARCH PRIORITIES

Research in Health Promotion in the WHO South-East Asia Region (10 countries) indicated that this region has 25% of the world's HIV population including Thailand, Indonesia, Malaysia, Bangkok.

Challenges for the future:

- Health should be placed at the centre of the development of human beings.
- Universal access to quality health care is needed.
- Prevention of health risks and hazards.
- Cost-effective role of nurses in reducing excess mortality, morbidity and disability and in promoting healthy life styles should be promoted.
- Promotions of the positive aspects of health.

Other research areas in Health Promotion that needs urgent attention:

- Tobacco Free Initiative
- Making Pregnancy Safer
- Mental Health issues
- Risk factors and health determinators
- Development of model for comprehensive community/home based home care

Problems encountered in reproductive health

- unwanted pregnancy
- unsafe abortion
- anaemia in pregnancy
- low birth weight baby

Research topics on AIDS

- Review of existing AIDS surveillance program
- Mother to child transmission

CONCLUSION

The inequity in health of specific groups and for specific health issues should be addressed. Health systems reform is needed.

Existing health systems have contributed inadequately to the achievement of good health and quality of the life of the people. People are going to live longer but have more diseases to confront.

Consumer empowerment through a health system which provides efficiency, equity and quality is needed. Health policies and visions should be changed from *Health for All* to *All for Health*. The following mind shifts should be considered:

- Hospital Nurse versus Community Nurse
- Hospital Care versus Home based Care
- Curative Care versus Holistic Case/Integration
- Clinical skill versus Lifestyle skill

SUMMARY

An ecological perspective for healthy cities, schools and hospitals is essential. Nurses have to contribute towards policy making, and there is still a gap between knowledge in nursing and application to practice.