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Malaysian nurses' views: Local versus Transnational Higher Education

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Abstract

This paper reports the findings of a study undertaken with Malaysian nurses who studied for a locally provided part-time post-registration top-up Nursing Degree versus those who studied on a Transnational Higher Education (TNHE) programme. Both types of programmes are bridging courses that allow registered nurses to upgrade their Diploma qualifications to Degree level. What is not sufficiently explored in available literature is nurses' rationales for choosing a local programme over TNHE programme. Using hermeneutic phenomenology, six Malaysian nurses (chosen by snowball sampling method) were interviewed, in English and Bahasa Malaysia (Malaysian language). Thematic analysis was used to analyse data. The structure of the course and taught theory influenced the nurses' choice to study on a local programme: the deciding factor was the practice component that ensured a theory-practice connection. The findings principally provide insights to TNHE providers and may guide them to enhance their teaching delivery, support and courses.

Keywords: *Top-up; local; Malaysia; Nurses; Transnational Higher Education; TNHE.*

Introduction

Nursing is a relatively new academic discipline as nurse education shifted from hospital based apprentice type training during day-to-day work on the hospital ward to Higher Education Institutions. Initially, it led to diplomas for entry level nurse education but the current international trend is a shift from Diploma to Degree level. This means enhancing the education, professionalism, status of nurses and signifying parity with other disciplines within the professional context, healthcare and society. This move was also supported by the Institute of Medicine report (2010) that stressed 80% of nurses need to be Baccalaureate-prepared by 2020.

In addition, professional bodies of nursing around the world stress the importance of continuing education for trained nurses to ensure competency in providing safe and effective patient care (Malaysian Nursing Board, 2008; Nursing and Midwifery Council, 2011; Australian Health Professionals Regulation Agency, 2013). Further, increasing access to knowledge due to development of information and communication technologies (ICT) has led to higher expectations for quality bedside patient care and experiences. Abdullah

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(2010), the former Director of Nursing Malaysia stressed that the demand for quality meant nurses must have greater accountability to maintain professional competence. It means nurses updating their knowledge and applying that knowledge in practice settings (Dickerson, 2010).

Post-registration top-up nursing degrees enable nurses with diplomas (240 credits) to upgrade to a Degree qualification (360 credits) from a wide range of programmes. In Australia, the diploma pre-registration nurse education programmes were replaced after two years of implementation with degree pre-registration programmes. In the UK, from 2013, all pre-registration nursing programmes were at undergraduate level. However, in Malaysia, the diploma courses continue with 90% of registered nurses being Diploma holders (Lim, 2012). There are fewer nurses with a Degree (Chong, Francis, Cooper & Abdullah, 2014; Yaakup, Eng, & Shah, 2014). Malaysia's National Vision Policy (Vision 2020), which illustrates Malaysia's commitment to becoming a fully developed country (Mohamed, 1991), emphasises the need for nurses with degrees. Recognising that only two percent of the nursing workforce had degrees, the Malaysian Ministry of Health offers a financial incentive of a graduate allowance of RM\$400 per month to encourage an increase of between 10 to 15 percent of diploma nurses to degree level.

The local post-registration programmes are mainly full-time with limited part-time provision. Therefore, the Malaysian Nursing Board took measures to increase part-time programmes. It allowed private colleges linked to private hospitals, private Nurse Education universities and public universities in Malaysia to develop links with certain university Nurse Education providers in America, Britain and Australia to deliver part-time Transnational Higher Education (TNHE) programmes.

This paper explores Malaysian nurses' rationale for pursuing locally provided part-time post-registration top-up degrees versus a TNHE programme. The TNHE programmes allow nurses to obtain an international education (Chapman & Pyvis, 2007), high status western degree at low cost (Birks, Chapman & Francis, 2009) and to learn western practices and innovation (Ismail, 2006). Despite these opportunities, certain nurses still opted for the local programme. This strand also appears to be "*hidden from public view*" (Seale, 2004: 72).

Pre-registration nurse education

The International Council of Nurses (2008:12) stresses that "*university preparation is essential if nursing is to receive the public trust as a profession and, accordingly, be granted the accountability and rewards of professionals*". Each school of nursing initiates and develops their own undergraduate programmes for student nurses that reflect their preferred approaches to curriculum development and implementation. Thus, they vary between providers / universities within and between countries.

In the UK, student nurses are required to fulfil theoretical, clinical and professional criteria as laid down by their professional body, the Nursing and Midwifery Council (NMC) (2010). These are interpreted by each individual HEI providing pre-registration nurse education. To register with the NMC and attain the title Registered Nurse, a nurses' specialisation rather than academic level is recorded. This is similar in Australia. Student nurses are assessed by their HEIs and are required to demonstrate the ANMC's national competency standards. These standards that provide a framework for assessing competency are also used to assess nurses' eligibility for annual renewal of their licence to practice and for involvement in professional conduct matters. Mainly, these standards are used by HEIs to develop curricula to assess student and new graduate nurses' performance (Australian Qualifications Framework Advisory Board, 2002). The Australian Nursing and Midwifery Accreditation Council (ANMAC) previously known as Australian Nursing and Midwifery Council (ANMC) is now the sole accreditation authority for the nursing and midwifery professions under the National Registration and Accreditation Scheme (NRAS). The Nursing and Midwifery Board of Australia (NMBA) regulates professional registration, codes, standards, and competency (ANMAC, 2010).

The nurse education in Malaysia, originally was modelled on that of the UK, and has developed along similar lines and continues to be influenced by the trends and literature from the UK. However, it has evolved to suit the traditional and cultural rules of the country, whereby only certain elements remain to maintain the standards the government expects. In line with other developed countries, to improve the quality of nursing practice in provision of patient care, the traditional certificate awarded on completion of basic three year hospital-based training was replaced with diploma courses (Shamsudin, 2006).

Despite the transfer of traditional apprenticeship hospital based nurse training to diploma courses, these courses have remained as hospital based nurse training. Four year degree level pre-registration nursing courses are available only at selected universities. The cost and limited number of places in these degree courses means the majority of student nurses from public and private colleges of nursing still enter the profession and qualify for entry to practice or registration at diploma level. Student nurses in diploma and degree pre-registration nursing programmes are required to complete a three year diploma programme or three or four year degree programme of study. On completion of their study, all nurses in either diploma or degree programmes are required to take the national Lembaga Jururawat Malaysia [translated as Malaysian Nursing Board] examination of 100 multiple choice questions (Malaysian Nursing Board, 2002). On passing this examination, which is only assessed at Diploma level as stipulated by the Malaysian Nursing Board, both diploma and degree nurses register with the Malaysian Nursing Board for their annual practicing certificate at diploma level and are known as Registered Nurses or junior nurses (Malaysian Nursing Board Code of Conduct, 2002). On



completion of their pre-registration diploma courses and to consolidate their training in a clinical environment, nurses are encouraged to undertake six months or a year post-basic education to gain in-depth knowledge and clinical experience in specialised areas.

In the UK, all nurses register under a given part of the NMC register relevant to their original field (e.g. Part 1 - Adult, Part 2 – Child, Part 3 – Mental Health and Part 4 – Learning Disability) whether they are in diploma or degree programmes (UKCC, 2001; NMC, 2004). Similarly, in Australia where the diploma pre-registration nurse education programme was replaced by degree programmes, there is no national licensing examination. Instead the statutory authority in each state accredited individual university programmes against the specific requirements of that authority and the title Division 1 Registered Nurses was attained on registration (Nursing and Midwifery Board Australia, 1981; ANC, 1994). Now, registration with the individual state nursing boards has been replaced by registration via Australian Health Professionals Regulation Agency (AHPRA). AHPRA also oversees the national Australian Nursing and Midwifery Council and other Health Care Professions.

Once a student has successfully met the course requirements and is eligible for registration, they will be required to lodge an application for registration. In October 2012, the Nursing and Midwifery Board announced student nurses about to graduate as nurses are being urged to go online four to six weeks before completing their programme of study to enable a smooth transition from study to work.

The view in these three countries is that nurses with diplomas were not expected to meet the new degree standard but they had the option to top-up or upgrade their qualifications. There was also no financial incentive or an automatic salary increase except in Malaysia. However, it became apparent the degree increased one's chances of promotion (Ng, Ooi & Siew, 2015). When academic qualifications increased, some nurses were motivated to study as part of their personal and professional development to fulfil their moral and legal responsibility to update their knowledge, skills, status and for professional survival (Lim, 2012). As national needs in Australia and the UK became a degree-level entry, there was potential for diploma nurses to lose out in the job or promotion market due to competition (Frazier, 2011; Clinton, Murrells, Robinson, 2005; Swindells & Willmott, 2003). In Malaysia, it has become a bureaucratic target to meet the human resource needs of the national economy, as outlined in Vision 2020 (Hassan, 2010).

All pre-registration nursing programmes have an integration of theoretical and practical knowledge. The theoretical or viable knowledge is acquired in academic settings to enable understanding of what is being done and why (Allan, Smith & O'Driscoll, 2011; Hope, Garside & Prescott, 2011; Newton, Billet, Jolly & Ockerby, 2009). On the other hand, practical or process knowledge is learnt in clinical settings (Schwarz, 2014; Cathro, 2011). In nursing both the theoretical and practical knowledge are developed in parallel to enable

application of the knowledge in an integrated and meaningful way in the provision of patient care. This highlights the importance of theoretical knowledge being context-based to allow the nurse to process knowledge in their relevant practice (Chiu, 2006; Leininger & McFarland, 2006).

To enable nurses with diplomas to upgrade their qualifications, in the UK and Australia, both part-time and full-time post-registration programmes are offered. In Malaysia, public universities provide mainly full-time top-up degrees with very limited part-time option. The full-time programmes are funded by the government with the nurses either having a contract or being bonded to the government for double the time taken to complete the degree. The part-time programme is self-funded by nurses themselves as employers are reluctant to sponsor a local part-time programme. Both the local full-time and part-time programmes have a clinical practice component and honours title incorporated in their programmes.

In comparing the nurse training and education programmes in the UK, Australia and Malaysia, there are a few distinct differences and similarities. In the UK, there is no national examination for student nurses, instead student nurses must pass both their theoretical and practice learning outcomes set by their individual HEIs. In the UK and Australia, the HEIs send transcripts of their results to professional bodies for student nurses to be registered.

A local part-time programme

The local top-up post-registration Nursing Degree is modular in its approach, and has been developed to meet the needs of nurses working in a variety of settings and specialities (Malaysian Nursing Board, 2008). The teaching delivery of a module during a semester is on alternate weekends. There is a range of modules that nurses can choose to study; the focus of modules is to provide advanced knowledge on management and in the provision of the care of patients. All assessment activities must be completed within a required timescale and according to pre-determined deadlines. Like TNHE programmes, information about the assessment is made available at the start of each module. Assessments must be uploaded to the on-line Managed Learning Environment, and marked scripts are uploaded to the system with feedback. Nurses have the opportunity to seek face-to-face or email support for the completion of their assessments or to seek clarification from the feedback received. ICT is sometimes used to complement the face-to-face teaching.

The part-time degree pathway is taught over a two-year period. Nurses are taught theory in parallel to practice experiences within clinical settings to ensure the theory-practice connection for successful completion of all required modules (Arunasalam, 2013). On-line activities are provided during the semester and these complement the face-to-face teaching. Nurses who complete these programmes will meet the Malaysian Nursing Board's, 25 credit hours of mandatory Continuous Nurse Education to be able to renew nurses' annual licences (Malaysian Nursing Board, 2008). Similar to the UK and



Australia, completing the top-up degree does not change the nurses' registration to practice from their initial registration on completion of their pre-registration programmes as a nurse (Malaysian Nursing Board, 2007).

Transnational Higher Education programmes

TNHE courses are often delivered by 'flying-faculty' academics from the UK or Australia who 'fly in' to the country with which their university has collaborated to deliver teaching of a module as part of the two year degree pathway. On completion of teaching, the 'flying faculty' academics 'fly back' to their country (Smith, 2012). Teaching for a 15 credit module in a semester is delivered over a week whilst teaching for a 30 credit module is over two weeks. Following the teaching time-frame, the only contact nurses have with academics is via email. Assessments are submitted by uploading the script on the Assignment Portal in the on-line Managed Learning Environment. When marked, scripts and written feedback are uploaded back on the Assignment Portal to enable the students to access and view them.

It is 100% theory based and lacks a practise component. ICT is sometimes used in place of face-to-face teaching during a semester. On successful completion of the required number and type of modules according to the TNHE degree requirement, an academic award is achieved (Arunasalam, 2013). However, the lack of a practice component means it does not meet the UK Nursing and Midwifery Council or Australian Nursing and Midwifery Accreditation Council professional standards that nurse education programmes must incorporate both the theoretical and practice aspect. Thus, despite the TNHE programmes being from the UK or Australia, these nursing professional bodies do not allow these nurses an automatic right to register to practice in the UK or Australia.

Table 1: Differences between local and TNHE programmes

Local post-registration top-up	TNHE post-registration top-up
Theory delivered on alternate weekends on Sundays over a semester	Theory delivered 1 week for a 15 credit and 2 weeks for 30 credit module
Practice component	No practice component
Theory parallel to practice	Theory only
Support during semester provided by face-to-face contact and via email	Limited support during teaching weeks
Support for assignments provided via face-to-face and email	Support for assignments provided via email
Academic/Practice award	Academic award
No change to previous registration	No change to previous registration
Course fees include practice experience	Course fees only for theory
Course fees paid by individual but employer supports through salaries by allowing flexibility for working patterns.	Course fees paid by employer

In all three countries, local part-time top-up degrees were often delivered in the evening either by block course, or once a week, or at weekends. Teaching was face-to-face or by distance learning or a mixture of face-to-face and distance mode according to the registered nurses' personal and employment constraints. Nurses were supported not funded by their practice settings through their salaries and flexibility for working patterns or time release.

There is some literature on local and TNHE post-registration top-up Nursing Degree programmes (Ng, Ooi & Siew, 2015; Chong, Francis, Cooper & Abdullah, 2014; Arunasalam, 2013; Chong et al, 2011; Birks, 2006; Chiu, 2005) but, there is a gap in current literature regarding the views of Malaysian nurses who chose to pursue a local programme rather than a TNHE programme delivered in Malaysia.

Theory-practice connection

Evidence of a theory-practice gap has been identified as a global phenomenon in nursing (Gijbels et al., 2010; Wolff et al., 2010; Maben et al., 2006; Griscti & Jacono, 2006; Pelletier, 2003; Hardwick & Jordan, 2002; Glass, 1998). Egan & Jaye (2009) and Flanagan (2009) stated that the theory-practice connection in nursing, a practice-based profession, is important, because the theory, or 'knowledge by description', gives students an idea of what to expect and informs their nursing practice in clinical settings. Practice experiences, or 'knowledge by acquaintance', influences outcomes in patient care, patient safety and satisfies client expectation. It has been acknowledged that theoretical knowledge is directly related to the ability to perform in the clinical context (Moore, 2010; Whyte, 2009; Mantzoukas & Jasper, 2008; Banning, 2008 and Croxon & Maginnis, 2007). Also, studies undertaken by Cramer et al.(2011), Tourangeau et al. (2007; 2006), Estabrooks et al. (2005) and Aiken, Clarke, Cheung, Sloane & Silber (2003) indicated that higher educated nurses provide high quality care. Tourangeau et al. (2007) study showed that increasing the proportion of degree qualified nurses by 10% led to 0.9% reduction in mortality among discharged patients. Although there are differing expectations between educational and practice environments, it is clear that both theory and practice are essential to the outcomes for patients.

Data and Methods

Hermeneutic phenomenology, informed by the work of Max van Manen (2014), enabled participants to reflect and voice their views. Such design recognises the researcher's role and influence in the research and research process. The ethnographic principle of cultural interpretation allowed the researcher to study the nurses as 'natives' (insiders) and/or as 'strangers' (outsiders) (Geertz, 1973). As an insider, the researcher is sensitive to social cues and cultural beliefs expressed by nurses (Agar, 1986) whilst as an outsider providing meaning to nurses' descriptions so the reader can understand their experiences.



This was a qualitative study where an interview guide was used to conduct semi-structured interviews in English and Bahasa Malaysia (Malaysian language). Seven areas of the nurses' perspective were considered pertinent, essential and meaningful to provide breadth and add depth. These were: reasons for choosing to study in a local versus TNHE programme, expectations prior to commencing the programme, teaching and learning environment, personal development, professional transformation, implementation and acceptance of nurse-led changes. It enabled the unique voices of Malaysian nurses to provide a sense of who they are, as they explained and gave meaning to their experiences and their perceptions of TNHE courses. A demographic survey questionnaire was used to obtain the gender, age, years of experience, role in nursing and reasons for studying on a local programme.

The interviews took place in Malaysia between mid-August and mid-September 2010. The literature suggests interviews should take place in a quiet environment without interruptions (Silverman, 2006; Patton, 2002; Polit & Beck, 2016). Mutual agreement as to a time and venue, in spite of best intentions, meant interviews did not always take place under these conditions. Most participants opted to be interviewed during their lunch breaks or after their shifts at work for convenience. Hence, there were many interruptions to contend with, including the challenge of recording. Despite these challenges, none of the nurses appeared rushed or pressured from tasks left undone or had to be done that limited either their contribution or length of participation.

A total of six Malaysian nurses who had completed their local part-time programme were recruited via snowball sampling. This method of recruiting participants, where participants introduce others from similar courses, is supported by Merriam (2009) to locate information-rich participants. All six participants were female and from private hospitals, had five or more years' experience and held senior positions (6/6). Their ages ranged between 31-40 years (4/6) and 41-50 years (2/6).

Data analysis was developed from Benner's (1994) hermeneutic analysis that identified (a) isolating paradigm cases, (b) identifying repetitious themes from within and between cases, and finally (c) selecting quotes to illustrate themes. To enable meaning to be extracted from the data, van Manen's (2014) three approaches for isolating thematic statements -detailed, selective and holistic - were used.

The rights of all the nurses who participated in the research were protected through informed consent (Polit and Beck, 2016). The researcher's university Ethics Committee provided formal ethical approval; all other ethical aspects were upheld, including the requirements of the Data Protection Act 1998 (MSO, 1998) covering data held on computer. The consent forms, voice recordings and transcriptions were stored in a locked drawer and destroyed on completion.

Findings

Unfolding Malaysian nurses' perspectives through their own voice is key to this research, analysis, findings and interpretation. This research interprets six Malaysian nurses' reasons for pursuing a locally provided part-time post-registration top-up nursing Degree versus a TNHE programme. Interview extracts are presented using italics and left as close to their original state (for those that needed translation) to demonstrate grounding in the data. When Bahasa Malaysia and English were used, only the Bahasa Malaysia part of the conversation was translated. Some extracts were edited to maintain anonymity of the participating nurses.

Reasons to study on post-registration programmes

The six participants stated that their reasons to study on local post-registration programmes were similar to those of colleagues who had studied on TNHE programmes; i.e. their ambition to study and to achieve a degree. The difference according to these nurses were that TNHE nurses initially had assumed that the western degrees were: "*higher standard*" (Int: 0001) or "*prestigious*" (Int: 0006) compared with a local programme. However, during their degree pathway, their views changed. The TNHE nurses informed them that the teaching time-frame was similar to using a "*remote control*" i.e., when start module press "*switch on*" button, lecturers "*talk fast Monday to Friday*" [1 week for a 15 credit or 2 weeks for a 30 credit module] and then finish, press "*switch off*" button.

The nurses who studied in the local programme stated that their classroom and practice experiences were often challenging as it was directed towards enhancing the theory-practice connection. However, support was provided throughout the teaching period and even when they were out in practice they could arrange to meet with lecturers at a convenient time. Further, in practice settings they were supported by senior nurses and managers. In contrast, according to these nurses TNHE nurses had summarised their experiences as brief, fast, confusing, western-centric with the focus on assessment completion instead of patient care. There was also lack of support to complete their assessments during the teaching time-frame and then the 'flying faculty' flew back to their country. Their only support was through emails that often was not responded to by the 'flying faculty' for weeks.

Theoretical Knowledge

Participants acknowledged that both on the local and TNHE programmes, English was the medium of instruction. All of the nurses had difficulty in coping with English as it was not their first language. In addition, they were used to freely incorporating in their spoken English a mix of words from the various languages of the diverse ethnic groups' mother tongues. All six of them had studied on pre-registration programmes where *dwi Bahasa* (both English



and Bahasa Malaysia) had been used. Their coping strategy in class was the same as TNHE nurses: they kept a dictionary beside them.

All six participants accepted like **Interviewee 0001** that *“all nurses studying, we all stress, local or TNHE!”* These nurses acknowledged that the provision of TNHE programmes in Malaysia provided an opportunity for more nurses to obtain a degree. Nevertheless, **Interviewee 0004** stated *“Yes we get degree but nurses’ stress, stress, stress in TNHE”*. This is because during their pre-registration training, **Interviewee 0002** added *“teacher teach and we were given all information and teacher prepare us for exam”*. In short, **Interviewee 0001** stated *“they spoon-feeding us”*.

On the post-registration programmes, participants were challenged by the subject-specific or specialised language and unfamiliar concepts in their modules. The material they were taught, and had to learn, also had depth to ensure it enhanced the education, professionalism and status of the nursing workforce and the provision of patient care. Nurses on both local and TNHE programmes were expected to undertake independent learning.

According to these nurses, the difference was, as **Interviewee 0005** said:

“... in class we concentrate only. When finish class, if got question, one by one we wait, ask lecturer so we ‘save face’. When go home, don’t understand email or ask lecturer in two weeks”.

In contrast, on TNHE programmes the ‘flying faculty’ academics left the classroom immediately after teaching. After the teaching period ended, the nurses had to email the ‘flying faculty’ academics, who sometimes misunderstood what was being asked or else it took time to respond - which was sometimes not for weeks.

All nurses in this study said, like **Interviewee 0005**, that *“we must do independent learning but our lecturer give information”, ...we learn to, what we learn for at work for patient lab*”. But, *“TNHE nurses asking everyone, us also, everyone who study, manager, everyone – please help, how to do assignment”*. **Interviewee 0002** concluded that TNHE nurses *“they stress to finish assignment, don’t know what [they] learn”*, whilst **Interviewee 0003** said, *“they learn but to finish assignment only!”*

Practice Component

The main reason these six participants chose to study with a local university versus a TNHE university was, as **Interviewee 0001** expressed, *“I don’t want to learn only theory, I want degree with practice. After theory, nursing must have practice”*. Another participant, **Interviewee 0003** stressed *“It is much better to have theory, practice, experience and skill than theory only”*.

These nurses recognised the need to upgrade their knowledge, skills, experiences and qualification for personal and professional transformation and the enhancement of the professionalism and status of the nursing workforce. Mainly, they knew the importance of the practice component for nursing, a practice-based profession. This was to ensure they were in par with current and contemporaneous health trends.

That recognition led them to seek a programme with a practice component even though they had to self-fund for the programme of study and “*having to pay for practice*” [experience] (**Interviewee 0003**). The nurses acknowledged that they could have saved on their finances if they had chosen to study with TNHE universities. This is because employers, who had intentionally chosen TNHE universities for the nurses’ professional development, were focused on the ‘status’ of a western degree, limited time loss when the nurses had to attend their classes and the lower fees (as a practice component was not included). Further, TNHE nurses have to sign a contract and be bound to their employer or to work for their employer for four years on completion of their degree.

Theory-practice connection

Nurses on the local programme have a placement in a related clinical setting on completion of the theoretical teaching. These nurses observe, practice and gain competency with essential practices and skills. Senior nurses taught, observed, supported and assessed their skills competence. The need for deep-level thinking to integrate the theory to their nursing practice was essential. It was in parallel with the supporting knowledge, prevailing professional and social attitudes and values for provision of care. Participants believed these enhanced their insight, confidence and competency. **Interviewee 0005** stated: “*Theory connection with practice. Everything assessed [taught theory], linked to practice. This is big difference in local [programme] but TNHE degree, no*”.

Her views were supported by **Interviewee 0002**, “... *I get knowledge in class and apply to practice. TNHE nurses, they irritated, [knowledge] don't know what, how [to use] work here. Learn but cannot use*”.

Based on the views of **Interviewee 0005 and 0002** above, it was evident that the local programme enabled nurses to integrate the taught theory within their practice experience in clinical settings. The taught theory and practice experience became connected entities in their minds.

In contrast, according to these nurses, those who had studied on TNHE programmes were dissatisfied and frustrated due to their lack of understanding or lack of guidance to transfer TNHE taught theory in practice settings. **Interviewee 0004** stated “*Even, don't know how to use in practice*” whilst **Interviewee 0006** argued, “*There is no use having overseas programme [TNHE], nurses get degree but cannot use in Malaysia, why doing degree?*”

Further, **Interviewee 0005** emphasised that “*Everyone know overseas their way is different. If the way is different, the practice is different*”. Her point was that when these nurses returned to work “... *many people you have to change, not just nurses*”. **Interviewee 0002** argued that post-registration top-up Nursing Degree programmes “*is not only teaching, [teaching alone is not enough] they have to teach and show how to change ways and people [in practice settings]*”.

All six participants’ views were similar to **Interviewee 0003**



“Lecturers from UK, how they expect Malaysian students to apply UK teaching in Malaysian culture. ... Our living style, if you don't know anything about our culture, how they teach to applying teaching in practice?”

Discussion

The nurses from both the local and TNHE programmes were proud to have attained their degree or graduate qualifications, financial reward and the potential of enhanced career prospects. Thus, all these nurses had met the Malaysian Nursing Board (Malaysian Nursing Board, 2008) and Higher Education's Vision 2020 (Mohamed, 1991) aims to upgrade Diploma qualified nurses to a Degree level. According to these nurses, initially, the TNHE nurses appeared to be smug about their western 'status' degree.

The six nurses who had studied on the local programme stated that initially they were challenged to bridge from their previous learning mode to a new educational paradigm on the top-up programmes. This was because their previous didactic teacher led approach focused on learning by memorisation (Biggs, 2003; Ahmad, Shah & Aziz, 2005; Jedin & Saad, 2006). It was now replaced by the blended and independent learning style (Hyland, Trahar, Anderson & Dickens, 2008). However, they were supported by their lecturers who provided both face-to-face and on-line tutorials. They were also guided to learn from relevant resources which included e-learning that complemented the face-to-face teaching. In contrast, according to these nurses, for TNHE nurses, the teaching time-frame was within one or two weeks. In 2000, Bligh stressed the importance of remembering the 20 minute rule for concentration. Yet, the 'flying faculty' did not consider the impact this intense and accelerated pace of teaching would have on nurses. It led to TNHE nurses struggling to understand the what, why and how of the taught knowledge. Further, limited support was provided by the 'flying faculty' for the TNHE nurses. As western assessments require seeking information from a variety of sources, to debate and justify using academic writing conventions (Kingston & Forland, 2008; Montgomery, 2010), the TNHE nurses were stressed when they had to complete the assessments. This resulted in the TNHE nurses stating that there was limited knowledge development and change in attitudes towards patient care.

The outlook of the six nurses who had studied on the local programme shows the local degree programme was pedagogically designed to provide advance knowledge. As practice experience was in parallel with the theory taught, the nurses' insight was enhanced. It enabled them to use the questioning, critical and reasoning skills developed in the classroom in practice settings to provide care and minimise risk for both patients and nurses. It is in line with Moule et al (2010) view that the taught nursing knowledge must be understood by students to enable them to transfer it to the reality of their everyday practice. It also confirms Dyess, Boykin and Rigg's (2010) argument that theory-based nursing practice influences outcomes in healthcare organisations.

In practice, these nurses were already aware of the cultural aspects of care required for the multicultural, multiracial and multilingual patients (Chee & Barraclough, 2007; Hishamshah, Rashid, Mustafa, Haroon & Badaruddin, 2011). Thus, now they were able to use the taught knowledge to enhance the management and provision of care for patients. In addition, patients were also demanding knowledge-based nursing care (Levett-Jones, 2005). Heffernan, Morrison, Basu, and Sweeney (2010) argue that TNHE programmes are preferred in Malaysia because of the assumption that Western education and nursing tenets are superior. This was the reason the taught theory was similar to the programme in the exporter country's university. It was believed it may conflict with the expectations of the Malaysian Nursing Board (NMB), employers, and nurses while also compromising academic standards. Superficial changes are made to internationalise the curricula in line with Malaysia's social, cultural, and educational values (Leask, 2005). These nurses stated that their TNHE colleagues' views were that academics were not aware of the Malaysian education and health care systems. Thus, no consideration had been given to the cultural shifts nurses will have to make to ensure provision of care was consistent with the expectations and needs of the diverse patients. However, the theory–practice gap in nursing is a worldwide issue and not only with TNHE programmes in Malaysia (Gijbels et al., 2010; Griscti & Jacono, 2006; Hardwick & Jordan, 2002).

Also, the TNHE nurses realised on completion of their degree that their western academic qualification did not provide them with an automatic right to register with the western professional bodies. Their initial smugness about achieving a western 'status' degree very quickly became an embarrassment and disappointment. They were also aware that their academic achievement did not reflect the knowledge required nor the ability to apply their learning in practice. Their fast-track assessment-focused teaching and learning with limited support meant their focus had been on completing the assessment rather than their ability to learn and transfer the taught knowledge to their practice settings. Thus, Moore (2010); Whyte (2009); Mantzoukas & Jasper (2008); Banning (2008) and Croxon & Maginnis (2007) views that theoretical knowledge is directly related to the ability to perform in the clinical context was proved true. Further, the taught theory that should enable students to know what to expect to inform their nursing practice was the case with the nurses who had studied on local programmes and not with TNHE nurses.

According to the Malaysian Ministry of Health (MOH) Annual Report (2011) the performance of nurses working in private hospitals were lower than nurses working in public hospitals (MOH, 2011b). These six nurses also informed that in reality, it was obvious the MNB, Ministry of Health and Higher Education also perceived the TNHE degree to be of a lower status compared to that from the local university providing part-time top-up programmes. It became evident during job promotions that nurses who had studied with the local university were often given priority to jobs in comparison to nurses who



had studied with a TNHE university. It may be due to the lack of a practice component in their programme of study. Thus, these nurses concluded that the knowledge learnt must make a difference or enhance the care of patients in their multicultural, multiracial and multilingual Malaysian health care system (Chong et al, 2011; Birks, 2005; Chiu, 2005).

Conclusion

The limited provision of part-time post-registration top-up nursing Degrees in Malaysia led to collaborative links with the UK and Australia for TNHE part-time post-registration top-up Nursing Degree programmes. Whilst these are still quite new, they are expected to be a permanent reality in Malaysia as they provide opportunities for many nurses to upgrade their Diploma to Degree level. However, TNHE programmes provide some real challenges for example classroom experiences are short, overwhelming, western centric and assessment focused. Writing assignments was a new experience for most nurses but limited support was provided. Further, among the taught modules, only certain theory had added value and depth to their existing knowledge and practice. The six nurses who attended a locally provided part-time post-registration top-up Nursing Degree indicated that their reason for undertaking the programme was mainly the availability of the practice component. It ensured nurses developed the relevant theoretical knowledge and the ability to apply the taught knowledge in practice settings to enhance the quality of patient care. Thus, according to these nurses, their degree was educationally, clinically and professionally relevant and recognised. As it enabled the theory-practice connection, it enhanced their opportunities for career progression.

The study findings provide insight for nurses, employers, Malaysian Higher Education, Nursing Board and Ministry of Health. Tarc (2009) stated that TNHE programmes tend to be different from that of national systems of education. Thus, relevant strategies to improve the identified limitations on TNHE programmes need to be addressed. Only then, will it be beneficial for nurses not just in Malaysia but also in the ASEAN regional areas as the demographic characteristics and cultural beliefs are similar and shared.

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