

**QUALITATIVE ANALYSIS ON THE DIRECTIVE AND FORMATIVE STAGE OF  
FINNISH AND PHILIPPINES NURSING CURRICULA**

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**Background:** Comparison of written nursing curriculum in international level is essential part in scaling-up the nursing education and shaping the future of the nursing healthcare workforce. Philippines has been known as the world's largest exporter of nurses globally and the reliance on Filipino nurses has become a phenomenon. Furthermore, the phenomenon of nursing shortages and aging population of nursing workforce in European countries like in Finland and around the globe may open doors to Filipino nurses to supply to demand of nursing care. Hence, the study was conducted.

**Objectives:** The study aimed to analyze the directive and formative stage of the selected Finnish and Philippines written nursing curriculum.

**Methods:** The Curriculum Process developed by Torres and Stanton (1982) was adopted in the study implementing the Concept Map Method (Novak and Cañas 2001) to analyze the data.

**Results:** Findings of the study show similarities and differences between Finnish and Philippines nursing curriculum. Similarities are shown in *philosophy, theoretical framework design, characteristics of the nursing graduates, and curriculum design*. The curriculum differs in the *glossary of terms, distribution of course requirements and content map*. The Philippine nursing curriculum offers more subjects of general education and supportive courses compared to JAMK Finland nursing curriculum. However, JAMK Finland nursing curriculum offers higher number of nursing courses than in Philippines. The total number of units offered in the Philippines is lesser in number compared to JAMK Finland. However, the total number of hours is higher in Philippine nursing curriculum than in JAMK Finland.

**Conclusions:** Evaluation of the written nursing curriculum in directive and formative stages provides substantial information to understand the nursing education of different countries.

**Implication:** The results can be used for curriculum development and upgrading the written nursing curriculum locally and internationally.

**Keywords:** nursing education, nursing curriculum, globalization

## **1 INTRODUCTION**

Scaling up the nursing education is urgent and essential because of an increasing demand to work toward a global nursing curriculum (Hornberger et al. 2014). The globalization of nursing, health care in general, migration, variation in the scope of practice, and the complexities of healthcare systems prompted many challenges for nursing education development worldwide (Gao, Chan & Cheng 2012).

World Health Organization (WHO) estimated that 43 million global health workers in 2015 are needed worldwide including 9.8 million physicians and 20.7 million nurses/midwives (WHO 2017). WHO Global Strategic Directions for Strengthening Nursing stressed the need of working together to maximize the capacities and potentials of nurses through intra and interprofessional collaborative partnerships, education and continuing professional development (WHO 2016). Educational institutions need to increase their capacity to teach and the international community has an important role to play by partnering in support of country-led efforts to achieve these reforms (WHO 2013).

A diverse, adequate, and well-qualified workforce is the first step in quality safe care, and all health care providers have a role in patient safety (Sherwood & Franklin 2014). Nurses roles are critical in achieving global mandates such as Universal Health Coverage (UHC) and the Sustainable Development Goals (SDG). These mandates provide a challenge as well as an opportunity for making improvements in nursing education and services in a comprehensive way that encompasses health promotion, disease prevention, treatment and rehabilitation. Strengthening nursing workforce to support Universal Health Coverage is a key imperative for improving the health of populations. (WHO 2016.) To meet global health care needs, nurses often move within and among countries, creating challenges and opportunities for the profession, health care organizations, communities, and nations. Researchers, policy makers, health industry and academic leaders must, in turn, grapple with the impacts of globalization on the nursing and health care workforce. (Jones & Sherwood 2014.)

There are many disparities in the nursing programmes currently being offered in many parts of the world (Shishani et al. 2012, WHO 2009). Moreover, the nursing curriculum programs are more likely similar to those taught in Medicine focusing on etiology, pathology, diagnosis and treatment of diseases (Gao, Chan & Cheng 2012). Education and training bodies need to align their curricula to the population's health needs. Developing and developed countries need to

be engaged in scaling up investment in education. (Global Health Workforce Alliance 2008.) Assessing how well the nursing education program in the source country compares with the education program in the destination country is a major step in the regulatory process (Sherwood & Franklin 2014).

In Europe, there have been reforms in nursing education such as Bologna Process to address the need for harmonizing nursing education and adapting higher education and research to the changing needs of society and advances in scientific knowledge (Salminen et al. 2010). Education has proved to be a valid instrument for building a common professional identity, and so it has been considered necessary in higher education to proceed via internationalization towards active Europeanization (Råholm et al. 2010). In order to safeguard quality of care and patient safety, there is a need for a large number of highly qualified nurses. (Salminen et al. 2010.) A challenge for the ministries of education in the Scandinavian countries is to compare and coordinate nursing educational programmes in order to enable nursing students, educators, researchers and nurses to study and work in Scandinavia, Europe or even globally. The guiding principles of higher education require that nursing education should be based on scientific and practical knowledge, and thus should provide students with the necessary knowledge for working in the profession and being well-prepared for tomorrow's labour market. (Råholm et al. 2010.)

The Philippines is currently the largest source of migrant nurses worldwide (Li et al.2014) and the reliance on Filipino nurses has become an international phenomenon (Eder 2016). It is estimated that close to 22,000 Filipino nurses migrate overseas to different countries (Philippine Overseas Employment Administration 2016). The Philippines has a public policy of encouraging the emigration of nurses to other countries (Peñaloza et al. 2011) and the Philippine government has received praises from international organizations for its exemplary management of labor migration (Eder 2016).

The current European nursing workforce crisis is exacerbated by nursing shortages (Zander et al. 2016). Many European countries and other developed nations do not have enough nurses to serve the populations in need of care (Beck 2010) The “aging” of the nursing workforce is a well-known phenomenon and the focus of reports and expositions about the potential negative impact on health care delivery and the future nursing workforce (Jones & Sherwood 2014, Cook et al. 2012). In these current times nurses are being required to adapt to profound change.

There is a need to adopt measures to maintain a healthy and satisfied nurse workforce, to attract new nurses and to guarantee high quality care (Zander et al. 2016).

In line with this, Finland offers various nursing programmes in university of applied sciences which gives students avenue to choose which nursing programme they are interested. In this study, the nursing curriculum Bachelor of Health Care, Degree programme in Nursing, year 2015 of JAMK Applied Sciences Jyväskylä, Finland was studied because of its relatively long history of developing exchange programs with educational partners in Europe, as well as in other countries, mostly for undergraduate level nursing students. On the other hand, the curriculum Bachelor of Science in Nursing program offered by Higher Education Institutions in the Philippines conforms to the standard curriculum embodied in CHED Memorandum Order No. 14 Series of 2009. The Philippine nursing curriculum was selected in this study because the Philippines has been known as the world's largest exporter of nurses globally. The reliance on Filipino nurses has become a phenomenon and the phenomenon of nursing shortage and aging population of nursing workforce in Finland and other European countries and around the globe was the reason why comparison of these two-nursing curriculum in international level was conducted. Today and in the future, countries like Finland with nursing shortage might open doors to Filipino nurses to supply the demand of nursing care. It is then justifiable to know the nursing preparation of Filipino nurses for legislation purposes. The Philippine government highly support the emigration of nurses to other countries, it is then justifiable to know how nursing education in Finland was done that will help in improving the quality of education in the Philippines.

This research endeavor aims to respond to the current situation of the nursing profession. No published researches have done yet to understand the similarities and differences of nursing curriculum in Finland and Philippines. Also, the research study aims to contribute in the improvement of the current written nursing curriculums both in local and international settings. The results of the study could be use by nursing academe, administrators, and policy makers in the future of curriculum development. Moreover, the study intent to expand and stimulate international collaboration between high-income and low-income countries to uncover unanticipated consequences and offer solutions for shaping the health care workforce of the future.

## **2 NURSING CURRICULA NOWADAYS**

### **2.1 Literature Search and Retrieval**

Systematic review of literature was utilized in the study to understand today's nursing curriculum in global perspective. Several different databases were searched to identify relevant published material. Systematic searches of the Cochrane databases, Cinahl, Scopus and ERIC ProQuest databases was undertaken using the search string “nursing curriculum OR nursing education” AND compare\* AND “international\* OR global\* OR “other country”. The searches were limited to studies published during the period 2010–2017. Studies are included in the systematic review if they met the following criteria: the language had to be English, had to be published in peer-reviewed journals, published in the last 7 years, described the nursing curriculum or nursing education in global perspectives and discussed the similarities and differences of nursing curriculum or nursing education in different countries. The main exclusion criteria were: the published works were editorials, opinions, discussions or textbooks, studies with no inclusion criteria or study limitations described, and studies on students learning style, instructors teaching style, and culture shock.

The database searches identified a total of 495 publications. As shown in Fig. 1, duplicate studies were removed first then titles were screened and those not clearly indicating a focus on the nursing curriculum were excluded. Second, all remaining abstracts were screened against the purpose and inclusion criteria before being selected for further appraisal. After eliminating a total of 403 records that did not meet one or more inclusion criteria, the second screening resulted in 92 papers. The full articles of the remaining 92 papers were furtherly assessed for eligibility and appraised critically for methodological quality according to The Joanna Briggs Institute (2017). Critical appraisal tool was used to evaluate the background, purpose of the study, data collection methods, validity, reliability, ethical considerations, and if results are presented clearly, logically and have novelty value and significance in the present research endeavor. Overall, 59 were excluded and 33 articles were included in the systematic review. (Appendix 1,2,3,4,5,6 & 7)



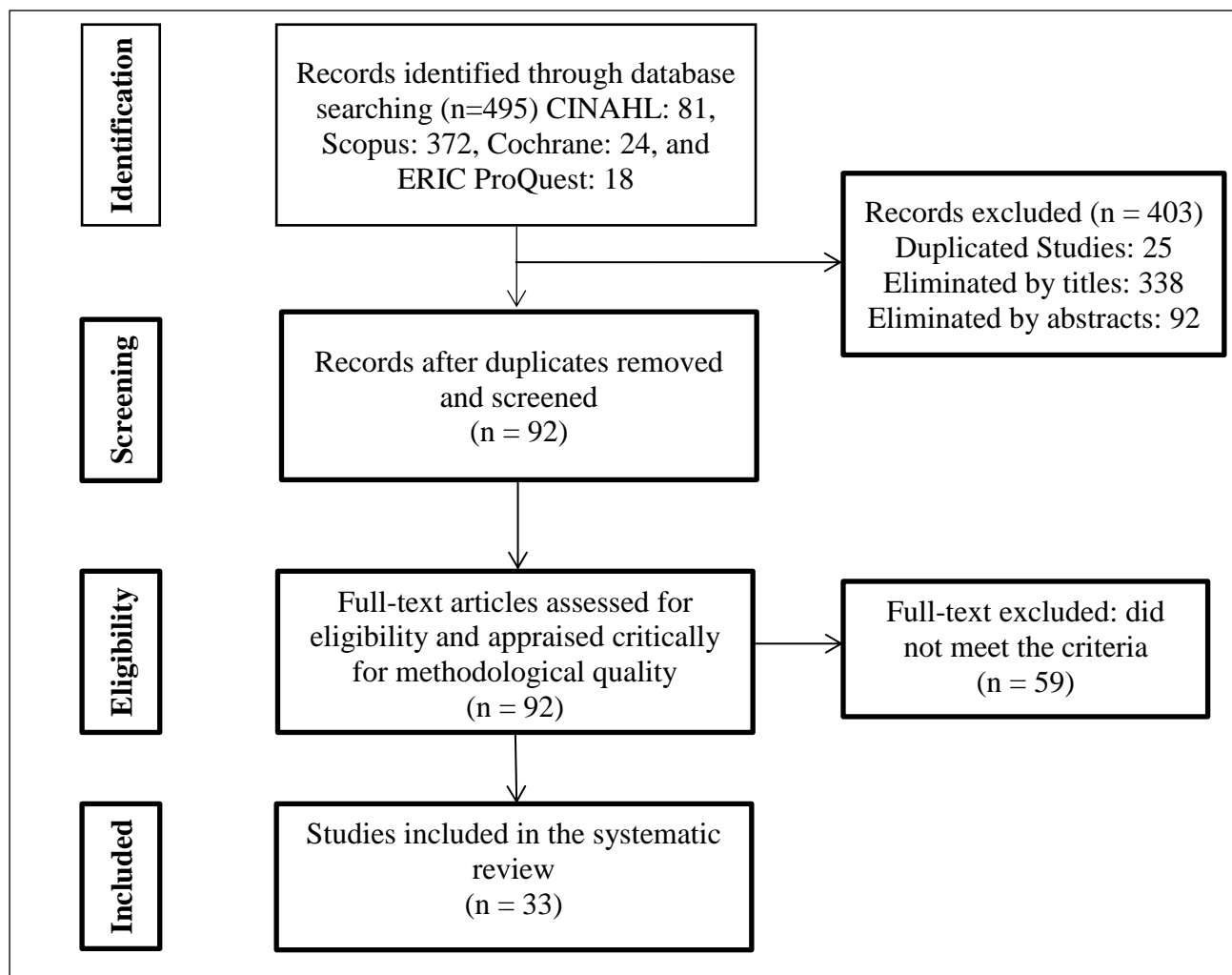


Figure 1. Flowchart presenting an overview of the systematic search and review process of the literature.

## 2.2 Globalization of Nursing Profession

Globalization refers to an increase in global unification, integration, and cooperation in economic, social, technological, cultural, political, and ecological fields. Nursing, in all its aspects including the provision of nursing education and nursing health services, could not be exempt from the effects of globalization. The relation between globalization and health is very complex. (Ergin & Akin 2017.) Globalization of the nursing workforce may impact individuals' abilities to access care and the health of populations, how populations receive quality and cost-effective care and how countries and health care systems organize and structure the delivery of care (Jones & Sherwood 2014). The rising incidence of chronic conditions, the increase in life expectancy and continuous cuts in funding for health care have led to the displacement of nursing practices to places and settings that had never before been used to provide health care (Pagnucci et al. 2015). The chronic global nursing shortages all threaten the future of health care delivery (Zander et al. 2016, Jones & Sherwood 2014, Beck

2010). The “aging” of the nursing workforce as a well-known phenomenon have potential negative impact on health care delivery and the future nursing workforce (Jones & Sherwood 2014, Cook et al. 2012). It is against the background of these challenges, as well as the global nature of nursing, that an international initiative, grounded in transformative education, has arisen wide-spread effects across education and have supported the concept of international education initiatives in all fields (Cook et al. 2012).

To meet global health care needs the emigration of skilled professionals from low- and middle-income countries to high-income countries is a general phenomenon but poses challenges and opportunities for the nursing profession, health care organizations, communities, and nations. (Jones & Sherwood 2014, Peñaloza et al. 2011). The flow of nurses into or out of an area could bring about shifts in terms of where and how nurses are educated, licensed and regulated (Jones & Sherwood 2014). (Appendix 1)

### **2.3 Nursing Workforce in the Future**

Nurses comprise a large sector of the global health workforce and play an integral role in the global health care economy (Jones & Sherwood 2014). As experts in the field of health, nurses are the ones sustaining a culture of caring in health care. Nursing is the discipline that maintains its vigilance for the wellbeing of that patient and for the maintenance of an environment that supports patient’s well-being. (Beck 2010.)

Recent studies conducted in American and European health care facilities have by now amply demonstrated the strict relationship between nurses’ level of education, their numbers in health care facilities and patient mortality rates (Zander et al. 2016, Pagnucci et al. 2015). Nurse staffing, nurse work environments, and nurse education were significantly associated with patient mortality. Increasing a nurse’s workload by one patient increased the likelihood of mortality by 7% (Zander et al. 2016). Each additional patient per nurse is associated with an 5% increase in the odds of patient death within 30 days of admission. Moreover, patient mortality rates are nearly 50% lower in the hospitals with better nurse work environments than in hospitals with mixed or poor nurse work environments. Correspondingly, each 10% increase in nurses having Bachelor of Science in Nursing Degree is associated with a 9% decrease in patient deaths. (Cho et al. 2015.)

Nursing graduates with an internationally recognized Bachelor degree and local clinical experience was viewed very favorably by industry (Wollin & Fairweather 2012). To ensure that future nurses are prepared to fit for international practice, nursing profession must continue to develop in parallel with international trends (Tella et al. 2015). Cross-cultural values are needed in a cross-cultural world (Collins & Hewer 2014). For the global development of nursing education and practice to embed evidence-based patient safety education in nursing curricula, there is a need to promote international collaboration to build alliances and communicate ideas and best practices (Gao, Chan & Cheng 2012). Understanding the strengths and challenges in nursing education worldwide helps in the creation of a more uniform, yet flexible, educational standard between the countries (Hornberger et al. 2014, Bell et al. 2013).

Nurse educators are the ones on the front lines of educating the next generation of nurses having the important role in developing and harmonizing nursing curricula to withstand international comparison and prepare international nurses of the future (Tella et al. 2015). For this reason, there is a need to re-examine and thoroughly revise the preregistration curriculum to enable nursing graduates meet future challenges in healthcare system (Gao, Chan & Cheng 2012). Understanding each other's educational viewpoint of what constitutes essential curricular and performance competencies of the baccalaureate-prepared professional nurse therefore is needed to develop a holistic and health-centered nursing curriculum (Hornberger et al. 2014; Gao, Chan & Cheng 2012).

Nursing students may have different plans after graduation, and this should be considered when modelling the nursing workforce of the future. The study of Palese et al. (2017) in Italy showed four different plans after graduation emerged: intention to look for a nursing job in their own home country, an intention to emigrate, looking for a nursing job abroad, and an intention to continue nursing education. (Appendix 2)

#### **2.4 Nursing Education in Finland**

In Europe, there are certain criteria for nursing education. Following the Bologna process, higher education institutions in Finland have adapted the structure of their programmes to a two-cycle Bachelor's and Master's degree system. European Credit Transfer and Accumulation System (ECTS) credits are used in a large majority of higher education institutions in the European Union and their use is becoming more common also in courses leading to the qualifications required for the exercise of a regulated profession. One ECTS

credit corresponds to 25-30 hours of study whereas 60 credits are normally required for the completion of one academic year. Directive 2005/36/EC provides for the obligation for professionals to have the necessary language skills in the interest of better ensuring patient safety. The European Union (EU) regulates European nursing education, requiring that theoretical education encompass at least one third and clinical practice at least one half of the entire nursing program. The scope of general nurse education is 180 ECTS. (European Parliament 2013.) The Bologna agreement offers a structure for lifelong learning and the European Union legislation needs to set out a clear framework to assist in harmonising the outcomes between European countries (Salminen et al. 2010).

In accordance to European Parliament (2013), theoretical education is that part of nurse training from which trainee nurses acquire the professional knowledge, skills and competences. The training shall be given by teachers of nursing care and by other competent persons, at universities, higher education institutions of a level recognized as equivalent or at vocational schools or through vocational training programmes for nursing. Clinical training is that part of nurse training in which trainee nurses learn, as part of a team and in direct contact with a healthy or sick individual and/or community, to organize, dispense and evaluate the required comprehensive nursing care, on the basis of the knowledge, skills and competences which they have acquired. The trainee nurse shall learn not only how to work in a team, but also how to lead a team and organize overall nursing care, including health education for individuals and small groups, within health institutes or in the community. Training for nurses responsible for general care shall provide an assurance that the professional in question has acquired the following knowledge and skills: (a) comprehensive knowledge of the sciences on which general nursing is based, including sufficient understanding of the structure, physiological functions and behaviour of healthy and sick persons, and of the relationship between the state of health and the physical and social environment of the human being; (b) knowledge of the nature and ethics of the profession and of the general principles of health and nursing; (c) adequate clinical experience; such experience, which should be selected for its training value, should be gained under the supervision of qualified nursing staff and in places where the number of qualified staff and equipment are appropriate for the nursing care of the patient; (d) the ability to participate in the practical training of health personnel and experience of working with such personnel; (e) experience of working together with members of other professions in the health sector. (European Parliament 2013.)

Fostering competences requires a dynamic combination of the knowledge, understanding, skills and abilities which are formed in various course units and assessed at different stages. In nursing curricula, these nursing competencies are defined as learning outcomes in relation to generic competencies. Some authorities have issued statements in clarification of the Bologna declaration. For example, several European nursing organisations (e.g., European Federation of Nurses Associations (EFN), European Specialist Nurses Organisation (ESNO), European Nursing Students Association (ENSA), and International Council of Nursing (ICN) stated in 2008 that first-level nursing programmes (minimum bachelor level) needed to guarantee the acquisition of basic competencies and cover at least three academic years. Furthermore, the curriculum should be based on research and skills. With regard to this criterion, there are inconsistencies within the EU. (Salminen et al. 2010.) The ECTS makes teaching and learning more transparent and facilitates the recognition of studies. The system is used throughout Europe for credit transfer, student mobility and credit accumulation. It is also an aid in curriculum design and quality assurance. (European Parliament 2013.)

The nursing profession in Finland has significantly evolved in the last three decades: community-based healthcare, the use of more complex therapies and constantly developing technology presuppose a capacity for higher responsibilities for nurses. Nurse training should provide a more robust and more output- oriented assurance that the professional has acquired certain knowledge and skills during the training, and is able to apply at least certain competences in order to pursue the activities relevant to the profession. The training of nurses responsible for general care shall comprise a total of at least three years of study, which may in addition be expressed with the equivalent ECTS credits, and shall consist of at least 4 600 hours of theoretical and clinical training, the duration of the theoretical training representing at least one third and the duration of the clinical training at least one half of the minimum duration of the training. (European Parliament 2013.)

In Finland, nursing education is organized in polytechnics/university of applied sciences (multi-field institutions) with a practical orientation. The degree programmes of the polytechnics are approved by the Ministry of Education and Culture. The first-cycle polytechnic degree is a bachelor-level degree which includes the registered nurse's qualification. The degree requires 210 credits to be a registered nurse and the duration of study last from 3.5 to 4.5 years full-time programme of 60 ECTS credits/year. The master's and

doctoral level education in nursing science is offered at the academic universities. (Finnish Nurses Association 2016.)

Nursing programmes in Finland includes clinical skills and practical modules about 90 ECTS points in accordance with European directives (European Parliament 2013). In Finland, there are opportunities to pursue specialist nurse studies (20–30 ECTS credits) in, for example, psychiatric nursing, operating theatre nursing, nursing older people, etc. (Råholm et al. 2010). Success of the programme is not only about how learning outcomes can be achieved but also how they can be measured (Salminen et al. 2010.) (Appendix 3)

## **2.5 Nursing Education in Philippines**

The nursing education program in the Philippines provide sound general and professional foundation for the practice of nursing. The scope of nursing in Philippine context initiates and performs nursing services to individuals, families and communities in any health care setting. It includes, but not limited to, nursing care during conception, labor, delivery, infancy, childhood, toddler, preschool, school age, adolescence, adulthood, and old age. As independent practitioners, nurses are primarily responsible for the promotion of health and prevention of illness. As members of the health team, nurses collaborate with other health care providers for the curative, preventive, and rehabilitative aspects of care, restoration of health, alleviation of suffering, and when recovery is not possible, towards a peaceful death. (Republic Act No. 9173 2002.)

In the Philippines, license to practice nursing shall be required to pass a written examination, which shall be given by the Board in such places and dates as may be designated by the Commission. In order to pass the examination, an examinee must obtain a general average of at least seventy-five percent (75%) with a rating of not below sixty percent (60%) in any subject. An examinee who obtains an average rating of seventy-five percent (75%) or higher but gets a rating below sixty percent (60%) in any subject must take the examination again but only in the subject or subjects where he/she is rated below sixty percent (60%). In order to pass the succeeding examination, an examinee must obtain a rating of at least seventy-five percent (75%) in the subject or subjects repeated. (Republic Act No. 9173 2002.)

State universities and colleges (SUCs), local colleges and universities (LCUs) and all private higher education institutions (PHEIs) intending to offer the Bachelor of Science in Nursing

program strictly adhere to the specific requirements embodied in the prescribed curriculum as promulgated by the Commission on Higher Education's policies and standards of nursing education. To ensure the quality of the nursing graduate, the degree is conferred upon completion of at least four-year BSN program offered by a college or university duly recognized by the Commission on Higher Education. (Professional Regulation Commission 2016, CHED Memorandum Order No. 14 Series of 2009)

The Americanization of the Philippine nursing curriculum for nurse training included immersion programs and English as medium of instruction the professionalization of nurse work in the Philippines through stricter admission criteria and examinations. This move was an early articulation of international standards as nurses pursued elevating nurse education as a bachelor's degree, an episode that coincided with the professionalization of nurse work in the United States and internationally. The League of Nursing Education, perpetuated US trends in nurse education by incorporating topics that were relevant in the United States into the local curriculum in the Philippines to be consistent with the latest trends in higher education abroad. The Philippine government has repeatedly expressed its aspirations to be globally competitive; it capitalizes on higher education by ensuring that courses and programs offered by HEIs are at par with international standards. The Commission of Higher Education (CHED) is the agency mandated to oversee the higher education system. It has power and control over all Higher Educational Institutions (HEIs) in the Philippines and is responsible for prescribing standard curricula in all fields of study. Exempted from control are autonomous universities that enjoy freedom in curriculum design, as long as they keep the minimum requirements prescribed by CHED. (Eder 2016.) (Appendix 4)

## **2.6 Pedagogical Strategies in Nursing Education**

The aim of curriculum design and resource allocation is to maximize students' potential. Nurses need to understand and respond the diverse social and health needs and reflect the demographic structure of society. Embracing diversity may require some fundamental changes to the nature of nursing qualifications, the changing nature of nursing, coupled with the changing nature of students. For any kind of informed and planned curriculum change in the sector it is essential that the academic community have the commitment to develop a shared language and understanding of curriculum. (Carey 2012.) Findings from the study of Coffey et al. (2016) compel us to move forward with program change increasing flexibility of program offerings is a priority and offering more hybrid courses that allow for both some face-to-face

student-faculty contact while still enabling students to study in part at a time of their choosing. In internationalization of nursing education, an awareness of underlying cultural values regarding nursing competence and taking appropriate action are important for success. Other areas for a successful exchange program include matching of courses or content across schools, clear objectives and evaluation plans. Finally, flexibility and open communication are key components when setting up a 360° exchange program. (Baernholdt et al. 2013.)

There is a strong need to ensure that students are meeting courses' global learning objectives by equipping them the necessary knowledge and skills in health promotion, disease prevention and management of chronic diseases (Gao, Chan & Cheng 2012). Nursing students requires varying levels of support therefore mandatory mentor preparation programmes and updates developed in national and cross-cultural co-operation is needed (Jokelainen 2013). As the school of nursing's work toward a global curriculum continues, it will be imperative for faculty to focus on assessment of students' cultural competence development and whether students are meeting courses' global learning objectives (Parcells & Baernholdt 2014).

Various pedagogic methods could be applied for self-directed learning (Tao et al. 2015). The most often used pedagogical strategies belonging to a 'receptive architecture'. Frequency of use revealed that the most commonly used method was the traditional lecture. Any redefining of approaches to nursing education must consider several key factors to ensure the promotion of student-focused pedagogical strategies. Only through the implementation of such pedagogical practices will it be possible to generate the knowledge and skills necessary for future professionals to be able to adequately respond to the ever more complex health care needs of the population. Pedagogical methods that include continuous, situated "coaching" are necessary to allow students to understand all the factors in specific clinical situations that are moreover subject to change: the importance of signs and symptoms, the patient's, families and other health care workers' requests, the resources available and any constraints present. (Pagnucci et al. 2015.) Given the development in health care and education, there has been a growing emphasis on lifelong learning. Self-directed learning (SDL) which is applicable for lifelong learning has been advocated as an appropriate pedagogical method in nursing education. Students' SDL ability can be improved in undergraduate education to prepare them for staying up-to-date with contemporary nursing development. Undergraduate nursing education includes both professional knowledge and learning skills. Professional knowledge



prepares them to be qualified health professionals, while learning skills enable them to be prominent learners. (Tao et al. 2015.)

The study of Myhre (2011) shows that clinical practice in a foreign country gives added value compared with clinical practice at home. Greater self-confidence and understanding of core concepts in nursing is described by the participants. Language differences are not regarded as a problem but as a way of developing personal and professional competence. The ability to compare healthcare systems in the two countries is important in developing competencies in nursing. The study of Ortega, Mitchell and Peragallo (2016) found that exchange program helped open their minds and allowed them to reflect on their own ways of thinking to become better nurses. International students perceived that the use of simulation in the nursing curriculum helped foster a richer understanding of didactic content and helped support a standardized nursing education. International students perceived that the exchange impacted their lives as individuals, students, and professionals. Findings suggest that study abroad exchange programs are useful in enhancing students' awareness of the global community. The immersion experience as transformational on a personal level and stated that learning about different cultures, health care systems, and professional roles would have a significant impact on their future practice. Differences and homogeneity are reported and discussed regarding the clinical learning requirements across countries; the prerequisites and clinical learning process patterns; and the progress and final evaluation of the competencies achieved. A wider discussion is needed regarding nursing student exchange and internalization of clinical education in placements across European and non-European countries. A clear strategy for nursing education accreditation and harmonization of patterns of organization of clinical training at placements, as well as strategies of student assessment during this training, are recommended. There is also a need to develop international ethical guidelines for undergraduate nursing students gaining international experience. (Dobrowolska et al. 2015.) (Appendix 5)

## **2.7 Similarities and Differences of Nursing Education in Global Setting**

This section reflects on the research findings on the similarities and differences of nursing education in global setting. There are concerns about the future of the nursing profession such as lack of agreement about scope of practice, educational requirements for practice, licensing and regulation which has created a wilderness of conflicting issues (Cook et al. 2012). There are similarities as well as substantial differences in the educational structures, contents and

lengths in the different nursing programmes. In Europe, nursing education is organized in the three cycles described in the Bologna Process, but there are differences regarding names and terms for degrees and allocation of European Credit Transfer System credits. Knowledge of the content and structure of nursing education in these countries may enhance development and cooperation between institutions. Scandinavian countries have similar cultural, religious, social and political environments, including similar healthcare structures. Danish, Norwegian and Swedish belong to the same language group, and communication is possible without shifting to a second language. (Råholm et al. 2010.)

The concept of collaboration to produce more efficacious outcomes, whether within the profession or within similar health care disciplines is strongly supported and may similarly be useful in seeking to develop starting points for collaboration. Participants refrained from proposing a common international curriculum because such an initiative would not recognize the particular individual country culture and environment. The focus instead was on communication and definition of common goals and the multiple pathways to shared outcomes. Curriculum Meeting Points promotes the recognition of the fact that nursing, as a health care profession, has a role and function in nearly every country of the world and that this role and function can be expanded through such international collaboration amongst education partners. (Cook et al. 2012.)

The study of Tella et al. (2015) comparing nursing students' perceptions of their learning about patient safety in Finland and England, UK identified two predictive factors for differences between Finnish and British students' perceptions about their patient safety education in academic settings: British students perceived there to be more training of patient safety skills in their education at academic settings and had more work experience in the healthcare sector. In the study conducted by Halperin and Mashiach-Eizenberg (2014) found that nursing programs in Israel provide a major route for upward mobility for underprivileged groups mainly Israeli-Arabs and Jewish immigrants from the former Soviet Union. The study of Lee et al. (2011) shows that Korea offered various nursing courses more focused on specific nursing compared to China because in China national Medical schools offer nursing programs; nursing courses are more likely similar to those taught in Medicine. The critical thinking skills scores were significantly higher among Korean nursing students than among Chinese students, and the professionalism and the communication skills scores were significantly higher among the Chinese students than among the Korean students. The results provided national differences in

nursing curricula and educational outcomes between Korean and Chinese nursing programs. (Lee et al. 2011.)

Findings of Jacob, McKenna and D'Amore (2014) study shows differences between registered nurses (RNs) and enrolled nurses (ENs) in Australia mainly differences in educational requirements for the two levels of nurse are duration of education, (36 months for RNs versus 12–18 months for ENs), amount of clinical experience (minimum of 800 hours for RNs and 400 hours for ENs), type of institution, and total theoretical hours between EN and RN programmes. Furthermore, the study of Lake et al. (2017) found similarities between the US and Nicaraguan curricula and teaching modalities, both schools lacked sufficient time for clinical practicum time and differences included lack of simulation skill lab, equipment, and space.

Mazurenko, Gupte and Shan (2014) in their study discovered that immigrant nurses are not less qualified than their American-trained counterparts. However, healthcare providers should encourage them to further pursue their education and certifications. Even though immigrant nurses' education and work experience are comparable with their American counterparts, workforce development policies may be particularly beneficial for this group. This result findings can assist healthcare managers understand the education and work experience of their workforce and appropriately align recruitment and retention strategies. Policy makers may also consider information in the development of transitional programmes to better integrate internationally trained nurses in the workforce. Another important finding was that both groups of nurses had many years of nursing experience, with internationally trained nurses reporting at least 3 more years' experience than their USA counterparts. Thus, internationally trained nurses additional experiences may be more beneficial to patient care. The findings indicate that internationally trained nurses who practice in the USA have adequate education and work experience to ensure their capacity to fill vacant nursing positions in a variety of healthcare settings. Therefore, the USA policy of recruiting internationally trained nurses to fill its nursing shortage is a safe strategy. However, they also suggest future workforce policies and incentive programmes encouraging internationally trained nurses to enrol in career-advancing educational programmes. (Mazurenko, Gupte & Shan 2014.)

The study of McGillis Hall et. al. (2014) found no differences between U.S. nurses and Canadian-educated nurses working in the United States in educational level, work status, work

location, and age. No differences were found between Canadian-educated nurses working in the United States and those working in Canada. Their research highlights the value of international comparisons of the nursing workforce, especially in the context of anticipated regulatory changes, which may affect a country's nursing health human resources. (McGillis Hall et al. 2014.)

Both China and Egypt have developed nursing education systems based on particular social, economic, and political structures at particular points in time and in response to changes over time. Education in China has been more heavily influenced by models from the United States, whereas Egypt has looked to those from Britain and France. Both countries' systems of nursing education are now clearly located in an increasingly global world of health, and health care that recognizes that a more educated nursing workforce remains the critical component of any initiative to better meet health care needs. Although the history varies, both countries now share multiple pathways into practice, albeit with different structures, and the opportunities to move upward within them. The models of formal nursing education brought by United States missionaries in the late 19th century has yielded to those more akin to Chinese needs and resources, as have the early 20th century British initiatives in Egypt. Curricular content varies as well, ranging from an established core based on the medical model in China to one that prepares Egyptian nurses for different kinds of role responsibilities in clinical care, administration, and teaching. China has opportunities for incorporating traditional Chinese medicine into some educational programs and hospitals, whereas Egypt is focused on the tropical diseases endemic to its particular location. (Ma et al. 2012.) (Appendix 6)

In summary, similarities and differences in the nursing education exist in many parts of the world. No study has looked on the variations of the written nursing curriculum of Finland and Philippines. Hence, the study will be conducted to give contribution to the body of knowledge and be utilize by other researchers in improving the nursing education.

## **2.8 Curriculum Process**

The term curriculum is used to describe a plan or design upon which educational provision is based. It is the single and most important concept in educational delivery encompassing all the activities normally included under the umbrella terms education and training. Curriculum encompasses four main aspects of educational provision namely: learning outcomes, subject matter, teaching and learning process, and assessment. These four components are intimately

related to each other and the model adopts a rational stance, in that the curriculum design is seen to begin with the formulating of student learning outcomes and then progresses to decisions about what outcomes-related subject matter should be included. Teaching and learning process are then defined for example lectures, laboratory work etc. that will help the student to achieve the learning outcomes and finally the students' achievement of the learning outcomes is assessed using appropriate and relevant assessment methods. (Hughes & Quinn 2013.)

Curricula evaluation is an essential phase of curriculum development. Curriculum evaluation is an organized and thoughtful appraisal of those elements central to the course of studies undertaken by students as well as graduates' abilities. Curriculum evaluation involves establishment of standards, systematic data gathering, application of the standards, and formulation of judgements about the value, quality, utility, effectiveness or significance of the curriculum. The purpose for curriculum evaluation is to obtain data that will influence decisions about curriculum maintenance, refinement, modification, reorganization, or discontinuance and replacement and to ensure that the curriculum is meeting defined standards. (Iwasiw, Goldenberg & Andrusyszyn 2009.)

The curriculum process involves four didactic stages. The first stage is the *directive stage* that provides the foundation for curriculum development and it gives direction to the total curriculum. The four components of this stage are *philosophy*, *glossary of terms*, *characteristics of the graduate*, and the *theoretical framework*. (Torres & Stanton 1982.)

*Philosophy* for a nursing program is a way of viewing the world of nursing and nursing education: the nature of the nursing discipline and nursing education. It reflects abstract reasoning in relation to the whole, considers the general nature of morals and makes choices about values and ideals; identifies relationships between concepts and theories; and uses logical approaches. Both the deductive and inductive processes of thinking are used to explain the nature of the whole. The development of the philosophy needs to be seen in terms of its purpose and goal. (Torres & Stanton 1982.)

The *glossary* is a list of terms which are defined specific to a special field. The purpose of the glossary of terms is to make very clear how the faculty defines the particular terms it is using.

The *characteristics of the graduate* reflect those behaviors which are expected of the graduate at the end of the program of study. (Torres & Stanton 1982.)

*Theoretical framework* is a structure made up of content elements identified from the philosophy and united in such a way as to give sequence to the learning activities. The content elements include concepts, theories, knowledge, propositions, skills, and attitudes. The framework includes content and process that are essential for the practice of nursing. *Content* is reflective of the theoretical knowledge base and *process* is the use of that knowledge for practice. Within the context of progressive learning and the sequence of content elements, identifying the vertical and horizontal strands or threads are essential. *Vertical strands* are used to identify the *content* areas that are broadly conceived and give meaning to the building of content while *horizontal strands* are constant and *process* oriented and focus on the use of the content. (Torres & Stanton 1982.)

The second stage is the *formative stage* which requires the ability to develop more specificity and it gives meaning and form to the directive stage of the curriculum process. The formative stage of the curriculum process consists of three components: *curriculum design and requirements, level and course objectives, and content map*. (Torres & Stanton 1982.)

The *curriculum design* identifies and sequences course requirements so that learning experiences are structures throughout the program. The level and course objectives mirror the characteristics and give meaning to the strands within the theoretical framework. They reflect the changes in behavior expected of the student at a given point in time within the program, usually at the end of a year. Course objectives reflect the level objectives and are more specific and detailed in construction. The *content map* gives direction to course planning and teaching. (Torres & Stanton 1982.)

The *third stage* is the functional stage which offers the faculty the opportunity to use the results of the directive and formative stages in a creative and personalized way. During this stage, total faculty cooperation will be necessary in order to ensure appropriate development of the nursing courses that will follow. The last stage is the *evaluative stage* which represents an analysis of the degree of success of the curriculum design as it relates to the stated characteristics of the graduate who has completed the nursing program. (Torres & Stanton 1982.)

### **3 PURPOSE AND RESEARCH QUESTION**

The purpose of the study is to describe the content of directive and formative stages of the written curricula in Finland and Philippines nursing education. The research questions are as follows:

1. What is the component of Philippines and Finland nursing curricula at directive stage in terms of:
  - a. Philosophy
  - b. Glossary of Terms
  - c. Characteristics of the graduate
  - d. Theoretical Framework
2. What is the component of Philippines and Finland nursing curricula at formative stage in terms of:
  - a. Curriculum design and requirements
  - b. Level and course objectives
  - c. Content Map
3. What are the similarities and differences of the Finnish and Philippines nursing curricula?

The results of the study can be utilized in developing nursing curricula. Development of globally relevant curriculum can protect the profession, the patient's safety, quality of patient care, and organization by equipping future nurses the necessary education that are culturally, ethically, and globally accepted. Furthermore, the results can be utilized by other researchers, policy makers, health industry and academic leaders to improve the current system. Hence, the study was conducted.

## **4 DATA AND METHOD**

In this study, the Curriculum Process developed by Torres and Stanton (1982) was adopted to evaluate the written nursing curricula of JAMK University of Applied Sciences, Jyväskylä, Finland and Philippines specifically the directive and formative stages. Curriculum Process was chosen because it is a systematic approach to the development of the organized areas of learning and their related aspects. In this context, the nursing curriculum program of JAMK Applied Sciences Jyväskylä, Finland and nursing curriculum CHED Memorandum Order No. 14 Series of 2009 in the Philippines was studied.

### **4.1 Research Design**

In the conduct of research, Qualitative research design was used in the study to discover the use of multiple ways of understanding (Miles, Huberman & Saldana 2014, Streubert Speziale & Carpenter 2007). Specifically, the Abductive research approach was utilized in the research study. This qualitative research design uses both deductive and inductive approaches in which this method constantly moves from the empirical to theoretical dimensions of analysis (Miles, Huberman & Saldana 2014, Silverman 2008). Dubois and Gadde (2002) found the logic of abductive is useful than just use of the pure inductive or deductive approach. Lukka and Modell (2010) state abductive is gradually accepted as an important part in interpretive research. Abduction starts with consideration of facts, that is, particular observations. These observations give rise to a hypothesis which relates them to some other fact or rule which will account for them.

In this study both the deductive and inductive processes are used to analyze the written nursing curriculum in the directive and formative stages. This involves correlating and integrating the specific facts of the directive and formative stages of the written nursing curriculum into a more general description, relating them to a wider context of the similarities and differences between the selected nursing curricula.

### **4.2 Data Collection**

Document review of the current written nursing curricula of JAMK University of Applied Sciences, Jyväskylä, Finland and Philippines was done. Retrieval of the written nursing curricula was done via search engines. To inform that the written nursing curricula will be used in the study, a letter of communication was sent electronically to respective institutions: in the Association of Deans Philippine Colleges of Nursing, Inc. (ADPCN, Inc.), Philippines



Commission on Higher Education, and JAMK University of Applied Sciences, Jyväskylä, Finland. All three institutions have given their permission to use the written nursing curricula for research purposes.

Using the Internet to access the data which are the written nursing curricula has great advantage for the researcher. This approach is economical and allows the researcher to obtain the needed information for the study (Polit & Beck 2012). However, approval from the respective institutions were secured first before the written nursing curricula was utilized for the research.

### **4.3 Data Analysis**

The curriculum process gives direction to the educational program which logically shows the connections and relationships one to the other (Torres & Stanton, 1982.). This research study focused on the first two stages of the curriculum process: the directive stage and the formative stage of nursing curriculum in Philippines and JAMK University of Applied Sciences Jyväskylä, Finland.

Qualitative content analysis (Burns & Grove 2001) was implemented in the study. Reading and rereading the two nursing curricula was done to look for emerging themes. Establishing the coding process was performed and decision rules for coding. Furthermore, reading and coding each of the transcripts for themes by each member of the research team. Meetings of the researcher, co-researchers and supervisors once or twice a month to review the coding process and to reach consensus where questions or discrepancies had arisen. The themes were examined and categories were developed that represented a higher level of abstraction. The result was an extensive listing of data by categories. After reflecting on the categories such as *philosophy, glossary of terms, theoretical framework, characteristics of the graduates, curriculum design and requirements, level and course objectives, and content map*, similarities and differences between the two nursing curricula emerged. It was during this time that the true richness of the phenomenological method was realized. Decisions were made regarding what to accept as the similarities and differences for the phenomenon.

### **Concept Map Method**

In this study, concept map method was adopted for both data analysis and presentation of the results. Concept maps are graphical tools for organizing and representing knowledge. They

include concepts, usually enclosed in circles or boxes of some type, and relationships between concepts indicated by a connecting line linking two concepts. (Novak & Cañas 2014)

CmapTools software was used in this study to create concept maps that can serve as a “backbone” for a learner’s emerging knowledge model for any given domain of study (Novak & Cañas 2014). CmapTools software is available at no cost to any user (<http://cmap.ihmc.us>).

### **Constructing Concept Map according to Novak & Cañas (2014)**

1. *Determining the Context: A Focus Question.* A good way to define the context for a concept map is to construct a Focus Question, that is, a question that clearly specifies the problem or issue the concept map should help to resolve. Every concept map responds to a focus question, and a good focus question can lead to a much richer concept map. In this study the focus questions are: a) What are the components of Philippines and Finland nursing curricula at directive stage?; and b) What are the components of Philippines and Finland nursing curricula at formative stage?

2. *Identify Key Concepts.* It is recommend that using the smallest number of words, usually a single word, for each concept to be entered. The easiest way to build this list and to construct a concept map from it is by using a software program such as IHMC CmapTools (Cañas et al., 2014, <http://cmap.ihmc.us>). This list of concepts refers to parking lot since this list can be move into the concept map to determine where they fit in. Examples of identifies key concepts are the terms philosophy, glossary of terms, theoretical framework, characteristics of the graduates, curriculum design and requirements, level and course objectives, content map, and so on.

3. *Rank order the Concepts.* Concept maps tend to be hierarchical in nature, with more general concepts at top and more specific concepts to the bottom. In this study, the concepts directive stage and formative stage are at the top of the map because this are general concepts in the study followed by the more specific concepts such as philosophy, glossary of terms, theoretical framework, characteristics of the graduates, curriculum design and requirements, level and course objectives, content map, then followed by more specific concepts to the bottom.

4. *Construct an Initial Concept Map.* The next step is to construct a preliminary concept map. This involves starting to connect concepts, using linking words, to create propositions. In this study, the researcher constructed the preliminary concept map then checked by her supervisors and co-researchers. Linking words such as role of, acquire, includes, consists, comprise and so on where used in the concept map to show relationship between concepts.

5. *Revision.* After a preliminary map is constructed, it is always necessary to revise this map. Good maps usually result from three to many revisions. This is one reason why using computer software is helpful. In this study, the revision was done after soliciting all the comments and suggestions of the research supervisors and co-researchers. The concepts map was revised three times.

#### **4.4 Ethical Considerations**

Ethical approval was not necessary in the current study because it will be using documents available in the internet for retrieval. However, approval from the respective institutions were secured first before the written nursing curricula was utilized for the research.

## 5 RESULTS

### 5.1 Directive Stage of Philippines and Finland Nursing Curriculum

Figure 2 shows the components of the *directive stage* of Philippines Bachelor of Science in Nursing Programme CHED Memorandum Order No. 14 Series of 2009. The *philosophy* of the nature of the nursing discipline is viewed as a Caring Profession. Person is viewed as a unique being who constantly interacts with his/her environment. The role of the nurse is promotion of health, restoration of health, prevention of diseases, alleviation of suffering, and assisting peaceful death. The nurse works in an environment comprise of individuals, families, population groups, community, and society to provide holistic health care.

The *glossary of terms* are the core values which are vital component of the nature of the nursing discipline. In the Philippine context Caring as the Core of Nursing is shows by 5Cs: Compassion, Competence, Confidence, Conscience, and Commitment which are essential for the development of culture of excellence, discipline, integrity and professionalism. In addition to this core values are love of God, love of people which emphasized the importance of respecting the dignity of each person regardless of creed, color, gender and political affiliation, love of country means patriotism and preservation and enrichment of environment and culture heritage.

These core values are enhanced by the *theoretical framework* of the Philippines nursing curriculum which consists of strong liberal arts and sciences education with transdisciplinary approach. The Philippines nursing curriculum utilizes the Vertical Strand Approach of Theoretical Framework which means the content of the professional courses and the nursing process which provide students intensive nursing practicum in various healthcare settings are provided beginning from first year to fourth year level to develop the necessary nursing competencies and to refine the clinical skills. With this type of approach, the Philippines nursing curriculum produces Beginning Nurse practitioners who can perform as fully functioning nurse with analytical and critical thinking.

*Graduates* demonstrate professional nursing core competencies on the 11 Key Areas of Responsibility: Safe and quality nursing care; Management of resources and environment; Health education; Legal responsibility; Ethico-moral responsibility; Personal and professional development; Quality improvement; Research; Record Management; Communication; and Collaboration and teamwork. Graduates are responsible for professional development and

utilizes research findings in the nursing practice. Graduates can pursue to the following career paths: Clinical Nursing, Community Health Nursing, Private-duty Nursing, Occupational Health Nursing, School Nursing, Military Nursing, Health Education, Research, Entrepreneurship, and can continue studies in a Master's degree programme.

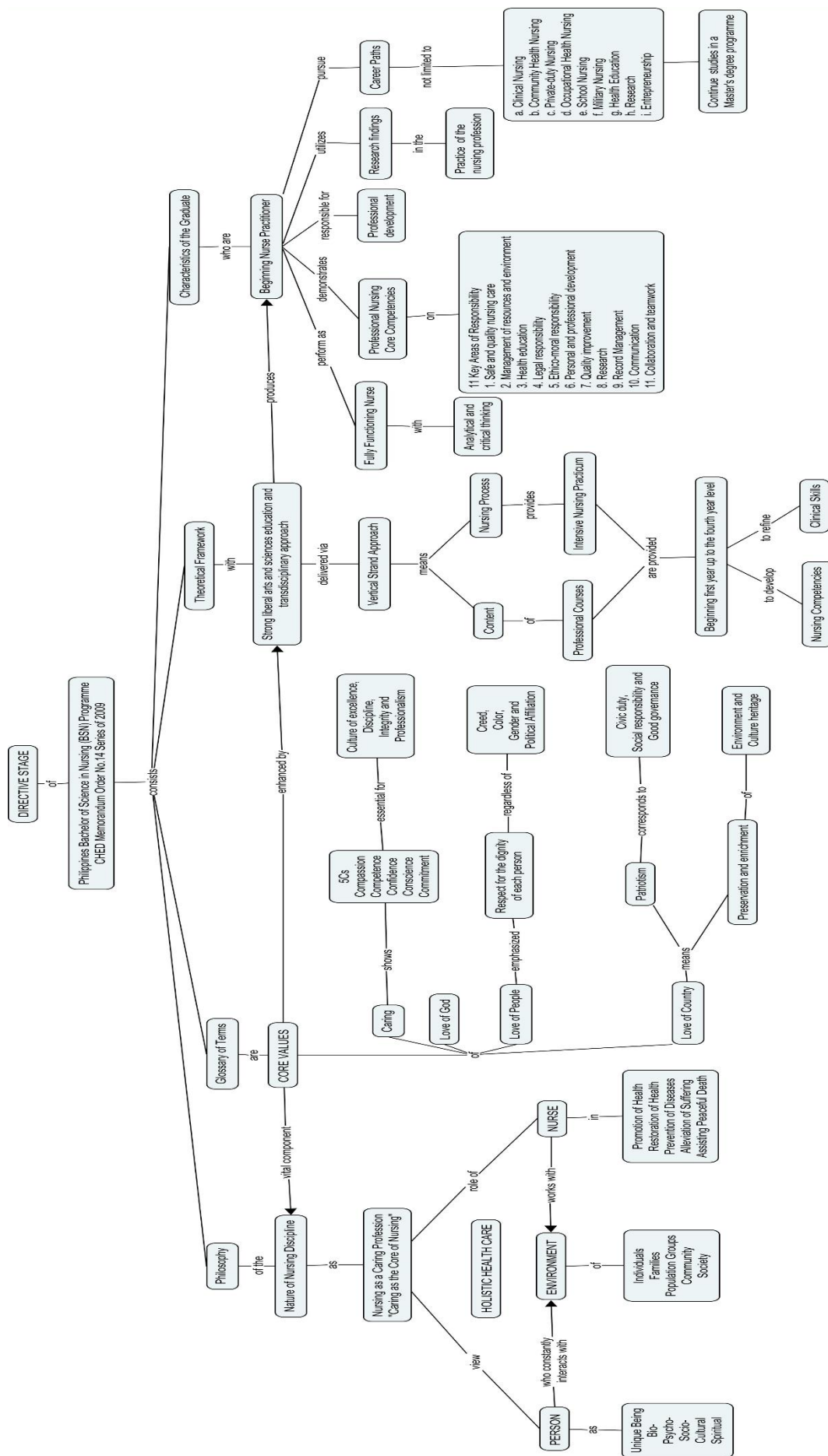


Figure 2. Directive Stage of Philippines' BSN Programme CHED Memorandum Order No. 14 Series of 2009

Figure 3 illustrates the components of *directive stage* of Bachelor of Health Care, Degree programme in Nursing, year 2015 of JAMK University of Applied Sciences, Jyväskylä, Finland. The *philosophy* of the nature of the nursing discipline is that nurses are trained professionals to promote health, prevent diseases, provide care, support, guidance and rehabilitation to their clientele. Nurses plan, implement, and develop the nursing practice in a multi-professional team and multicultural settings to promote health to individuals, families and communities.

The nature of the nursing education in Jyväskylä, Finland provide students versatile courses, modern healthcare lab environment, lecturers, experts and fellow multi-professional students, varied and multi-disciplinary area of healthcare, and exchange programme to learn skills, knowledge and decision-making. Exchange programme offers students the opportunity to meet people from around the world, learn about different cultures, and simultaneously study to be a competent nurse to deepen the global and intercultural competences. The curriculum meets the standards of EU Legislation, European Union directives (2013/55/EY), and act (559/949), national Supervisory Authority for Welfare and Health (Valvira).

The *glossary of terms* which are essential component of the philosophy is focus on wellbeing of families, health promotion, internationalization, entrepreneurship, multi-professionalism, and team work. The *glossary of terms* is achieved via Vertical Strand Approach of *theoretical framework* which is based on nursing sciences and supporting scientific fields such as medical, natural and social sciences. The utilization of this type of approach means that the content of the nursing courses and nursing process are provided beginning first year until fourth year level.

The nursing curriculum produces professional nurses with the following *characteristics of graduates*: possess extensive professional knowledge in nursing, able to critically apply knowledge in the changing environments, possess basic entrepreneurship and leadership skills, able to perform professional nursing tasks on the basis of the best possible evidence in various nursing environments, comply with ethical principles, and able to assume responsibility for developing themselves and their field of work as a nursing professional in a multi-professional team.

Graduates of this programme demonstrates the following professional nursing competencies: Clinical nursing competence; Evidence based nursing and decision-making; Customer Skills

in the Health Care and Social Services Sector; Operating Environment Skills in the Health Care and Social Services Sector; Wellness and Health Promotion Skills; Learning skills; Information management skills; Entrepreneurship skills; Working life skills; Internationality skills; and Communication skills. Graduates could pursue on the following career paths: work in different public and/or private social and healthcare settings or in the third sector; work as experts in different nursing fields: health centres, outpatient units, different hospital wards, homecare, and in private caring facilities; work in projects or as entrepreneur; and continue studies in a Master's degree programme.



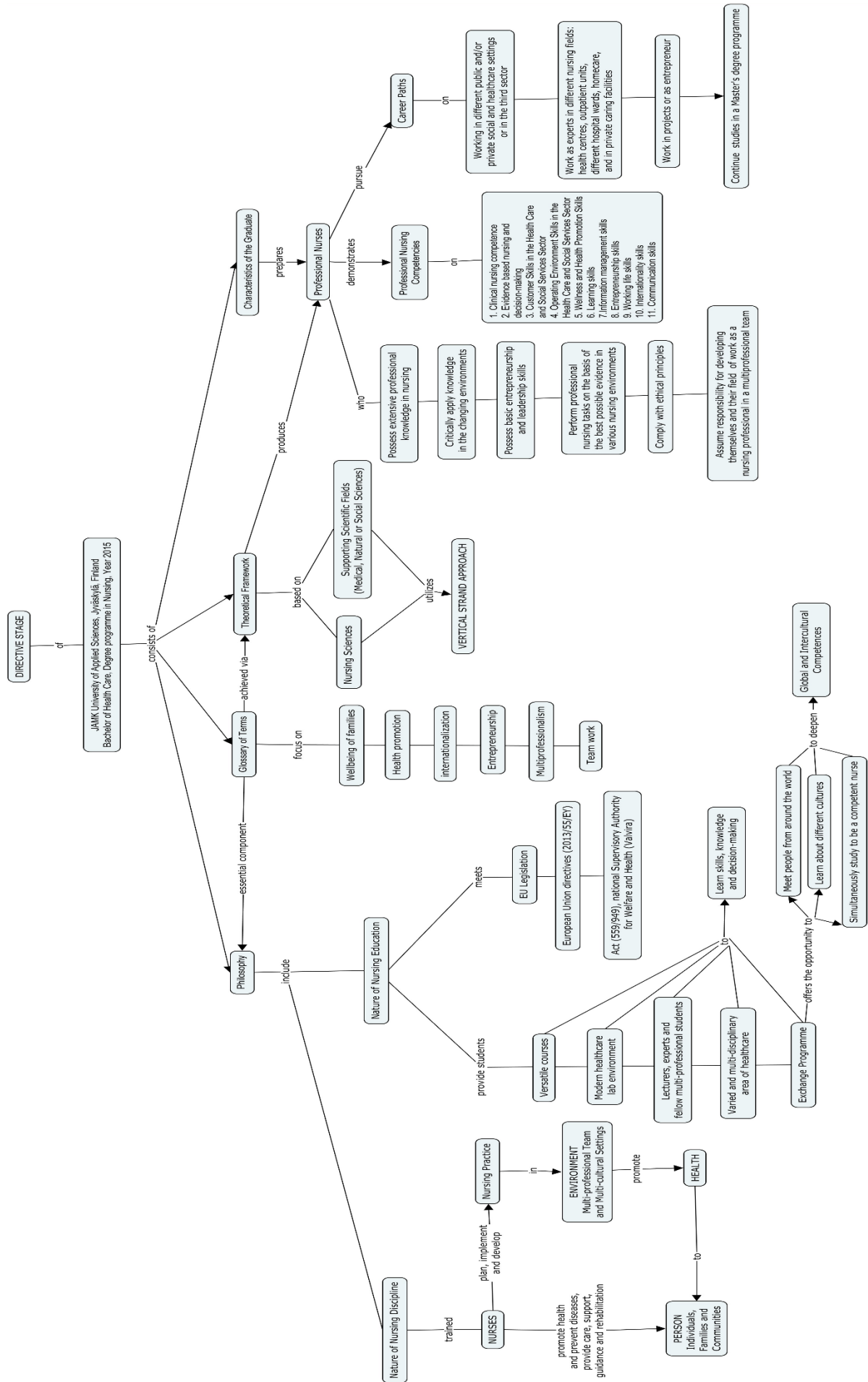


Figure 3. Directive Stage of Bachelor of Health Care, Degree programme in Nursing, year 2015 of JAMK Applied Sciences Jyväskylä, Finland

## 5.2 Formative Stage of Philippines and Finland Nursing Curriculum

Figure 4 shows the components of the *formative stage* of Philippines Bachelor of Science in Nursing Programme CHED Memorandum Order No. 14 Series of 2009. The *curriculum design* utilizes the Progressive Design approach where general education and supporting courses were mostly offered during the first two years but add a limited number of nursing courses. As the curriculum progressively develops, nursing requirements increases and general education and supporting courses decreases. (Appendix 8)

The *curriculum requirements* consist of 41 units of general education (20%), 46 units of supportive courses (23%), and 115 units of nursing courses (57%), a total of 202 units which corresponds to 5,514 hours which can be completed for a duration of 4 years full time study. The general education consists of language and humanities subjects and mandated subjects. The supportive courses consist of health sciences courses, Mathematics, Natural Sciences & Information Technology courses, and social sciences courses. The theoretical part consists of 2,628 hours lecture which correspond to 146 units while the clinical part includes 2,346 hours of related learning experiences in various healthcare settings which comprise of 46 units. In addition, 10 units of laboratory which accounts to 540 hours is included in the curriculum.

The following are the *level and course objectives* of the curriculum: at *level 1* students are expected to acquire understanding and awareness of themselves as an individual and as a member of the family, the community, and the world with emphasis on personal, societal and professional values responsibilities, rights, and an awareness of physical, social and cultural milieu specifically concepts of Theoretical Foundations in Nursing, Fundamentals of Nursing Practice, and Health Assessment.

At *level 2* students are expected to acquire the holistic understanding of the human person as a bio-psycho-cultural being focusing on the concept of health and illness as it is related to the care of the mother and child in varied settings. Specific concepts are NCM 101-Care of Mother, Child and Family, NCM 102 - Care of Mother, Child, Family and Population Group At-risk or With Problems, Community Health Nursing, Nutrition and Diet Therapy, Pharmacology, and Health Education.

At *level 3* students are expected to demonstrate the nursing competencies focusing in caring for clients across the lifespan with problems in oxygenation, fluid and electrolyte balance,

metabolism and endocrine functioning, inflammatory and immunologic reactions, perception coordination and maladaptive patterns of behavior. Specific concepts are NCM 103 - Care of Clients with Problems in Oxygenation, Fluid & Electrolyte Balance, Metabolism and Endocrine, NCM 104 - Care of Clients with Problems in Inflammatory and Immunologic Response, Perception and Coordination, NCM 105 - Care of Clients with Maladaptive Patterns of Behavior, Nursing Research 1, Elective Course 1.

At *level 4*, students are expected to demonstrate the nursing competencies focusing in caring for clients across the lifespan with problems in cellular aberrations and acute biologic crisis, disaster/emergency situations. Specific concepts are NCM 106 - Care of Clients with Problems in Cellular Aberrations, Acute Biologic Crisis including Emergency and Disaster Nursing, NCM 107 - Nursing Leadership and Management, Competency Appraisal 1 & 2, Nursing Research 2, Elective Course 2, and Intensive Nursing Practicum.

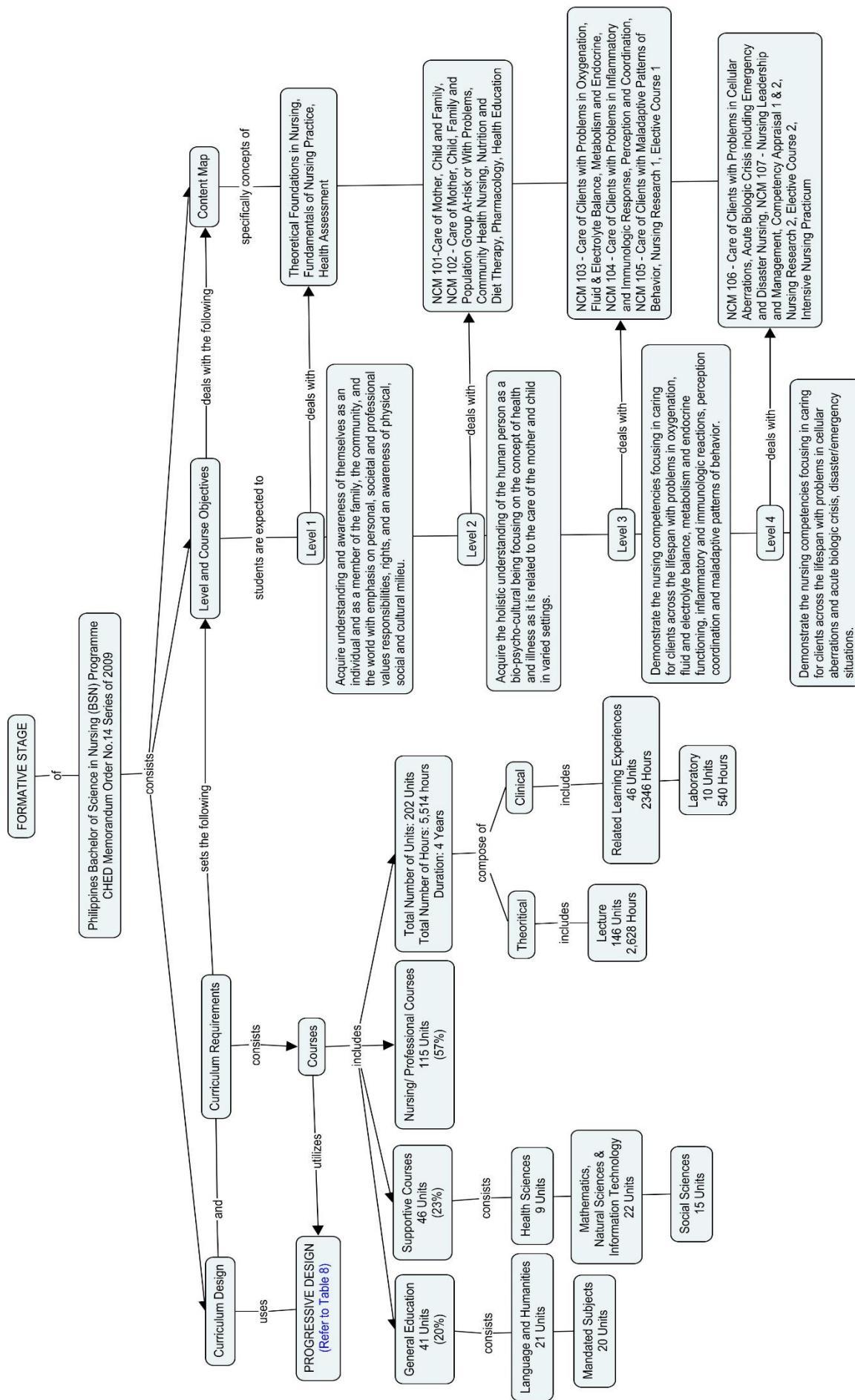


Figure 4. Formative Stage of Philippines' BSN Programme CHED Memorandum Order No. 14 Series of 2009

Figure 5 illustrates the components of *formative stage* of Bachelor of Health Care, Degree programme in Nursing, year 2015 of JAMK University of Applied Sciences, Jyväskylä, Finland. The *curriculum design* uses Progressive Design approach which means that general education and supporting courses were mostly offered during the first two years but add a limited number of nursing courses. As the curriculum progressively develops, nursing requirements increases and general education and supporting courses decreases. (Appendix 9)

The *curriculum requirements* consist of 36 ECTS of general education (16%), 30 ECTS of supportive courses (14%), and 146 ECTS of nursing courses (70%). A total of 210 ECT units which corresponds to 4600 hours is required to complete the nursing programme for a duration of 3.5-4.5 years depending on the interest and flexibility of the students. The general education is comprised of courses of transferable skills and elective studies. The supportive courses consist of common basics courses in health and social studies, clienthood in the field of health and social services, and multidisciplinary studies in nursing. The nursing courses consist of health promotion and wellbeing courses, basics of nursing, promotion of health and functioning, client oriented nursing, developing expertise in nursing, and thesis. All these courses are offered to provide theoretical knowledge and clinical skills.

The following are the *level and course objectives* of the programme. At *level 1*, courses are focus on basics of nursing, social and health care environments, clienthood, wellbeing, health promotion and functional ability specifically concepts of Basics of Health Promotion and Wellbeing, Counselling of Health Promotion and Wellbeing, Gerontological Nursing, Gerontological Nursing Practice, and Evidence-Based Nursing.

At *level 2 and 3*, studies consist of different nursing areas based on theoretical and clinical nursing competences which enhances clinical decision making, guidance and counselling skills, evidence based practice, as well as quality assurance and patient safety issues specifically concepts of Medical Nursing, Medical Nursing Practice, Mental Health and Addiction Nursing, Mental Health Practice, Clinical Nursing Skills, Family Nursing, Family Nursing Practice 1 & 2, Research and Development, Bachelor's Thesis Part 1 and Part 2, Leadership Skills and Quality Assurance, Acute and Perioperative Nursing, Acute and Perioperative Nursing Practice, Surgical Nursing Practice, Clinical Examination and Assessment of the Care.

At *level 4*, students deepen their professional competence in a chosen area of nursing, strengthens their knowledge in leadership, management and entrepreneurship. Also, studies aimed to deepen their ethical and professional competences, and do a bachelor thesis. Specific concepts during last year deals on Clinical Decision Making in Nursing, Advanced Nursing Practice 1 & 2, and Maturity Test.

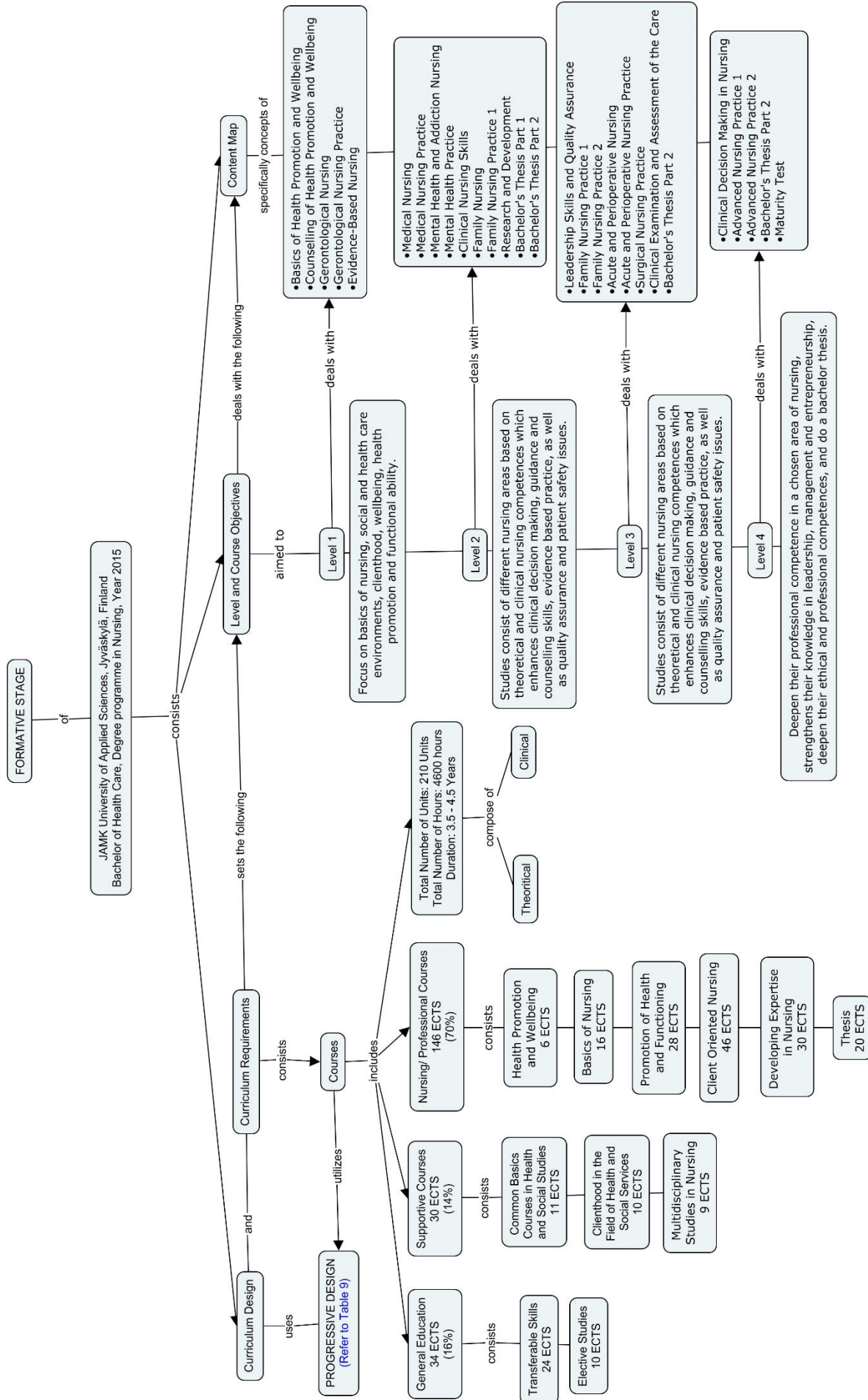


Figure 5. Formative Stage of Bachelor of Health Care, Degree programme in Nursing, year 2015 of JAMK Applied Sciences Jyväskylä, Finland

### 5.3 Comparison of Philippines and Finland Nursing Curriculum

#### 5.3.1 Similarities and Differences of Philippines and Finland Nursing Curriculum on Directive Stage

Figure 2 and 3 shows that Philippines and Finland Nursing Curriculum are similar in *philosophy, theoretical framework* design and most of the *characteristics of the nursing graduates*. Both nursing curriculum shows that the nature of nursing discipline is a profession which specialize in caring individuals, families, community and society in various settings with multi-cultural and multi-professional environment. Both curriculum highlights the essential role of nurses in the promotion and restoration of health, prevention of diseases and providing holistic care by providing care, support, guidance and rehabilitation.

The *Vertical Strand Approach of theoretical framework* is utilized by both nursing curriculum where general education and supportive courses are offered during the first two years of the programme and during the last two nursing courses are extensively offered. Both *graduates* of the nursing programme produces nurses who can perform the fully functions of the nurse equipped with analytical and critical thinking. Graduates demonstrates the needed professional nursing core competencies and they are trained to be responsible in their professional development. Furthermore, graduates can pursue to different career paths in various settings and can continue their studies in Master's degree programme.

Philippines and Finland nursing curriculum differ in the concepts of *glossary of terms* and some of the professional nursing competencies. Figure 2 shows that in Philippine context the following *glossary of terms* are highlighted: caring, love of God, love of people and love of country. Figure 3 shows that in Finland they are focus on the following *glossary of term*: wellbeing of families, health promotion, internationalization, entrepreneurship, multi-professionalism, and team work.

The terms used in the professional nursing competencies is quite different at first glance but somehow similar for instance the Philippine nursing competency Safe and Quality Nursing Care, Quality Improvement, and Research could be equivalent to JAMK Finland competency on Clinical Nursing Competence, Evidence Based Nursing and Decision-Making, Customer Skills in the Health Care and Social Services Sector. Moreover, the Philippine competency Management of Resources and Environment could be equivalent to JAMK Finland



competency on Operating Environment Skills in the Health Care and Social Services Sector. The Health Education, Record Management, Communication competencies in the Philippine nursing curriculum could be equivalent to JAMK Finland competency on Learning skills, Information management skills, Working life skills, and Communication skills. The Philippine competencies on Legal responsibility, Ethico-moral responsibility, Personal and professional development, and Collaboration and teamwork are reflected in JAMK Finland characteristics of graduates. In JAMK Finland the competencies Wellness and Health Promotion Skills, Entrepreneurship skills, and Internationality skills can be seen in the Philippines characteristics of graduates.

### **5.3.2 Similarities and Differences of Philippines and Finland Nursing Curriculum on Formative Stage**

Figure 4 and 5 shows that both nursing curriculum of Philippines and Finland utilizes the *Progressive Design*. The curriculum differs in the distribution of courses. The Philippine nursing curriculum offers more subjects of general education (20%) and supportive courses (23%) as compare to JAMK Finland nursing curriculum general education (16%) and supportive courses (14%). However, JAMK Finland nursing curriculum offers higher number of nursing courses (70%) as compare to Philippines nursing courses (57%). The total number of units offered in the Philippines is lesser in number (202 units) as compare to 210 ECTS which is required in JAMK Finland. However, the total number of hours is higher in Philippine nursing curriculum (5,514 hours) as compare of 4,600 hours in JAMK Finland. The duration of the nursing programme is almost the same in both countries which comprised of theoretical and clinical.

## **6 DISCUSSION**

### **6.1 Trustworthiness of the Study**

Lincoln and Guba's criteria was considered in the study to evaluate the trustworthiness of the research findings (Polit & Beck 2012). Trustworthiness of the findings was achieved through the process of peer review or peer debriefing according to Lincoln and Guba (1985). Colleagues who are experts in nursing education and in qualitative research procedures re-analyze the raw data, listened to the researcher's concern and discussed with them. Draft copy was given to peers (H.T., T.S., E.P., M.B., O.V., M.D., and G.B) and they assessed for any bias and inappropriate subjectivity and confirms to the main ideas emerged from the research and ensures coherence and plausibility.

### **6.2 Discussion of the Main Results**

Findings of the study show similarities and differences between Finnish and Philippines nursing curriculum. Similarities are shown in *philosophy, theoretical framework design, characteristics of the nursing graduates, and curriculum design*. The curriculum differs in the *glossary of terms, distribution of course requirements and content map*. The Philippine nursing curriculum offers more subjects of general education and supportive courses compared to JAMK Finland nursing curriculum. However, JAMK Finland nursing curriculum offers higher number of nursing courses than in Philippines. The total number of units offered in the Philippines is lesser in number compared to JAMK Finland. However, the total number of hours is higher in Philippine nursing curriculum than in JAMK Finland. The results of the study are consistent with other research findings like the study of Råholm et al. (2010) who found that there are similarities as well as substantial differences in the educational structures, contents and lengths in the different nursing programmes. According to Cook et al. (2012), there are concerns about the future of the nursing profession such as lack of agreement about scope of practice, educational requirements for practice, licensing and regulation which has created a wilderness of conflicting issues.

One of the major differences of the two-nursing curriculum is the availability of exchange programme offered in the nursing curriculum. JAMK Finland which provides students opportunities to enhance their global and intercultural competencies thru exchange programme. The Philippines nursing curriculum do not provide exchange programme because of some factors like economic reasons. According to Myhre (2011), clinical practice in a foreign country gives added value compared with clinical practice at home. The study of Ortega,

Mitchell & Peragallo (2016) found that exchange program helped students open their minds and allowed them to reflect on their own ways of thinking to become better nurses. International students perceived that exchange programme impacted their lives as individuals, students, and professionals. Findings suggest that study abroad exchange programs are useful in enhancing students' awareness of the global community.

Another difference between the two curricula are the course requirements and flexibility between and among courses. Both nursing curriculum offered in Philippines and JAMK Finland tends to require few general education and supportive courses and too many nursing courses. The nursing curriculum of JAMK Finland is more flexible in nature as compare to Philippines nursing curriculum with limited flexibility. The nursing curriculum of JAMK Finland offers more versatile courses in which students are given more options to choose according to their field of interest. According to Torres and Stanton (1982) these three areas should be fairly well balanced. An appropriate balance curriculum package should provide for approximately one-third of the requirements in general education, one-third in supporting courses and one-third in nursing courses. In addition, within the curriculum requirements there should be some flexibility between and among courses and there should be provision for a number of free electives. Curriculum designs should facilitate and enhance learning experiences at each level and be as flexible as possible to allow for individual differences. Flexibility is enhanced by allowing for many free electives and by limiting pre-requisites to nursing courses unless found essential. (Torres & Stanton 1982) Similarly, findings from the study of Coffey et al. (2016) compel us to move forward with program change increasing flexibility of program offerings is a priority and offering more hybrid courses that allow for both some face-to-face student-faculty contact while still enabling students to study in part at a time of their choosing.

Interestingly, despite of the many differences in the written nursing curriculum of the two countries similarities between the nursing curriculum of Philippines and JAMK Finland exist. Findings shows that both design their nursing curriculum to prepare students on the needed nursing competencies to deliver quality and safe nursing care to various types of individuals, families and communities. The directive stage of both nursing curriculum in Philippines and JAMK Finland is in line with WHO definition of the nursing profession as a discipline. According to WHO (2017), nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. It

includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people. According to Hornberger et al. (2014) and Gao, Chan and Cheng (2012), understanding each other's educational viewpoint of what constitutes essential curricular and performance competencies of the baccalaureate-prepared professional nurse therefore is needed to develop a holistic and health-centered nursing curriculum. According to Beck (2010), nurses as experts in the field of health are the ones sustaining a culture of caring in health care, nursing is the discipline that maintains its vigilance for the wellbeing of that patient and for the maintenance of an environment that supports that patient's well-being. Moreover, the Philippines and JAMK Finland nursing curriculum are in accordance to European Parliament (2013) which require trainee nurses to learn as part of a team and in direct contact with a healthy or sick individual and/or community, to organize, dispense and evaluate the required comprehensive nursing care, on the basis of the knowledge, skills and competences which they have acquired as reflected in the directive stage.

Moreover, both nursing curriculum are similar in the characteristics of nursing graduates. Findings shows that graduates of both nursing programmes are responsible for their professional development. This result is in accordance with the Bologna agreement which offers a structure for lifelong learning (Salminen et al. 2010). According to Tao et al. (2015), there has been a growing emphasis on lifelong learning and self-directed learning ability can be improved in undergraduate education to prepare them for staying up-to-date with contemporary nursing development.

Both countries utilized the *Progressive Curriculum Design* approach. According to Torres and Stanton (1982), this approach is more cost effective for BSN programs since faculty are primarily teaching in the last two years of the program. Having faculty especially in clinical courses spread out over three to four years increases the cost because more faculty members are generally needed.

The Philippine nursing curriculum offers theoretical education encompass at one half and clinical practice at one half of the entire nursing program and the JAMK Finland nursing curriculum theoretical education encompasses at one third and clinical practice at more than one half of the entire nursing program. In accordance with the European Parliament 2013, nursing education requires that theoretical education encompass at least one third and clinical practice at least one half of the entire nursing program. This finding is in congruence with

Mazurenko, Gupte and Shan (2014) study who found that immigrant nurses are not less qualified and they have adequate education and work experience to ensure their capacity to fill vacant nursing positions in a variety of healthcare settings.

This implies that the philosophical statement of the written nursing curricula of Philippines and JAMK Finland are easily understood and reflects the nature of the nursing discipline and nursing education in a comprehensive and logical way. The philosophy shows the relationship of the four meta-paradigms person, health, nurse and environment. The glossary of terms has defined the values, ethics, esthetics and special features of Filipino nurses and Finnish nurses. The theoretical framework shows logical sequencing of the content and process elements of the curriculum. The characteristics of graduates are reflective of the philosophy. The curriculum design sequences course requirements so that learning experiences are structured throughout the nursing program. The level and course objectives mirror the characteristics and gave meaning to the vertical strands within the theoretical framework. The content map gives direction to course planning and teaching.

### **6.3 Limitations of the Study**

This study was limited on the directive and formative stages of the written nursing curricula offered in the Philippines and JAMK Finland. Therefore, the study's findings can be considered transferable with caution and after conducting similar studies in other countries, culture and contexts. Assessment of the functional and evaluative stages of the nursing curriculum using curriculum process may draw a more complete picture of the nursing education offered by different countries.

## **7 CONCLUSION AND RECOMMENDATION**

This study, as the first of its kind in the Philippines and Finnish context explored the similarities and differences of the nursing curricula. The findings are significant for nursing education as essential step in scaling-up the quality of nursing education to prepare future nurses to meet the emerging global health demands in the nursing profession. It is clear that evaluation of the written nursing curriculum in directive and formative stages using curriculum process and concept map method provides substantial information to understand the nursing preparation of different countries.

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Table 1. Globalization of Nursing Profession

<b>Author, Year, Country</b>	<b>Purpose of the study</b>	<b>Sample size (n)</b>	<b>Methods of Data Collection</b>	<b>Main Results</b>
Ergin & Akin 2017 Turkey	This article brings into focus the effects of globalization on nursing from a historical perspective	-	Literature review	Globalization refers to an increase in global unification, integration, and cooperation in economic, social, technological, cultural, political, and ecological fields. Nursing, in all its aspects including the provision of nursing education and nursing health services, could not be exempt from the effects of globalization. The relation between globalization and health is very complex.
Jones & Sherwood 2014 USA	To expand and stimulate intra- and interprofessional conversations raising awareness of the issues, uncover unanticipated consequences, and offer solutions for shaping the nursing and health care workforce of the future.	n = 13 articles	Literature review	Globalization of the nursing workforce may impact individuals' abilities to access care and the health of populations, how populations receive quality and cost-effective care and how countries and health care systems organize and structure the delivery of care. The chronic global nursing shortages all threaten the future of health care delivery. The "aging" of the nursing workforce as a well-known phenomenon have potential negative impact on health care delivery and the future nursing workforce.  To meet global health care needs the emigration of skilled professionals from low- and middle-income countries to high-income countries is a general phenomenon but poses challenges and opportunities for the nursing profession, health care organizations, communities, and nations. The flow of nurses into or out of an area could bring about shifts in terms of where and how nurses are educated, licensed, and regulated nurses
Pagnucci et al. 2015 Italy	To identify the pedagogical strategies used by teachers in nursing programs in the Italian university system and to classify them according to the didactic architectures that are used.	992 teachers	three-part questionnaire, based on a Calvani taxonomy five-point Likert scale	The rising incidence of chronic conditions, the increase in life expectancy and continuous cuts in funding for health care have led to the displacement of nursing practices to places and settings that had never before been used to provide health care.
Zander et al. 2016 Germany	Aimed to study how features of work environments and nurse workforce qualifications impact on nurse retention,	n = 33,659 medical-surgical nurses and 11,549	Questionnaire	The chronic global nursing shortages all threaten the future of health care delivery

	job satisfaction and burnout among nurses and on patient outcomes.	patients		
Beck, D. 2010 USA	Looks at the wider horizon of health care problems and how Florence Nightingale faced similar bigger health issues in her time.	-	Literature review	The chronic global nursing shortages all threaten the future of health care delivery
Cook et al. 2012 USA	Explore the development of an international and transcultural model of education for advancing nursing practice beyond the basic level, in order to support such practitioners to become comprehensive health care providers.	7 countries	Structured questionnaire	The “aging” of the nursing workforce as a well-known phenomenon have potential negative impact on health care delivery and the future nursing workforce. It is against the background of these challenges, as well as the global nature of nursing, that an international initiative, grounded in transformative education, has arisen wide-spread effects across education and have supported the concept of international education initiatives in all fields
Peñaloza et al. 2011 Chile	To assess the effects of policy interventions to regulate emigration of health professionals from Low-Middle Income Countries.	n = 1 article	Cochrane Systematic Reviews of Interventions Version 5.0.1	To meet global health care needs the emigration of skilled professionals from low- and middle-income countries to high-income countries is a general phenomenon but poses challenges and opportunities for the nursing profession, health care organizations, communities, and nations.

Table 2. Nursing Workforce in the Future

<b>Author, Year, Country</b>	<b>Purpose of the study</b>	<b>Sample size (n)</b>	<b>Methods of Data Collection</b>	<b>Main Results</b>
Beck, D. 2010 USA	Looks at the wider horizon of health care problems and how Florence Nightingale faced similar bigger health issues in her time.	-	Literature review	As experts in the field of health, nurses are the ones sustaining a culture of caring in health care. Nursing is the discipline that maintains its vigilance for the wellbeing of that patient and for the maintenance of an environment that supports that patient's well-being.
Jones & Sherwood 2014 USA	To expand and stimulate intra- and interprofessional conversations raising awareness of the issues, uncover unanticipated consequences, and offer solutions for shaping the nursing and health care workforce of the future.	n = 13 articles	Literature review	Nurses comprise a large sector of the global health workforce and play an integral role in the global health care economy
Zander et al. 2016 Germany	Aimed to study how features of work environments and nurse workforce qualifications impact on nurse retention, job satisfaction and burnout among nurses and on patient outcomes.	n = 33,659 medical-surgical nurses and 11,549 patients	Questionnaire	Demonstrated the strict relationship between nurses' level of education, their numbers in health care facilities and patient mortality rates. Increasing a nurse's workload by one patient increased the likelihood of mortality by 7%
Pagnucci et al. 2015 Italy	To identify the pedagogical strategies used by teachers in nursing programs in the Italian university system and to classify them according to the didactic architectures that are used.	992 teachers	three-part questionnaire, based on a Calvani taxonomy five-point Likert scale	Demonstrated the strict relationship between nurses' level of education, their numbers in health care facilities and patient mortality rates
Cho et al. 2015 South Korea	To examine the effects of nurse staffing, work environment, and education on patient mortality.	n = 1024 staff nurses and 76,036 patients	Logistic regression models	Each additional patient per nurse is associated with an 5% increase in the odds of patient death within 30 days of admission, that the odds of patient mortality are nearly 50% lower in the hospitals with better nurse work environments than in hospitals with mixed or poor nurse work environments, and that each 10% increase in nurses having Bachelor of Science in Nursing Degree is associated with a 9% decrease in patient deaths.
Wollin & Fairweather 2012 Australia	The aim of the present study was to report the process and outcomes of a collaborative venture to	Abu Dhabi, United Arab	Case Study	Nursing graduates with an internationally recognized Bachelor degree and local

	offer a Bachelor of Science Nursing programme in Abu Dhabi	Emirates Nursing Curriculum		clinical experience was viewed very favorably by industry
Tella et al. 2015 Finland	To determine the current state of patient safety education in nursing programs from preregistration nursing students' perspectives in order to inform nursing and healthcare education faculty about designing future curricula.	n = 353, of which 195 were from Finland and 158 were from England, United Kingdom	Cross-sectional, nonexperimental survey	To ensure that future nurses are prepared to fit for international practice, nursing profession must continue to develop in parallel with international trends.  Nurse educators are the ones on the front lines of educating the next generation of nurses having the important role in developing and harmonizing nursing curricula to withstand international comparison and prepare international nurses of the future.
Collins, Hewer 2014 USA	To describe the Bologna Process as it relates to European nursing education	n = 28 articles	Literature review	Cross-cultural values are needed in a cross-cultural world.
Gao, Chan & Cheng 2012 China	Aims to presents a discussion of nursing education development in the People's Republic of China in its historical, economic and sociopolitical contexts.	34 articles	Thematic analysis and narrative synthesis	For the global development of nursing education and practice to embed evidence-based patient safety education in nursing curricula, there is a need to promote international collaboration to build alliances and communicate ideas and best practices.  There is a need to re-examine and thoroughly revise the preregistration curriculum to enable nursing graduates meet future challenges in healthcare system.  Understanding each other's educational viewpoint of what constitutes essential curricular and performance competencies of the baccalaureate-prepared professional nurse therefore is needed to develop a holistic and health-centered nursing curriculum.
Hornberger et al. 2014 USA	To describe the experiences of the nursing programs participating in one of the funded Atlantis proposals and to highlight early outcomes and insights.	n = 4 schools of nursing	Methodological triangulation approach involving surveys, student portfolios, and interviews	Understanding the strengths and challenges in nursing education worldwide helps in the creation of a more uniform, yet flexible, educational standard between the countries. Understanding each other's educational viewpoint of what constitutes essential curricular and performance competencies of

				the baccalaureate-prepared professional nurse therefore is needed to develop a holistic and health-centered nursing curriculum
Palese et al. 2017 Italy	To explore (a) nursing student plans after graduation and factors influencing their plans, and (b) factors associated with the intention to emigrate.	n = 923 final third year of nursing education in seven universities in Italy in 2015	Survey questionnaire, Cross-sectional study	Four different plans after nursing graduation emerged: intention to look for a nursing job in their own homecountry, an intention to emigrate, looking for a nursing job abroad, and an intention to continue nursing education.



Table 3. Nursing Education in Finland

Author, Year, Country	Purpose of the study	Sample size (n)	Methods of Data Collection	Main Results
Råholm et al. 2010 Norway	This paper is a discussion of the similarities and differences in baccalaureate nursing education programme structures, content and pathways to postbaccalaureate education in the Scandinavian countries.	n = 4 Scandinavian countries: Denmark, Finland, Norway and Sweden	Document Review	In Finland, there are opportunities to pursue specialist nurse studies (20–30 ECTS credits) in, for example, psychiatric nursing, operating theatre nursing, nursing older people, etc.
European Parliament 2013 Finland	Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System	-	Directive 2013/55/EU	<p>In Europe there are certain criteria for nursing education. Following the Bologna process, higher education institutions in Finland have adapted the structure of their programmes to a two-cycle Bachelor's and Master's degree system. European Credit Transfer and Accumulation System (ECTS) credits are used in a large majority of higher education institutions in the European Union and their use is becoming more common also in courses leading to the qualifications required for the exercise of a regulated profession. One ECTS credit corresponds to 25-30 hours of study whereas 60 credits are normally required for the completion of one academic year. Directive 2005/36/EC provides for the obligation for professionals to have the necessary language skills in the interest of better ensuring patient safety. The European Union (EU) regulates European nursing education, requiring that theoretical education encompass at least one third and clinical practice at least one half of the entire nursing program. The scope of general nurse education is 180 ECTS.</p> <p>The nursing profession in Finland has significantly evolved in the last three decades: community-based healthcare, the use of more complex therapies and constantly developing technology presuppose a</p>

				<p>capacity for higher responsibilities for nurses. Nurse training should provide a more robust and more output-oriented assurance that the professional has acquired certain knowledge and skills during the training, and is able to apply at least certain competences in order to pursue the activities relevant to the profession. The training of nurses responsible for general care shall comprise a total of at least three years of study, which may in addition be expressed with the equivalent ECTS credits, and shall consist of at least 4 600 hours of theoretical and clinical training, the duration of the theoretical training representing at least one third and the duration of the clinical training at least one half of the minimum duration of the training.</p> <p>Nursing programmes in Finland includes clinical skills and practical modules about 90 ECTS points in accordance with European directives</p>
Salminen L. et al. 2010 Finland	describe some main policy papers in the field of nursing education and identify selected future challenges.	n = 8 articles	Literature Review	<p>The Bologna agreement offers a structure for lifelong learning and the European Union legislation needs to set out a clear framework to assist in harmonising the outcomes between European countries.</p> <p>Success of the nursing programme is not only about how learning outcomes can be achieved but also how they can be measured</p>

Table 4. Nursing Education in Philippines

Author, Year, Country	Purpose of the study	Sample size (n)	Methods of Data Collection	Main Results
Republic Act No. 9173 2002 Philippines	Philippine Nursing Act of 2002	-	Law	<p>The nursing education program in the Philippines provide sound general and professional foundation for the practice of nursing. The scope of nursing in Philippine context initiates and performs nursing services to individuals, families and communities in any health care setting. It includes, but not limited to, nursing care during conception, labor, delivery, infancy, childhood, toddler, preschool, school age, adolescence, adulthood, and old age. As independent practitioners, nurses are primarily responsible for the promotion of health and prevention of illness. As members of the health team, nurses collaborate with other health care providers for the curative, preventive, and rehabilitative aspects of care, restoration of health, alleviation of suffering, and when recovery is not possible, towards a peaceful death.</p> <p>In the Philippines, license to practice nursing shall be required to pass a written examination, which shall be given by the Board in such places and dates as may be designated by the Commission: Provided, that it shall be in accordance with Republic Act No. 8981, otherwise known as the "PRC Modernization Act of 2000." In order to pass the examination, an examinee must obtain a general average of at least seventy-five percent (75%) with a rating of not below sixty percent (60%) in any subject. An examinee who obtains an average rating of seventy-five percent (75%) or higher but gets a rating below sixty percent (60%) in any subject must take the examination again but only in the subject or subjects where he/she is rated below sixty</p>

				percent (60%). In order to pass the succeeding examination, an examinee must obtain a rating of at least seventy-five percent (75%) in the subject or subjects repeated.
Commission of Higher Education Memorandum Order No. 14 Series of 2009 2009 Philippines	Policies and Standards for Bachelor of Science in Nursing Program	-	Policy	State universities and colleges (SUCs), local colleges and universities (LCUs) and all private higher education institutions (PHEIs) intending to offer the Bachelor of Science in Nursing program strictly adhere to the specific requirements embodied in the prescribed curriculum as promulgated by the Commission on Higher Education's policies and standards of nursing education. To ensure the quality of the nursing graduate, the degree is conferred upon completion of at least four year BSN program offered by a college or university duly recognized by the Commission on Higher Education.
Eder 2016 Austria	Examined the role of Commission of Higher Education and the Technical Panels in the production of the globally competitive Filipina/ o worker.	-	Document review	The Americanization of the Philippine nursing curriculum for nurse training included immersion programs and English as medium of instruction the professionalization of nurse work in the Philippines through stricter admission criteria and examinations. This move was an early articulation of international standards as nurses pursued elevating nurse education as a bachelor's degree, an episode that coincided with the professionalization of nurse work in the United States and internationally. The League of Nursing Education, perpetuated US trends in nurse education by incorporating topics that were relevant in the United States into the local curriculum in the Philippines to be consistent with the latest trends in higher education abroad. The Philippine government has repeatedly expressed its aspirations to be globally competitive; it capitalizes on higher education by ensuring

				<p>that courses and programs offered by HEIs are at par with international standards. The Commission of Higher Education (CHED) is the agency mandated to oversee the higher education system. It has power and control over all Higher Educational Institutions (HEIs) in the Philippines and is responsible for prescribing standard curricula in all fields of study. Exempted from control are autonomous universities that enjoy freedom in curriculum design, as long as they keep the minimum requirements prescribed by CHED.</p>
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Table 5. Pedagogical Strategies in Nursing Education

Author, Year, Country	Purpose of the study	Sample size (n)	Methods of Data Collection	Main Results
Carey 2012 UK	This paper reports findings from a study into how nurse educators view the notion of an inclusive curriculum within their discipline.	15 nurse educators in one university	Phenomenographic analysis	The aim of curriculum design and resource allocation is to maximize students' potential. Nurses need to understand and respond the diverse social and health needs and reflect the demographic structure of society. Embracing diversity may require some fundamental changes to the nature of nursing qualifications, the changing nature of nursing, coupled with the changing nature of students. For any kind of informed and planned curriculum change in the sector it is essential that the academic community have the commitment to develop a shared language and understanding of curriculum.
Coffey et al. 2016 Canada	Explore student characteristics, academic performance, outcomes, and experiences in an RPN-to-BScN Bridging Program in Ontario, Canada.	Quantitative analysis included data from a total of 432 students. Qualitative focus group interviews included 110 students	Mixed method design. Descriptive and analytical statistics.	Findings from the study compel us to move forward with program change increasing flexibility of program offerings is a priority and offering more hybrid courses that allow for both some face-to-face student-faculty contact while still enabling students to study in part at a time of their choosing.
Baernholdt et al. 2013 USA	This paper describes the development, implementation and evaluation of a semester-long exchange program between two Bachelor of Science in Nursing programs in the USA and Denmark.	n = 2 countries USA & Denmark	Open-ended questions	In internationalization of nursing education, an awareness of underlying cultural values regarding nursing competence and taking appropriate action are important for success. Other areas for a successful exchange program include matching of courses or content across schools, clear objectives and evaluation plans. Finally, flexibility and open communication are key components when setting up a 360° exchange program.

Gao, Chan & Cheng 2012 China	Aims to presents a discussion of nursing education development in the People's Republic of China in its historical, economic and sociopolitical contexts.	34 articles	Thematic analysis and narrative synthesis	There is a strong need to ensure that students are meeting courses' global learning objectives by equipping them the necessary knowledge and skills in health promotion, disease prevention and management of chronic diseases
Jokelainen, et al. 2013 Finland	To describe Finnish and British mentors' conceptions of the factors that affect the provision of effective mentorship for pre-registration nursing students in healthcare placements.	n = 39	Phenomenographical Approach	Nursing students requires varying levels of support therefore mandatory mentor preparation programmes and updates developed in national and cross-cultural co-operation is needed
Parcells, Baernholdt 2014 Virginia	Outlines how a task force began development of a global curriculum through faculty development.	15 faculty participants	Content analysis across current course curricula and a literature review	As the school of nursing's work toward a global curriculum continues, it will be imperative for faculty to focus on assessment of students' cultural competence development and whether students are meeting courses' global learning objectives
Pagnucci et al. 2015 Italy	The aim of this study was to identify the pedagogical strategies used by teachers in nursing programs in the Italian university system and to classify them according to the didactic architectures that are used.	992 teachers	Three-part Questionnaire based on a Calvani taxonomy five-point Likert scale	Major research studies have highlighted that high-quality responses to health needs is highly dependent on both the education received by health care professionals and the pedagogical strategies employed in such training. Frequency of use revealed that the most commonly used method was the traditional lecture. The most often used pedagogical strategies belonging to a 'receptive architecture'. Any redefining of approaches to nursing education must consider several key factors to ensure the promotion of student-focused pedagogical strategies. Only through the implementation of such pedagogical practices will it be possible to generate the knowledge and skills necessary for future

				professionals to be able to adequately respond to the ever more complex health care needs of the population. Pedagogical methods that include continuous, situated “coaching” are necessary to allow students to understand all the factors in specific clinical situations that are moreover subject to change: the importance of signs and symptoms, the patient’s, families and other health care workers’ requests, the resources available and any constraints present.
Tao et al. 2015 China	This paper demonstrates the establishment of an extra-curricular education program in Chinese context and evaluates its effectiveness on undergraduate nursing students' self-directed learning.	165 undergraduate students from a nursing college were divided into experimental group (n=32) and control group (n=133).	Mixed-method Zimmerman's self-directed learning model was used as the theoretical framework for the development of an education program.	Various pedagogic methods could be applied for self-directed learning. Given the development in health care and education, there has been a growing emphasis on lifelong learning. Self-directed learning (SDL) which is applicable for lifelong learning has been advocated as an appropriate pedagogical method in nursing education. Students' SDL ability can be improved in undergraduate education to prepare them for staying up-to-date with contemporary nursing development. Undergraduate nursing education includes both professional knowledge and learning skills. Professional knowledge prepares them to be qualified health professionals, while learning skills enable them to be prominent learners.
Myhre 2011 Norway	This article examines challenges and learning outcomes for nursing students from a Central European university of applied sciences who completed 3 months of clinical practice in Norway.	n = 3 third year nursing students	explorative and descriptive with a hermeneutical approach	The study shows that clinical practice in a foreign country gives added value compared with clinical practice at home. Greater self-confidence and understanding of core concepts in nursing is described by the participants. Language differences are not regarded as a problem but as a way of developing personal and



				professional competence. The ability to compare healthcare systems in the two counties is important in developing competencies in nursing.
Ortega, Mitchell & Peragallo 2016 Florida, USA	This article presents the perspectives of students from the United States, Chile, Mexico, and Taiwan, both sides of the international exchange experience.	A total of 106 nursing students from Chile (41), Mexico (9), Taiwan (14), and the United States (42) participated in this study. All were undergraduates with the exception of three graduate students from Taiwan. Most of the participants (99) were women.	Descriptive study Mixed methods approach	The study of Ortega, Mitchell & Peragallo (2016) found that exchange program helped open their minds and allowed them to reflect on their own ways of thinking to become better nurses. International students perceived that the use of simulation in the nursing curriculum helped foster a richer understanding of didactic content and helped support a standardized nursing education. International students perceived that the exchange impacted their lives as individuals, students, and professionals. Findings suggest that study abroad exchange programs are useful in enhancing students' awareness of the global community. The immersion experience as transformational on a personal level and stated that learning about different cultures, health care systems, and professional roles would have a significant impact on their future practice.
Dobrowolska et al. 2015 Poland	The aim of the study was to describe and compare the nature of the nursing clinical practice education models adopted in different countries.	n = 11 members of the UDINE-C network	Qualitative approach	Differences and homogeneity are reported and discussed regarding the clinical learning requirements across countries; the prerequisites and clinical learning process patterns; and the progress and final evaluation of the competencies achieved. A wider discussion is needed regarding nursing student exchange and internalization of clinical education in placements across European and non-European countries. A clear strategy for nursing education accreditation and

				harmonization of patterns of organization of clinical training at placements, as well as strategies of student assessment during this training, are recommended. There is also a need to develop international ethical guidelines for undergrad nursing students gaining international experience.
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Table 6. Similarities and Differences of Nursing Education in Global Setting

Author, Year, Country	Purpose of the study	Sample size (n)	Methods of Data Collection	Main Results
Cook et al. 2012 USA	Explore the development of an international and transcultural model of education for advancing nursing practice beyond the basic level, in order to support such practitioners to become comprehensive health care providers	7 countries	Structured Questionnaire	<p>There are concerns about the future of the nursing profession such as lack of agreement about scope of practice, educational requirements for practice, licensing and regulation which has created a wilderness of conflicting issues.</p> <p>The concept of collaboration to produce more efficacious outcomes, whether within the profession or within similar health care disciplines is strongly supported and may similarly be useful in seeking to develop starting points for collaboration. Participants refrained from proposing a common international curriculum because such an initiative would not recognize the particular individual country culture and environment. The focus instead was on communication and definition of common goals and the multiple pathways to shared outcomes. Curriculum Meeting Points promotes the recognition of the fact that nursing, as a health care profession, has a role and function in nearly every country of the world and that this role and function can be expanded through such international collaboration amongst education partners.</p>
Råholm et al. 2010 Norway	This paper is a discussion of the similarities and differences in baccalaureate nursing education programme structures, content and pathways to postbaccalaureate	n = 4 Scandinavian countries: Denmark, Finland, Norway and Sweden	Document Review	There are similarities as well as substantial differences in the educational structures, contents and lengths in the different nursing programmes. Nursing education is organized in the three cycles described in the Bologna Process, but there are differences

	education in the Scandinavian countries.			regarding names and terms for degrees and allocation of European Credit Transfer System credits. Knowledge of the content and structure of nursing education in these countries may enhance development and cooperation between institutions. Scandinavian countries have similar cultural, religious, social and political environments, including similar healthcare structures. Danish, Norwegian and Swedish belong to the same language group, and communication is possible without shifting to a second language.
Tella et al. 2015 Finland	To determine the current state of patient safety education in nursing programs from preregistration nursing students' perspectives in order to inform nursing and healthcare education faculty about designing future curricula.	n = 353, of which 195 were from Finland and 158 were from England, United Kingdom	Cross-sectional, nonexperimental survey	The study comparing nursing students' perceptions of their learning about patient safety in Finland and England, UK identified two predictive factors for differences between Finnish and British students' perceptions about their patient safety education in academic settings: British students perceived there to be more training of patient safety skills in their education at academic settings and had more work experience in the healthcare sector.
Halperin & Mashiach-Eizenberg 2014 Israel	To examine career choice and professional adaptation among Israeli Jews and Israeli Arab nursing students by addressing motivation, materialistic factors and professional adaptation.	395 students	Structured Questionnaire	The study found that nursing programs in Israel provide a major route for upward mobility for underprivileged groups mainly Israeli-Arabs and Jewish immigrants from the former Soviet Union.
Lee et al. 2011 Korea	The aim of this study was to compare Korean and Chinese nursing students with respect to their nursing curricula and educational outcomes including	n = 762 nursing college students (355 in Korea and 407 in China)	Comparative descriptive design Self-report questionnaires	The study shows that Korea offered various nursing courses more focused on specific nursing compared to China because in China national Medical schools offer nursing programs; nursing courses are more likely similar to those

	critical thinking, professionalism, leadership, communication			taught in Medicine. The critical thinking skills scores were significantly higher among Korean nursing students than among Chinese students, and the professionalism and the communication skills scores were significantly higher among the Chinese students than among the Korean students. The results provided national differences in nursing curricula and educational outcomes between Korean and Chinese nursing programs.
Jacob E.R., McKenna L. & D'Amore A. 2014 Australia	This paper reports on findings of a study aimed at identifying differences in educational preparation of the different levels of nurse in Australia	Course coordinators from nine organisations offering pre-registration nursing programmes	self-reporting questionnaires Comparative analysis cross-sectional survey design	Findings of study shows differences between registered nurses (RNs) and enrolled nurses (ENs) in Australia mainly differences in educational requirements for the two levels of nurse are duration of education, (36 months for RNs versus 12–18 months for ENs), amount of clinical experience (minimum of 800 hours for RNs and 400 hours for ENs), type of institution, and total theoretical hours between EN and RN programmes.
Lake et al. 2017 USA	Program evaluation study to conduct an assessment, comparison of a medical-surgical adult curriculum and teaching modalities. Also, explore the Community Engagement (CE) Model to build a Central American-US faculty partnership.	n = 2 countries: Nicaragua and US	Methodological evaluation study	Findings of study found similarities between the US and Nicaraguan curricula and teaching modalities, both schools lacked sufficient time for clinical practicum time and differences included lack of simulation skill lab, equipment, and space.
Mazurenko, Gupte & Shan 2014 USA	This study examined the education and work experience of immigrant and American-trained registered nurses from 1988 to 2008.	6674 and 190,885 INs and US RNs	Survey study using the Cochran–Armitage trend tests.	The study discovered that immigrant nurses are not less qualified than their American-trained counterparts. However, healthcare providers should encourage them to further pursue their education and certifications. Even though immigrant nurses?

				<p>education and work experience are comparable with their American counterparts, workforce development policies may be particularly beneficial for this group. This result findings can assist healthcare managers understand the education and work experience of their workforce and appropriately align recruitment and retention strategies. Policy makers may also consider information in the development of transitional programmes to better integrate internationally trained nurses in the workforce. Another important finding was that both groups of nurses had many years of nursing experience, with internationally trained nurses reporting at least 3 more years' experience than their USA counterparts. Thus, internationally trained nurses additional experiences may be more beneficial to patient care. The findings indicate that internationally trained nurses who practice in the USA have adequate education and work experience to ensure their capacity to fill vacant nursing positions in a variety of healthcare settings. Therefore, the USA policy of recruiting internationally trained nurses to fill its nursing shortage is a safe strategy. However, they also suggest future workforce policies and incentive programmes encouraging internationally trained nurses to enrol in career-advancing educational programmes.</p>
McGillis Hall et al. 2014 Canada	This study compared the characteristics of Canadian-educated nurses who had migrated to the	n = 20,345	Retrospective comparative study	Study found no differences between U.S. nurses and Canadian-educated nurses working in the United States in educational level,

	United States to work with their colleagues in the United States and Canada in anticipation of a change in Canada's RN entry to practice requirements in 2015.			work status, work location, and age. No differences were found between Canadian-educated nurses working in the United States and those working in Canada. Their research highlights the value of international comparisons of the nursing workforce, especially in the context of anticipated regulatory changes, which may affect a country's nursing health human resources.
Ma et al. 2012 USA	This paper explores the systems in China and Egypt.	n = 2 countries	Qualitative Approach	Both China and Egypt have developed nursing education systems based on particular social, economic, and political structures at particular points in time and in response to changes over time. Education in China has been more heavily influenced by models from the United States, whereas Egypt has looked to those from Britain and France. Most striking, however, is what they now share. Both countries' systems of nursing education are now clearly located in an increasingly global world of health, and health care that recognizes that a more educated nursing workforce remains the critical component of any initiative to better meet health care needs. Although the history varies, both countries now share multiple pathways into practice, albeit with different structures, and the opportunities to move upward within them. The models of formal nursing education brought by United States missionaries in the late 19th century has yielded to those more akin to Chinese needs and resources, as have the early 20th century British initiatives in Egypt. Curricular content varies as well, ranging from an established core based on the medical model in China

				<p>to one that prepares Egyptian nurses for different kinds of role responsibilities in clinical care, administration, and teaching. China has opportunities for incorporating traditional Chinese medicine into some educational programs and hospitals, whereas Egypt is focused on the tropical diseases endemic to its particular location.</p>
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Table 7. Summary of Theoretical Background

Main Points	Author, Year, Country
1. Globalization of Nursing Profession	Ergin & Akin 2017, Turkey Jones & Sherwood 2014, USA Pagnucci et al. 2015, Italy Zander et al. 2016, Germany Beck 2010, USA Cook et al. 2012, USA Peñaloza et al. 2011, Chile
2. Nursing Workforce in the Future	Beck 2010, USA Jones & Sherwood 2014, USA Zander et al. 2016, Germany Pagnucci et al. 2015, Italy Cho et al. 2015, South Korea Wollin & Fairweather 2012, Australia Tella et al. 2015, Finland Collins & Hewer 2014, USA Gao, Chan & Cheng 2012, China Hornberger et al. 2014, USA Palese et al. 2017, Italy
3. Nursing Education in Finland	Råholm et al. 2010, Norway European Parliament 2013, Finland Salminen L. et al. 2010, Finland
4. Nursing Education in Philippines	Republic Act No. 9173, 2002, Philippines Commision of Higher Education Memorandum Order No. 14 Series of 2009, Philippines Eder 2016, Austria
5. Pedagogical Strategies in Nursing Education	Carey 2012, UK Coffey et al. 2016, Canada Baernholdt et al. 2013, USA Gao, Chan & Cheng 2012, China Jokelainen, et al. 2013, Finland Parcells, Baernholdt 2014, Virginia Pagnucci et al. 2015, Italy Tao et al. 2015, China Myhre 2011, Norway Ortega, Mitchell & Peragallo 2016, Florida, USA Dobrowolska et al. 2015, Poland
6. Similarities and Differences of Nursing Education in Global Setting	Cook et al. 2012, USA Råholm et al. 2010, Norway Tella et al. 2015, Finland Halperin & Mashiach-Eizenberg 2014, Israel Lee et al. 2011, Korea Jacob E.R., McKenna L. & D'Amore A. 2014, Australia Lake et al. 2017, USA Mazurenko, Gupte & Shan 2014, USA McGillis Hall et al. 2014, Canada Ma et al. 2012, USA

Table 8. Progressive Curriculum Design of Philip pines' BSN Programme CHED Memorandum Order No. 14 Series of 2009

Year	General Education	Supporting Courses	Professional Courses
4 <sup>th</sup> Year			NCM 106 - Care of Clients with Problems in Cellular Aberrations, Acute Biologic Crisis including Emergency and Disaster Nursing, NCM 107 - Nursing Leadership and Management, Competency Appraisal 1 & 2, Nursing Research 2, Elective Course 2, Intensive Nursing Practicum <b>36 Units</b>
3 <sup>rd</sup> Year	Taxation & Land Reform, Humanities [World Civilization and Literature], Life, Works and Writings of Rizal, Philippine History, Government & Constitution <b>12 Units</b>	Biostatistics <b>3 Units</b>	NCM 103 - Care of Clients with Problems in Oxygenation, Fluid & Electrolyte Balance, Metabolism and Endocrine, NCM 104 - Care of Clients with Problems in Inflammatory and Immunologic Response, Perception and Coordination, NCM 105 - Care of Clients with Maladaptive Patterns of Behavior, Nursing Research 1, Elective Course 1 <b>34 Units</b>
2 <sup>nd</sup> Year	English 3, Sociology with Anthropology, Philosophy of Man, Physical Education 3 & 4 <b>13 Units</b>	Microbiology and Parasitology, Bioethics, Informatics <b>10 Units</b>	NCM 101-Care of Mother, Child and Family, NCM 102 - Care of Mother, Child, Family and Population Group At-risk or With Problems, Community Health Nursing, Nutrition and Diet Therapy, Pharmacology, Health Education <b>34 Units</b>
1 <sup>st</sup> Year	English 1 & 2, Filipino 1 & 2, Physical Education 1 & 2, National Service Training Program 1 & 2 <b>22 Units</b>	General Chemistry, Physics, Biochemistry, General Psychology, College Algebra, Anatomy and Physiology, Logic and Critical Thinking <b>27 Units</b>	Theoretical Foundations in Nursing, Fundamentals of Nursing Practice, Health Assessment <b>11 Units</b>

Legend: ■ General Education    ■ Supporting Courses    ■ Professional Courses

Table 9. Progressive Curriculum Design of Bachelor of Health Care, Degree programme in Nursing, year 2015 of JAMK Applied Sciences Jyväskylä, Finland

Year	General Education	Supporting Courses	Professional Courses
4 <sup>th</sup> Year			<ul style="list-style-type: none"> <li>• Clinical Decision Making in Nursing 4</li> <li>• Advanced Nursing Practice 1 6</li> <li>• Advanced Nursing Practice 2 15</li> <li>• Bachelor's Thesis Part 2 -5</li> <li>• Maturity Test - 0</li> </ul> <b>30 ECTS</b>
3 <sup>rd</sup> Year	<ul style="list-style-type: none"> <li>• Development as an Expert 1</li> <li>• Finnish 2 -5</li> <li>• Finnish 3 -5</li> <li>• Multicultural Work in Social and Healthcare Services -5</li> </ul> <b>16 ECTS</b>	<ul style="list-style-type: none"> <li>• Advanced Anatomy and Physiology 1</li> <li>• Advanced Medical Studies 2</li> <li>• Clinical Pharmacology 2</li> </ul> <b>5 ECTS</b>	<ul style="list-style-type: none"> <li>• Leadership Skills and Quality Assurance 5</li> <li>• Family Nursing Practice 1 -6</li> <li>• Family Nursing Practice 2 - 6</li> <li>• Acute and Perioperative Nursing 4</li> <li>• Acute and Perioperative Nursing Practice 9</li> <li>• Surgical Nursing Practice 6</li> <li>• Clinical Examination and Assessment of the Care 5</li> <li>• Bachelor's Thesis Part 2 -2</li> </ul> <b>43 ECTS</b>
2 <sup>nd</sup> Year	<ul style="list-style-type: none"> <li>• Development as an Expert -1</li> </ul> <b>1 ECTS</b>	<ul style="list-style-type: none"> <li>• Advanced Anatomy and Physiology 1</li> <li>• Advanced Medical Studies 1</li> <li>• Clinical Pharmacology 2</li> </ul> <b>4 ECTS</b>	<ul style="list-style-type: none"> <li>• Medical Nursing 4</li> <li>• Medical Nursing Practice 7</li> <li>• Mental Health and Addiction Nursing 4</li> <li>• Mental Health Practice 7</li> <li>• Clinical Nursing Skills 6</li> <li>• Family Nursing 5</li> <li>• Family Nursing Practice 1 -5</li> <li>• Research and Development - 5</li> <li>• Bachelor's Thesis Part 1 -5</li> <li>• Bachelor's Thesis Part 2 - 3</li> </ul> <b>51 ECTS</b>
1 <sup>st</sup> Year	<ul style="list-style-type: none"> <li>• Development as an Expert - 3</li> <li>• ICT Skills - 3</li> <li>• Swedish for Working Life -4</li> <li>• English for Working Life 4</li> <li>• Communication Skills for Working Life -3</li> <li>• Entrepreneurship 3</li> <li>• JAMK Innovation Week -2</li> <li>• Finnish 1 -2</li> <li>• Finnish 2 -5</li> </ul> <b>29 ECTS</b>	<ul style="list-style-type: none"> <li>• Basics of Anatomy and Physiology 3</li> <li>• Basics of Pharmacotherapy 2</li> <li>• Occupational Safety and Wellbeing 3</li> <li>• Client Centered Approach in Health and Social Services 3</li> <li>• Promotion of Functioning and Participation 3</li> <li>• Health Care and Social Services 4</li> <li>• Basics of Medicine in Public Health 3</li> </ul> <b>21 ECTS</b>	<ul style="list-style-type: none"> <li>• Basics of Health Promotion and Wellbeing 3</li> <li>• Counselling of Health Promotion and Wellbeing 3</li> <li>• Gerontological Nursing 3</li> <li>• Gerontological Nursing Practice 10</li> <li>• Evidence-Based Nursing 3</li> </ul> <b>22 ECTS</b>

Legend: ■ General Education ■ Supporting Courses ■ Professional Courses