



A ‘Do-It-Yourself’ Approach to International Nursing Education

A start-up project to establish a college of nursing in Bangladesh.

ABSTRACT: After helping to establish and lead a bachelor of science in nursing program in Bangladesh, one nurse offers observations on developing similar volunteer projects. He discusses the need for social entrepreneurs to conduct research before committing to a project and the possibility that they might have to rely heavily on their own resources. Being an “audacious optimist” is also a must.

Keywords: global development, international nurse education, international nursing, nurse education, nursing curriculum development

Since 2003, I have co-lead a project to establish a college of nursing and bachelor of science in nursing (BSN) program at a private university in Dhaka, Bangladesh. My colleagues and I—all Canadian volunteers (one has since retired)—previously documented our approach and experience with intercultural learning in an *AJN* article, “Teaching Nurses in Bangladesh” (*Correspondence from Abroad*, August 2013).¹

In this article, I’ll discuss my observations of voluntary project development by social entrepreneurs, using our establishment of the College of Nursing at the International University of Business Agriculture and Technology (IUBAT) as an example.

A BSN PROGRAM IN BANGLADESH

One of the most densely populated countries in the world, Bangladesh has significant health challenges—from malnutrition to noncommunicable diseases. Improving health services is vitally important.

I call our experience establishing this nursing program a do-it-yourself (DIY) project, because we have relied almost exclusively on our own resources and volunteer contributions since the beginning of this endeavor. We have received no funding from international agencies nor much support from higher education institutions in Canada. We went to Bangladesh simply because we were invited by a nurse advocate: the founder of the IUBAT, a private university in Dhaka, the country’s capital city. He had long been a supporter of nurses, recognizing the profession’s role

in improving population health. While visiting Canada for an academic meeting, he met a university professor friend and colleague of mine and asked for advice in finding volunteers to start a college of nursing at his university. My friend approached me because of my work as a nurse, consultant, and educator, inquiring if I’d be interested in collaborating on the project.

Before committing to the project, we conducted our own research. On separate occasions, my colleague and I visited the university in Bangladesh. We interviewed key stakeholders in major hospitals, members of the national nurse registration council, government officials, and faculty in nursing colleges. We learned that in Bangladesh nursing is considered “dirty work” for women because of the night duty and contact with men who are not family members. Because of this social stigma, many women are discouraged from entering the profession. We also observed and were told about the poor quality of nursing care in the country. It is not uncommon, for example, for the same vital sign values to be recorded throughout a patient’s hospital stay. The reasons for this are numerous: the nurses caring for the patient may not bother to measure vital signs, they may not know how to assess them, they may not have access to working equipment, or they may not want their assessment to differ from the physician’s original notations.

We were encouraged by the key stakeholders, who supported sorely needed improvements in nursing





Visiting faculty volunteers and Bangladeshi and Nepalese nursing students at the IUBAT in Dhaka, Bangladesh. Photos by Alex Berland.

education and practice—although most could not explain how they thought this should happen. Many had visited more developed countries and knew that health care was better elsewhere, in part because of the quality of nursing practice. Without local examples or role models, however, no clear pathway to the improvement of nursing care was apparent to most of these stakeholders.

Back in Canada, my colleague and I discussed this opportunity, noting especially the values and standards of the university as articulated by its founder. His commitment to social development through higher education, especially his emphasis on affordability for students from poor families and for women, was inspiring. Because the IUBAT is an English-language university, it seemed realistic that we could usefully support the university's mission.

My colleague and I had previously worked together as volunteers, serving on the board of directors of a community health center. The opportunity in Bangladesh intrigued us, and we agreed to collaborate on the project, using seed funding. Although we had flexible work arrangements, neither of us could make a full-time commitment. Fortunately, through our volunteer network, we met the third key member

of our group, a former microbiologist, who became the nursing program coordinator, living full-time in Bangladesh for more than a decade. With my background in nursing and education, I undertook the development of the curriculum and coordinated our Canada-based activities, spending several months in Dhaka each year during the first few years of the project.

ESTABLISHING INFRASTRUCTURE AND FUNDING

The university, itself a new venture, provided comfortable faculty offices and a well-functioning library, a registry, and financial services. Significantly, the College of Nursing was housed with other academic disciplines, rather than as a separate institute, as is the norm in Bangladesh. This meant that nursing students mixed with students studying subjects such as business, computer science, and engineering.

Our Canadian team established a guest house, occupying four apartments on a small block close to campus that was used to house visiting faculty and volunteers. In the following decade, as Dhaka's population increased, our neighborhood changed from village houses to middle-class high-rise apartments. We were the only foreigners, surrounded by



A student during a community health practicum at a local orphanage.

construction sites, the shanties of itinerant laborers, and informal settlements where rural migrants lived in squalid shacks. At first, we were considered oddities, but with time and courtesy we became well-accepted neighbors.

The College of Nursing now functions independently of our efforts, using local faculty.

Because competent faculty could not be recruited locally, international volunteers were solicited through our website (www.bangladeshhealthproject.com) to teach most courses. Part of my Canada-based work involved recruiting, screening, orienting, supporting, and debriefing the volunteers. About 100 people paid their own travel expenses to volunteer with us and transport good quality textbooks, teaching manikins, and educational materials donated by Canadian supporters. Sometimes the volunteers offered donations, but most donations were collected through my persistent efforts. I solicited funds and materials from colleges, libraries, professional groups, and others.

We discovered early on that more traditional grant-funding sources were not interested in our

low-tech program. We decided not to invest the time and effort needed for proposal writing. Instead, two of us committed to financing faculty visits. In combination with occasional small donations, we paid for food and expenses at the guest house and a stipend to the project coordinator. Our joint annual contributions were about \$20,000. Without this commitment, the program would not have succeeded. We also held one or two fundraising events, but most additional donations came from people in our personal networks. In addition to paying for some of the hospitality costs associated with visiting faculty, donors also paid for the expenses of several poorer nursing students.

Developers of DIY programs will need to identify a reliable funding source and learn to be thrifty and resourceful. With careful planning, costs can be low, but there will be inevitable expenses. For example, travel costs are unavoidable; however, some airlines offer discounted rates for “humanitarian missions.” Many airlines have given us additional baggage allowances to transport teaching supplies.

CREATING A CURRICULUM

Because establishing the College of Nursing at the IUBAT was a start-up project, we developed the BSN curriculum ourselves. Initially, we developed courses year by year, following the minimal requirements of the local regulator. Later, these courses were modified by incoming volunteers to update international practice components and better reflect Bangladeshi practice and culture (for instance, in case studies and ethical dilemmas). We developed educational materials—documents and slide presentations—in Bangladesh and Canada and shared these online with fellow volunteers. Few nursing education standards existed in Bangladesh, so we based our courses on Canadian content adapted to the low-resource setting where our students practiced. The complete curriculum consisted of classroom lectures, references and learning resources, assignments and exams, checklists for clinical practice, and administrative policies.

Of the dozens of private and public hospitals operating in Dhaka, many reflected the complaints we had heard in our original stakeholder interviews. They were dirty, disorganized, even dangerous. We carefully selected the best hospitals as clinical practice sites. We first looked for clinical champions—physicians or nurses—who could articulate a vision for improvement in practice. We also looked for evidence that patient and family voices were respectfully considered, another rarity.

Educational expectations and practice in the country also differed from what we were used to in Canada. Student enrollment was low when we began the

program, leaving us with time for individual coaching as we learned how to balance North American standards with local practice. Although the students had completed 12 years of education, including English proficiency classes, we quickly learned that many had very weak language, numeracy, and basic science skills. We designed the courses using a “spiral approach.” This way of teaching involves repetition and reinforcement to deepen students’ learning of key topics.

What we’ve accomplished has been impressive, if perhaps improbable. Because of this DIY effort, about 50 BSN graduates are now registered with the Bangladesh Nursing and Midwifery Council. Most work as senior nurses or educators, leading the way in making additional improvements to nursing in Bangladesh. Some have been hired at our nursing college and others have been recruited by government nursing colleges. Many have enrolled in master’s degree programs in Bangladesh and overseas.

As part of our project, we have also supported 15 master’s degree students from Canadian universities who undertook research projects in Bangladesh. An additional 70 North American BSN students completed fieldwork through our project, mostly in community health nursing. The master’s degree students taught BSN students during their stay. These students have lived at our Dhaka guesthouse, sometimes for months at a time.

We’ve published two articles in peer-reviewed journals about our experience with this project.^{1,2} In addition, my colleagues and I authored a monograph on nurse education in Bangladesh³ as well as a publication of the proceedings of a national dialogue on nurse education that involved three dozen nurse instructors from institutes across Bangladesh.⁴

STARTING YOUR OWN PROJECT

The College of Nursing now functions independently of our efforts, using local faculty. Volunteers from our project visit as “faculty resources,” usually at least once per semester. They help the IUBAT’s novice educators to develop professionally through team teaching, the demonstration of bedside practice, and individual coaching.

Based on the success of our project and experience, I offer the following observations about voluntary project development by social entrepreneurs.

Immerse yourself in the possibilities. International work begins at home. I was invited to help develop this project by a friend I knew from a volunteer project we both worked on in Canada. You can also explore opportunities through conferences, web-based projects such as the Global Alliance for Nurses and Midwifery, or academic programs such

as those in the London School of Hygiene and Tropical Medicine.

Recruiting volunteer faculty was a major task. A small, Canadian-based team helped with volunteer recruitment and management. For each person who arrived to volunteer, four or five others inquired and asked for more information—some even changed their plans at the last moment to join us. Those who ultimately came to Bangladesh spoke of the transformative experience, which they used to shift careers or advance education, many staying connected or even returning to the project.

Changing the Bangladeshis’ traditional view of nursing was one of our major goals.

Assess readiness and leadership. Before beginning a project, you’ll need to assess your local support, such as practice sites for students, the regulatory environment, and the capabilities of key players. For instance, we interviewed officials, nurse educators, and hospital executives before deciding to start this school of nursing. They all confirmed that our project was a priority and supported our involvement. Developers of DIY projects must also consider system effects: Is this project worth doing? Is it the right time and under the right circumstances? Can the root causes of this problem be mitigated?

Local leadership is not only necessary, it is ethically responsible. One of the stated principles of this project was: “Nurse education is the Bangladeshis’



Canadian volunteers and nursing students in a practice lab at the IUBAT.



CORRESPONDENCE FROM ABROAD

problem. We are here to help them solve it in their own way.” Our local sponsor, the founder of the IUBAT, held a key decision-making role in the university and was exceptionally well informed about the complex political, social, and cultural norms of Bangladesh. He patiently explained the challenges and unseen barriers of establishing such an innovative program and noted which people or groups might be hostile to our efforts. Most importantly, he viewed nursing as a critical and positive influence on economic development and population health.

Expect unfamiliar risks and obstacles. Lack of capacity and resources are not the only challenges associated with start-up projects. We were cautioned early in the process that we shouldn’t focus too much on planning, that the environment required we prepare for the unexpected. For any DIY project, the impact of weak regulation, corruption, or turf guarding will be impossible to predict but should be considered. Local knowledge can be gained from insiders. Expatriates, for instance, who live and work in the region can provide advice on how to identify, avoid, and perhaps resolve such issues.

Build a coalition of change agents. DIY efforts cannot achieve large-scale change in a complex environment, but they can be catalysts for other efforts. We identified “islands of competence,” where standards of care were reasonable and ethically based. These colleges and hospitals differed—some were private and others public, some were faith-based whereas others were secular. We worked hard to provide these institutions with tangible benefits to partnering with us. For instance, we provided continuing education seminars to nurses in their workplace, offered a nursing administration course to nurse supervisors, shared textbooks, and hosted parties for International Nurses Day. We also organized forums to bring these partners together, building stronger bonds of trust and mutual aid and developing common agendas.

Despite good intentions, changing deeply rooted problems can take time. The coalition approach promotes persistence and renewal—as change agents retire or burn out, new members pick up the torch.

Recognize the value of your presence. A Bangladeshi friend living in Canada told me, “Because I work as a physician in Canada, I understand the valuable contribution of nurses. But back home, I would be ashamed to admit my daughter is a nurse.” Changing this traditional view of nursing was one of our major goals. We sought every opportunity to highlight the contribution of nurses. Our visiting faculty volunteers provided powerful role models of competent, respected, and well-paid professionals. Through their presence, these nurses showed solidarity with local

nurses, demonstrating commitment and critical thinking. In doing so, they helped to change attitudes in the university as well as in our partner teaching hospitals.

Keep on innovating. Now that the BSN program is established, we have transferred ongoing responsibility to the university, shifting our focus to faculty development at this nursing college and others. We have been asked to share our BSN curriculum with nurse educators in other less-developed countries and have started an ambitious new project called Open Resources 4 Nurse Educators. The objective is to make our curriculum an open education resource, so it’s freely accessible to nurse educators globally. This project is unique—although many online resources are currently available, no complete program provides open access. Our website, www.or4ned.com, includes sample courses and a guide for teachers, as well as instructions for volunteers interested in helping to make this resource available to nurse educators around the world.

BE AN ‘AUDACIOUS OPTIMIST’

The DIY developer must be an audacious optimist. Although these projects won’t always work, inaction achieves nothing. In the time we could have spent preparing proposals for funders with unpredictable demands, we have graduated well-educated nursing leaders in Bangladesh.

It may be a drop in the bucket, but I believe these carefully nurtured graduates will amplify the impact of this small effort for decades. As anthropologist Margaret Mead wrote, “Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.” ▼

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