Teaching Nurses in Bangladesh

Lessons learned in transcultural education.

The first convocation of graduates of the IUBAT BSN program. At center is Pro Vice Chancellor Mahmuda Khanum (left) and lead author Karen D. Lund. Photos courtesy of Karen D. Lund.

Imagine a tropical country with a population of 160 million—about half that of the United States. Now imagine that this country is slightly smaller than Iowa. Add to this picture that it's endured the Liberation War of 1971, which resulted in its independence; mass famines; and an extreme vulnerability to climate change. Yet, despite these many challenges, Bangladesh is a rapidly developing part of the Indian subcontinent and has made significant progress in fulfilling the United Nations Millennium Development Goals.

In this article, drawing on our personal experiences teaching bachelor of science in nursing (BSN)–prepared nurses in Bangladesh since 2004, we describe some factors that affect nurse education in that country. We include our own observations as well as those of local and expatriate faculty and health care providers. Understanding how to help students learn effectively can be a challenge for any faculty—but education becomes even more complex when it involves transcultural factors. Our experiences in Bangladesh have helped us to understand societal perceptions and traditions that affect our students' approach to learning. This has been a significant advantage, enabling us to provide students with an education better tailored to their needs. In addition to providing insight on nurse education in South Asia, our experiences may also help other nurse educators to question their assumptions when working outside Western cultures.

NURSING IN BANGLADESH

Historically, nursing has been poorly regarded in Bangladesh.[1] In a society that has traditionally sequestered women, nurses may be stigmatized because they touch the bodies of nonfamily members and work outside the home and at night.[1,2] Moreover, in South Asia, the management of human waste is usually assigned to the "untouchable castes."[1,3] This may help to explain why most Bangladeshi nurses don't change catheter bags, provide perineal care, or assist patients with toileting. Understandably, both nursing education and practice in Bangladesh have suffered from these unfortunate perceptions.

Until recently, a four-year "diploma in nursing" was the main nursing education track in Bangladesh. It was offered only in government-run training institutes and provided separately from other disciplines. Diploma programs admit students on the basis of grades from secondary school examinations. Nursing courses are delivered in English, although language competency is often weak. In the government sector, a BSN-level education was available only through a single two-year postdiploma program in one stand-alone college with relatively few admissions. In 2008, a government-run BSN program was expanded to a number of university-affiliated institutions, as part of an initiative to improve both standards and public perception. However, it has been difficult to find Bangladeshi nurse educators, as the under-resourcing of nurse education has resulted in a local nursing cohort that has been inadequately educated. They can't teach material they don't understand themselves.

IUBAT COLLEGE OF NURSING

Our institute, the International University of Business Agriculture and Technology (IUBAT), is a

nongovernment, nonprofit university, chartered in 1993, and located in the Bangladesh capital of Dhaka. In 2000, it received approval to offer a BSN program. One of the recommendations of the Directorate of Nursing Services (a unit of Bangladesh's Ministry of Health and Family Welfare) was that the IUBAT recruit international faculty to help address knowledge gaps occurring during the formative stages of education.[4]

In 2003, our group of four Canadian volunteers was invited by the founder of the IUBAT (with whom one of our members, John Richards, PhD, had a long-standing professional relationship) to initiate the nursing program. Since that time, we have developed the resources to create the curriculum materials and the library and academic policies. Although one of our original members has retired, we continue to manage operations both locally and from Vancouver, and our network of volunteers has grown significantly.

In 2004, the IUBAT enrolled the first students in its BSN program. The curriculum is similar to that provided in North America, building on the foundations of anatomy, pathophysiology, pharmacology, and nutrition. Courses include medical–surgical, maternal–child, community, and mental health nursing and use clinical competencies based on international standards. There is a strong emphasis on issues affecting low-income developing countries. Students also receive instruction in nursing administration, research, and professional matters. Graduation requirements include a comprehensive exam and a rigorous research thesis.

LESSONS LEARNED

Since beginning the BSN program, we've had to make significant modifications and adaptations to the process of delivering a BSN curriculum to Bangladeshi students that's consistent with international standards. We discuss the reasons and our approach below. Our observations may be useful to anyone interested in presenting culturally sensitive nurse education. Many of the difficulties we describe may also be found in other cultures with similarly strong hierarchical, male-dominated societal structures.

Problem solving and critical thinking. Many students have a weak educational foundation, which presents a major challenge to instructors. Standard secondary school curriculum focuses on preparation for the all-important national exams. Until recently, students have had limited access to the Internet, television, and other global media sources. Likewise, they have had little exposure to history or world events outside Bangladesh. Traditionally, knowledge has been imparted by elder family members or teachers, who may themselves have limited world views. Bimala Rai, a graduate of our program, informed us that after her postgraduate studies in Norway she realized "how many gaps there are in my knowledge . . . [in] areas like political aspects, economic aspects, sociocultural aspects."

IUBAT visiting faculty are frequently surprised to discover that high-school graduates may lack basic literacy and numeracy skills. Instruction in both primary and secondary schools often emphasizes memorization,[5] a traditional approach that pays "little attention to whether or not students ever learn the material."[6] One student described her unsuccessful attempt to learn English: "Teachers advised me to memorize some question-answers and I did it."[7] As a result, many of our students initially believe that if they memorize passages from their lecture notes, texts, or clinical protocols, they will have mastered professional practice.

Weak problem-solving skills might also relate to the hierarchical structure of society and family in Bangladesh, one in which questioning "higher-ups" is considered disrespectful. It's unlikely that students have been encouraged to ask questions or think independently. We find it essential to provide specific instruction in problem-based learning and critical thinking, followed by assignments that require students to apply these skills; we begin this approach in the first year of instruction. We also use case studies in classes and exams, so students can't rely on memorization.

Academic conduct. One of the most confounding experiences for visiting faculty is the extent of plagiarism and cheating among students. We advise faculty to recognize that students may have been trained to memorize lectures and to echo passages in exams—this is often considered a sign of respect as well as learning. Bartzis comments on this phenomenon, noting that "sharing" is tolerated in countries such as Germany, Mexico, and India.[8] However, in Bangladesh it is more than tolerated—many consider it perfectly appropriate. Changing this perception, teaching students that plagiarism is wrong, requires considerable reorientation. A long history of instructors overlooking such behavior doesn't help in this effort.

In many institutions, faculty are deliberately complicit through inaction; they ignore students chatting or looking at others' work during exams. Students actively copy work from their peers and submit it as their own. As with plagiarism, most students don't recognize that copying is inappropriate.

We believe that a mitigating explanation may be the nature of relationships among students (and faculty) whose childhood includes sharing all aspects of daily life, from sleeping arrangements to meals.

IUBAT BSN students learn the basic properties of fluids and electrolytes in a general biology lab class.

Additionally, it's considered the duty of senior family members to help younger and less fortunate relations. When students enter school, similar obligations are applied to the classroom hierarchy—teachers can be expected to take on the role of parental figure and older classmates become senior siblings. It's not unusual for a student's parents to communicate their hope that an instructor will fulfill the role of "guardian." Students who begin a program together are referred to as "batch-mates." Like fraternity members in North America, batch-mates share a strong attachment and become obligated to each other for life. On the positive side, batch-mates provide social support and are an important stabilizing influence on students living away from their families. On the negative side, however, is the loss of autonomy resulting from peer pressure to conform to group values.

Through this lens of obligation, cheating and copying (or allowing same) would be viewed as "sharing and helping," and shame would accrue from withholding rather than participating. This expectation is so strong that one Bangladesh initiative to curtail cheating in examinations provoked student riots.[9] In recent years, some educational institutions in Bangladesh have introduced more rigor in evaluation. However, in our experience, most university students still feel deeply entitled to engage in academic dishonesty. While they understand it's not allowed, they are disturbed if they are prevented from cheating or penalized for their actions.

A gradual approach is required to retrain students regarding appropriate academic conduct. Sudden change may cause confusion. Moreover, because prestige is important in the Bangladeshi culture, publicly "calling out" students on inappropriate behavior, causing them to "lose face," can cause deep resentment and emotional pain. It can even inspire a revenge mentality—not unusual in a region such as South Asia, where "honor killings" are still accepted.

Self-directed learning is an essential tool to maintaining competency throughout a nursing career.[10] Unfortunately, most of our students do not appear to value learning as a means of empowerment. In choosing nursing as a career, they may be following the directions of family or friends, rather than their own inclinations. We have discussed this with many entry-level students who tell us they are concerned with achieving high marks but do not equate that goal with mastering skills. Not surprisingly, many expect that attending a class and memorizing content should suffice. Unless directed by an authority figure, students take little initiative to learn for their own benefit. This attitude is extremely difficult to change, although students' perceptions have been positively influenced by the independence, knowledge, confidence, and ethics of visiting faculty as well as by advances made by more motivated graduates. Such exposure provides a vision of nursing beyond that affected by the local stigma.

Internationally, undergraduate teaching emphasizes students' responsibility for their own learning. Yet this approach will likely fail with Bangladeshi students just beginning our program. We explain to new faculty that our students don't know how to take responsibility for their own learning. In order to introduce and strengthen this concept, we have found it effective to attach course credits to all learning activities.

Leadership skills. BSN-educated nurses have the potential to make significant contributions to population health in Bangladesh. However, nurses' contributions are likely to be limited if they cannot make full use of their knowledge and skills.[11] The empowerment of nurses is essential to realizing the full benefits of nurses' participation in health services.[12]

A major challenge to leadership development is that students may be afraid of taking responsibility. In North America, students are familiar with the idea that initiative and effort will be rewarded. This idea does not exist to the same degree in South Asia. In Bangladesh, nurses typically come from lower-to-middle socioeconomic groups that are culturally conditioned to subservience.[1] In addition, the Bangladeshi culture does not encourage independent decision making. At home, the head of the family makes decisions;

female children, in particular, are not expected to assert themselves. Education is also typically provided in an authoritarian environment.

Our students are often more concerned with credentials and power, as these are culturally familiar. They don't typically equate knowledge and skills with empowerment. Fortunately, empowerment is supported by the IUBAT philosophy of knowledge-based area development (KBAD), a concept that focuses on rural development through higher education. By recruiting at least one student from each rural village to complete a university-level education, KBAD creator and IUBAT vice chancellor M. Alimullah Miyan, PhD, believes that the student will "act as an eye opener to other young people in the village . . . [and] bring hopes and dreams to an otherwise impoverished community."[13]

Collaborative relationships. In North America, employers expect BSN nurses to balance various roles: team member, client advocate, self-advocate, and employee; therefore, nurses need skills in collaboration, group problem solving, conflict resolution, and leadership. These concepts remain challenging in Bangladesh. We do not find the concept of a multidisciplinary team evident in the vast majority of health care facilities we have visited. In general, we have seen no social mixing and very little professional communication between physicians and nurses, other than the presentation of physician's orders. This observation has been corroborated in discussions with numerous nurses and physicians. Most nurses we have spoken with wouldn't consider providing any input regarding a patient's condition. Even in progressive health care institutions in Bangladesh, nurses rarely discuss patient care with physicians and professional groups are often segregated by social status.

Within the classroom setting, we find it challenging to build a culture of "respectful inquiry," in which complex subjects can be debated without a "correct" or absolute end point. Students have difficulty accepting the idea that instructors may be questioned and still be seen as authority figures. Again, social traditions of hierarchy discourage collaborative relationships. We've also found, however, that delivery of the BSN program in a university setting strengthens collegial exchange, helping to dissolve barriers. We expect that if this type of education were more widespread, as it is in other countries, it would benefit collaborative practice.[10] In fact, with consistent support and mentorship, students are able to develop leadership and communication skills during the four years in our BSN program.

Professional comportment. Many observers have commented that Bangladeshi nurses need stronger skills in empathetic communication, assertiveness, client and family education, and critical reasoning, yet such training is virtually absent.[1, 14] The lack of these skills affects collegiality as well as the nurse–patient relationship. Effective professional communication requires self-confidence and assurance in one's knowledge, which our students have difficulty developing. Even role-playing scenarios with fellow students or laboratory manikins can be challenging for most students, male or female. Although anyone can experience insecurity, we hypothesize that a lack of self-assurance might be a greater barrier in Bangladesh than in cultures that foster independence.

On the positive side, our students display an idealistic exuberance with a refreshing lack of cynicism and irony. Despite their superficial naiveté, many have an emotional sophistication from having experienced socioeconomic calamities within their extended family as well as natural disasters. Thus, when faced with educational or clinical experiences that may be traumatic for North Americans, our students demonstrate considerable coping skills, resilience, and flexibility. Most are naturally empathetic but do require coaching to express assertiveness.

IUBAT UPDATE

Our students continue to achieve personal empowerment through mastery of concepts and skills and against enormous odds. Strong bonds with peers and faculty help them to persevere. On the IUBAT campus we've seen negative attitudes replaced by respect for the intense study required to earn the BSN degree and to inspire trust in nurses as caregivers. This shift in attitudes within the university bolsters our belief that the stigma of nursing can be tackled nationwide.

One of our original goals was to develop BSN graduates with the capacity to take on leadership roles. The first BSN-level nurses graduated from the IUBAT in 2009. They have been hired as senior hospital nurses, nurse educators, and assistant directors of nursing. Bangladesh is fortunate that the current government is committed to raising the status of nursing. We hope that strengthening BSN education in university settings will help nurses succeed in making their potential contribution to improving health care in Bangladesh. ▼

To find out about volunteer opportunities at the International University of Business Agriculture and Technology in Bangladesh, go to www.bangladeshhealthproject.com or contact Alex Berland at aberland@telus.net.

Karen D. Lund is senior visiting faculty in residence and Alex Berland is a senior adviser at the International University of Business Agriculture and Technology, Dhaka, Bangladesh. Nazmul Huda is a nursing educationist and special adviser for the GAVI Alliance, Ministry of Health and Family Welfare, Government of Bangladesh. Contact author: Karen D. Lund, lund.karen1@gmail.com. *The authors have disclosed no potential conflicts of interest, financial or otherwise.*

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