


Experiences from Southeast Asia on nursing education, practice, mobility and influencing policy

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In this report from the field, we describe the challenges and opportunities for nursing practice and education, and ways to improve nurse mobility across Asia. We also explain the collaboration within the Southeast and East Asian Nursing Education and Research Network to influence policy development and review.

The collaborative process was supported by evidence drawn from discussions at Network meetings, and with nursing and other leaders, an examination of literature and policy documents, and member surveys. We reviewed the region's regulatory statutes which all support diversity in the nursing workforce.

The Southeast Asian Nursing Education and Research Network was established in 2015 to support policy development around the upgrading of nurse education, clinical competencies and research capacity, in hospital and primary health care; and facilitating the movement of nurses across national boundaries. Most countries have tried to address policy gaps and their efforts to implement changes are seen in policy expansion and development at the national level.

We focus on two policies from the Association of Southeast Asian Nations from 2006 and 2012, that cover nurse mobility, information exchange, nurse capacity building and education and mutual professional recognition of nurses' credentials. However, we found significant variances in education, regulatory policies and clinical competencies that have restricted, and continue to restrict policy implementation.

Nursing in South-East Asia has made significant progress in upgrading standards for education by increasing bachelor degree bridging programs, master and doctoral degrees. Participating countries have passed legislation on licensure, competencies and credentialing of internationally qualified nurses wishing to practice in various contexts. However, much work remains to be done.

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Implications for nursing policy, education and practice: Governing bodies determine entry into practice law which requires dialogue to enhance policies for domestic and international practitioners for mutual exchange and recognition. Nursing practice and education are under government regulatory bodies but require new policies and laws to ensure adequate educational requirements for safe quality practice.

Keywords: ASEAN, Nursing Competency, Nursing Education, Nursing Policy, Nurse Mobility, Nurse Regulation, Nursing Research, Policy

Introduction

In this report of experiences from the field, we members of the Southeast and East Asian Nursing Education and Research Network (SEANERN) aim to share insights gained from collaborative efforts to assist with the standardization and enhancement of nursing education and research in the region. The goal is to improve practice, influence policy to effect needed changes and enhance nurses' international mobility across the Association of Southeast Asian Nations (ASEAN), and neighboring countries of China, Japan and Korea (often referred to as ASEAN + 3).

Transnational collaboration is a critical factor in developing and sustaining learning, education, policy and research, and also requires engagement with economic, industrial, business, government, socio-economic and cultural matters. While transnational collaboration has the potential for positive outcomes both locally and globally, it also poses unique challenges (Caniglia et al. 2017) particularly around the mobility of health professionals across national borders.

In this report, we focus on the work of the Network in the ASEAN region. Through sharing information about this collaboration and the experiences of SEANERN, the challenges and opportunities for nursing can be highlighted. This may inform those working in other regions of the world to standardize nurse education, advance research and enable regulation and licensing to reach international standards, thereby promoting global mobility of registered nurses (RNs).

Sources of evidence

In preparing this report from the field, we relied on evidence drawn from a wide range of sources. First, we searched for relevant literature in English, the international language of the ASEAN region, published through Pub Med, Google Scholar and Scopus, using the search terms 'ASEAN' AND 'nursing', 'nurse mobility', 'AJCCN', 'nursing research', 'nursing integration' and 'nursing regulation'; and 'ASIAN' AND 'nursing', 'nursing education', 'nursing research' and 'nursing integration'. Relevant information from the websites of ASIAN national nurses' associations (NNAs) and ASEAN nurse regulatory bodies, the World Health Organization

(WHO), the United Nations (UN) and the International Council of Nurses (ICN) was also included. Additionally, SEANERN members reviewed non-English policy documents and websites related to nursing practice, education, research and regulation/licensure, and gave updates on these at face-to-face meetings of the organization or through Network communication channels. Content analysis was undertaken of discussion notes, and short surveys were taken at various SEANERN meetings. Discussions with nurse leaders and other leaders in Asia also provided further information, and we have also drawn on our own professional experiences as nurse leaders and educators embedded in this region of the world.

ASEAN policy frameworks and nursing policy achievements

ASEAN (the Association of South-East Asian Nations) was formed in 1967 by five member states, and by 1999 this had grown to ten states: 'Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, Lao People's Democratic Republic, Malaysia, the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand, and the Socialist Republic of Viet Nam' (ASEAN 2018). In 2015 the ASEAN Economic Community (AEC 2018) was established as a single regional common market, somewhat similar to the EU common market, and serving 622 million people. The AEC was created to promote the free flow of goods, services and investment across member countries, and the circular and temporary migration of workers. However, there are many differences between the EU and ASEAN markets. In the ASEAN market, for example, there is no 'free right' of a migrant's labour across borders, and so nurses and midwives must meet the requirements of the host country regarding registration, licensing language and practice. The formation of the AEC has significant implications for nurses and other health professionals, as well as for health and nursing policies within and across borders, and for administrators and ministries of health and education. However, these implications have yet to be fully identified and addressed, although progress is being made. In their in-depth scoping review, Law et al. (2019) commented that the

Table 1 Important events and agencies regarding nursing in the ASEAN community

Year	Organization	Policy achievement
1967	ASEAN	Association of South-East Asian Nations was set up with five original member states: Indonesia, Malaysia, Philippines, Singapore and Thailand
1999	ASEAN	Additional member states Brunei Darussalam (1984) Vietnam (1995), Laos and Myanmar (1997), Cambodia (1999)
2006	ANMRA	ASEAN Nursing Mutual Recognition Arrangement
2011	AJCCN	ASEAN Joint Coordination Committee on Nursing gave formal power to implement ANMRA
2011	ASEAN Assessment	AJCCN powers extended to manage nursing workforce regulation and education
2012	AMRANS	ASEAN Mutual Recognition Arrangements on Nursing set up to facilitate nursing mobility and professional exchange
2015	ASEAN EC (AEC)	ASEAN Economic Community established as a regional common market. It did not include the free migration of workers
2015	SEANERN	Southeast and East Asian Nursing Education and Research Network set up to progress the 2006 ANMRA and the 2012 AMRANS
2016	AJCCN revision	Cambodia and Malaysia included
2016	SEAMEO	The Southeast Asian Ministers of Education Organization database comparing nursing education in all dimensions
Recent	ANMRA	Modifications to nurse education and extension of the 2012 powers. More work needed on mutual recognition databases and credentialing, exchange processes

mutual recognition arrangements in ASEAN have not yet resulted in health workers moving freely across borders; there needs to be broader trade and immigration policies and more determined political will for implementation to be effective.

Nurse leaders are focused on finding solutions, on being innovative in reforming policies (Stewart & Halpin 2019) and developing new ones (see Table 1). Thus the ASEAN Nursing Mutual Recognition Arrangement (ANMRA) was promulgated in 2006, and focused on regional mobility of nurses across the ASEAN in the exchange of information and expertise on best practice, capacity building and the education of nurses (ASEAN Secretariat, 2006).

The ASEAN Joint Coordinating Committee on Nursing (AJCCN 2016) was given formal power to implement the

ANMRA supporting mutual recognition of nurses across ASEAN and has the potential to enhance the capacity of low socio-economic countries to build a sustainable and proficient nursing workforce. Following a 2011 ASEAN assessment, the AJCCN was established to collect information on nursing, create a nursing database, and develop a website. Recent updates related to modifications of nursing education reveal that since the ANMRA was signed, major progress has been made in some countries to build on the 2012 ASEAN Mutual Recognition Arrangement on Nursing Services (AMRANS). The stated goal of AMRANS within ASEAN is to facilitate mobility of professional nurses; exchange expertise and information on qualifications and nursing standards; promote best practice in nursing; and create opportunities for nursing's capacity building and training.

It is satisfying to note that significant progress has been made since The Southeast Asian Ministers of Education Organization published a database comparing nursing education in all dimensions: types of nursing programs, entry requirements, course credit structures, curricular structures, methods of teaching, assessment of learning, credit transfer systems, academic student mobility, quality assurance, accreditation, registration, licensing of nurses and national qualifications frameworks (Priowirjanto 2016). However, there is still a long way to go. The progress of member countries from 2007–2015, with additional revisions from Cambodia and Malaysia, were reported in January 2016 (AJCCN 2016). This update of all the countries in the region provided information on their progress/status concerning policies relating to temporary licensing for five categories: limited practice, continuing professional development, registration requirements, licensing periods and language requirements. However, activities related to MRA-related information on nursing services are not yet complete. The potential challenges and opportunities that may arise due to a collective effort to standardize nursing education are yet to be delineated and realized. The eventual goal of free movement of nurses across ASEAN continues to test nursing leaders and is weakened by unilateral, in-country attempts to reduce local nursing shortages and to change nursing services.

Insights

Working across nations to develop and implement standards for nursing practice, education and regulation require time, policy formulation at many levels, constant negotiation and multi-partisan efforts by qualified people skilled in policy development and review. Success is possible where agencies are committed and willing to cooperate as well as the availability of adequate funding and support to bring about

positive outcomes. The accomplishment is especially true if organizations and countries want to capitalize on intercultural, linguistic and national differences (Pashby & de Oliveria Andreotti 2016), and when nurse leaders want to raise the standards of nursing and nurse education and develop their leadership skills. Importantly, nurses and nurse leaders across the region need to understand the processes of getting themselves to the policymaking table and how to participate constructively in decision making.

Nurse education in ASEAN countries

Southeast Asia faces serious challenges in producing an appropriately skilled health workforce in sufficient numbers and distribution to meet local population needs. As well, the region needs to increase this workforce to address the imbalance in health service demand caused by migration and medical tourism (Kanchanachitra 2011). The uneven distribution of nurses across the region compounds workforce deployment problems.

The critical roles of nurses in public health can impact healthcare services and the economic development of a country or region (Kanchanachitra 2011). Population health depends on having an adequate supply of nurses with appropriate skills, available across countries and regions to provide adequate health services needed by society. There is a global need for high standard nurse education, with the International Council of Nurses advocating for the entry to practice for registered nurses (RN) to be at bachelor's degree level. However, this goal cannot be met while there is a shortage of qualified nurse educators in specific countries and across the region.

The future ability of nurses to migrate across ASEAN borders has raised a myriad of issues, including the need to enhance or establish universal policies related to nursing licensing, continued registration, nursing competencies, educational backgrounds, the adequacy of nursing numbers and the standardization of nursing education. The process we undertook to work toward these outcomes is described below.

The Southeast and East Asian Nursing Education and Research Network (SEANERN)

SEANERN was formed in 2015 to help progress the 2006 ANMRA and the 2012 AMRANS. Funding and support for the formation of SEANERN were provided by the China Medical Board, a philanthropic organization based in the USA and the Faculty of Nursing, Chiang Mai University, Thailand. This university has been at the forefront of nursing leadership and capacity building in Asia since the 1990s, through education and training programs, networking and

conferences. SEANERN membership consists of each ASEAN + 3 country and includes leaders in nurse education, research, regulation, policy and resources, and experts from various nursing and medical institutions. SEANERN helps to facilitate regional dialogue, serving as a center for the promotion of nursing, and empowerment of nurses to work with their government agencies; to promote trust and sharing of resources for nursing development; and to build competence among professional nurses wishing to migrate within ASEAN.

The WHO Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020 informs SEANERN's efforts to encourage countries to work together in educational and collaborative partnerships to strengthen nursing and midwifery potential in the ASEAN region. (WHO 2016, p. 14). SEANERN's objectives include capitalizing on opportunities and changes regarding ASEAN's effect on nursing education in the region, developing common competency targets, and developing and improving nurse education by sharing curricula between members.

Significant opportunities exist for capacity building of nursing in the region, and SEANERN serves as a crucial resource to help navigate the diversity of cultures and regulations. If the goals of academic exchanges and evidence-based clinical practice research are to be realized, new or reformed government policies will be required. SEANERN members recognize the importance of a political will and the need to be involved in shaping nursing and health policies. Seven key areas of policy underpinning the organization's collaborative work have been identified through content analysis of notes from SEANERN annual conferences and discussions through various media, and member surveys at regional conferences. These are discussed below.

The need for nursing standards across the region

SEANERN members have identified significant variance in the educational background of the region's nurses, the programs currently in place, the competencies of nurses, national examinations, licensing requirements, and cultures and religions that influence the practice of nursing (Aunguroch & Gunawan 2015). Several SEANERN members acknowledge that their country's nursing educational levels have improved since the ANMRA of 2006. However, across the region, work is still needed to develop and implement consistent policies at the government level around nursing regulation, licensing and education. For example, Thailand has a decades-long, well-established system of nurse licensing, registration, and bachelor of nursing science degree programs based on the USA model of education. However, it was not until 2015 that Lao embarked on a 10-year strategy to implement a framework

for licensing and registration for all health professionals, including nursing (Sonoda 2017). Cambodia established a nursing council structure and processes in 2007 for the regulation of nursing and nurse education and commenced a bachelor of science in nursing program in 2008 (Cambodian Council of Nurses, 2018). The Myanmar Government approved a newly revised Myanmar Nurse and Midwife Council Law in 2015, giving the Council authority to regulate nursing, and develop standards for the accreditation of nursing and midwifery programs (Myanmar Nurse & Midwife Council 2019).

Nurse education across the region is becoming standardized as more countries introduce bachelor level education as the entry to professional nursing. However, nursing education capacity building is still needed across the region to help more educators obtain higher degrees and nurse leaders obtain the skills required to engage with policy initiatives and fundraising to progress initiatives and build the profession. SEANERN members agree that the standard for entry into registered nursing practice across the region must be at the bachelor of nursing science level, and that mandatory continuing education is a requirement for ongoing registration and maintenance of professional practice standards. Considerable progress has been made across ASEAN with all countries adopting a qualifications framework for higher education that will help with the harmonization of nursing programs. Currently, of the 10 member states of ASEAN, only Thailand and the Philippines have a bachelor degree as the only means of entry to registered nurse practice (Efendi et al. 2018). The remaining eight countries have bachelor degrees and bridging programs from diploma to bachelor level, while several continue to offer diplomas in nursing. The length of nursing degrees also varies across ASEAN ranging from 3 to 4 years in Singapore to 5 years in Indonesia. The experience of SEANERN members is that the information and curricula sharing through SEANERN have fostered the capacity building of faculties and the upgrading of education programs.

A persistent educational challenge across ASEAN + 3 countries is the critical shortage of qualified faculty to teach at bachelor degree level, and the high ratio of students to faculty members. Faculty educational preparation and clinical competence of graduates are critical concerns of SEANERN members as well as the need to have standards for comparing curricula and credit systems to improve the process of nurse migration throughout countries in the region.

Promoting common nursing competencies

In 2006 all ASEAN states committed to five core competencies in nursing: ethics and legal practice, research and

education, leadership and management, professional nursing practice, and professional, personal and quality development (ASEAN Secretariat 2006). However, several SEANERN members still have no clear picture regarding the progress of implementing these competencies in their country because of incomplete or absent data. There is insufficient human resources for this and inadequate data collection and validation processes. The process of resolving differences in competencies between various degree and diploma programs and integrating competencies into the curricula and practice is more difficult when faculty and health staff are not well-educated and in short supply. Competencies in health systems management, health policymaking and developing philosophies of practice that reflect Asian beliefs have also been suggested by SEANERN members to improve practice and education. However, they acknowledge the increasing need for research knowledge and skills among faculty and students.

Of concern to SEANERN is the need to increase English language capacity among students and faculty as part of improving nursing competence. The search for solutions to this problem continues, and collaborative dialogue related to how both English and ASEAN languages elective courses could be provided across the region for undergraduates or as a continuing nursing education initiative is underway. Additional proposals have also been raised about the need for clinical competencies in public health, health promotion, global health, emerging and regional diseases, evidence-based practice and simulation learning.

Enhancing primary health care

In March 2018, at an extended meeting of SEANERN in Shanghai, members identified that little is known about primary health care (PHC) worker knowledge and competencies, including those of nurses, across the region. The organization agreed to focus on PHC by undertaking a joint study, a situational analysis in the ASEAN + 3 regarding the competency of PHC providers.

The study, entitled *Competency building of primary health-care providers in the 10 + 3 countries*, is supported by the China-UK Global Health Support Program and funded by the UK Department for International Development. Such studies are critical, given that the region is using strategies to secure population health through community-based initiatives to achieve universal health coverage for Southeast Asian people (van Weel et al. 2016). This collaborative research is expected to produce new knowledge about PHC to enable member states to work on achieving the UN Sustainable Development Goals. Primary health care is vital in securing population health and containing healthcare costs. It is hoped that the

research will inform policymakers and better understand the unique contributions that PHC workers make (van Weel et al. 2016), and that adequate funding is required for their education and the expansion of PHC initiatives.

Encouraging field studies

The beneficial exchange of nursing knowledge and experiences was identified by SEANERN as being related to short and long-term student exchange programs, and studies in different health fields. Several memorandums of understanding (MOUs) have been signed across the region to support these approaches. For example, the Asia Pacific Alliance of Health Leaders (APAHL) holds an annual forum in four Asia-Pacific countries for faculty, graduate and undergraduate students to exchange ideas and expertise, and socio-cultural experiences (Stone et al., 2016). The flow-on effects of such exchanges lead to networking, more excellent knowledge of countries, cultures, health and professional practices, and promote research potential. However, the SEANERN experience has been that exchanges often become one-way when funding is a problem for low-income countries or when language difficulties curtail engagement. Extra-curricular experiences such as service-learning and sabbatical placements, often linked to global or cross-cultural experiences, are often helpful in situations where funding or language issues are problems.

Need for expanded curricular offerings

Nursing career trajectories need to be supported by access to post-graduate qualifications. SEANERN members have identified the need for increased numbers of advanced practice and advanced degree programs as an issue. Early discussion is centering on collaborative degree programs with increasing curricular foci on clinically advanced degrees as opposed to teaching or management/administrative master degrees. Also, members are interested in increasing the number of doctoral programs for nurses, and there has been significant sharing of information about educational innovations at SEANERN. For example, Myanmar has created a distance learning program for nurses in remote areas to help with their ongoing professional education, while Brunei reports that it now has an online global classroom using Google Hangouts, providing classes for nurses using lecturers in five Asian countries. In Thailand at Chiang Mai University, there are now facilitated modules using Moodle, LINE and Facebook (United Nations University, 2017). It is heartening to note that more RNs are upgrading their qualifications from diploma or associate degrees to bachelor degrees, such as in Brunei and Cambodia, despite the Cambodian education and registration of midwives system not conforming to ASEAN guidelines (Law et al. 2019, p.14).

Nursing and nursing faculty shortages

The nursing shortage is profound in various countries, with the most significant deficit of health workers being in South-east Asia (WHO 2017). For instance, in Cambodia nurses currently work shifts of 24 h in length, but shortages of nurses and government funding prevent measures to solve this unacceptable and unsafe situation for nursing practice, nurses and patients (Koy et al. 2017). Compounding this issue is a lack of a standard data collection and analysis process across ASEAN to generate an accurate picture of where nursing shortages are, and what skill mix of nurses and midwives is required for population health in various regions and countries.

Initially, there was a significant concern that ASEAN migration would cause a 'brain drain' of nurses, helping to increase nursing shortages (Aunguroch & Guawan 2015) with nurses from countries with low socio-economic status seeking a better life elsewhere. Lao, for instance, has a critical shortage of nurses, while Indonesia has a surplus. The Philippines has long been an exporter of nurses to support the global workforce, even though many of its people are underserved in the delivery of appropriate health care. There has been a change of emphasis within ASEAN with increased opportunities to share knowledge and skills across borders to help member states to develop their nursing workforce, mainly through nurse education, licensing, regulation and practice. The global problem of too few qualified nurse educators and the concomitant problem of older faculty retiring with no new faculty to replace them is an ongoing concern among SEANERN members (Ryan et al. 2019). In SEANERN states, particularly Thailand and the Philippines, nurses are now undertaking master and PhD studies to increase faculty numbers but in Myanmar, Cambodia, Vietnam and Lao there are no higher degrees available to educate more faculty.

The ideas of establishing a core curriculum and closer collaboration among the programs across the region are the subject of ongoing interest at SEANERN. Discussions have occurred around the idea of establishing a institutional nursing network for solving ordinary and recurrent problems among the nursing schools as we progress towards a regional solution.

Health equity

Health equity is a rising policy agenda priority and relates closely to SEANERN efforts to improve curriculum content as a contribution to a more inclusive and healthier region (United Nations University, 2017). At the 2017 SEANERN meeting in Thailand, discussion occurred on ways that member states could achieve the UN's Sustainable Development Goals.

National health equity issues were identified, as well as ways in which the broader determinates of health and equity concepts could be included in nursing education, and various interdisciplinary education seminars. Such health equity provisions across ASEAN countries needs to give appropriate health care provision to people equally. Equity provisions must also encompass admission into nursing and other health professions, as well as equity regarding students with disabilities and those from impoverished backgrounds. It is clear from the discussions that if the goal of equity is to be mainstreamed across all ASEAN states, it will require determined and protracted effort to shift policy to enable social justice, equity and inclusiveness to become a common feature of health, nursing and nursing education. Success will depend on the education, support, and understanding of health and nursing leaders, educationalists and governments who are in positions to implement equity and appropriate equity provisions.

Conclusions and implications for nursing policy, education and practice

Successful mobility of nurses across the ASEAN region depends on many factors. In the Canadian experience of the inward migration of internationally educated nurses, essential factors have included language; educational backgrounds; the ethics of recruitment drives in a time of nursing shortage; the costs associated with migration and registration and the transparency of registration processes and occupational rights, including equal pay with host country nurses (United Nations Research Institute for Social Development 2016). Bearing in mind the experiences of migrant nurses to other countries such as Canada, it is vital that migrant nurses do not face barriers to their movement across ASEAN states as they seek work and conducive working conditions. Discussions on this topic are ongoing, and all attendees at the 2017 SEANERN conference agreed to include equity in policy formulation and implementation for both health and nurse education as a step in the right direction.

Rapid changes have occurred in Southeast Asia since the ASEAN was formed in 1967. The establishment of the ASEAN Economic Community (AEC) in 2015 has brought with it many opportunities and challenges for nurses to collaborate together across the region to improve and/or develop policies around nursing registration and licensing, competencies, nursing education and research so that the 2006 ASEAN Nursing Mutual Recognition Arrangement and the later 2012 ASEAN Mutual Recognition Arrangement on Nursing Services can be realized. Nurses have a significant and critical role to play in reforming nursing across the region through policy development, implementation and review.

If there are to be exchanges or greater mobilization of nurses across the ASEAN region, research is needed to investigate nurses' competency and inform the administrative processes involved. With the implementation of the AEC, there are enormous implications for new or reformed policies, practices and procedures in each country, for nursing, nursing management, nursing education and governments. Additionally, Southeast Asia is a region with large populations, diverse languages and cultures, and varying socio-economic conditions and population health. The potential for nurses to be employed in member countries of ASEAN has been strengthened somewhat through acceptance of standardized nursing competencies, but further effort is required to fully implement these competencies into nurse education and practice, and regulation of the profession. Free movement of nurses across the region in more significant numbers will only occur when competencies are implemented, and nurses have the linguistic skills, nursing education levels, and culturally competent skills for registration and acceptance to practice in the host country. A possible danger of this increased mobility is that low socio-economic countries could lose qualified staff seeking a better life elsewhere if local workplace strategies fail to enhance the working life of nurses across the region. SEANERN members will continue to monitor and discuss vital issues with a wide range of other organizations across the region to improve practice, education and nurse mobility.

The ASEAN Joint Coordinating Committee on Nursing (AJCCN, 2016) is confronted by an enormous task, not only in facilitating the mobility of nurses across the region, but also to exchange pertinent information between member countries, promote best practice and to assist in the building of capacity and proficiency of nursing professionals. The Committee alone cannot achieve these goals. Therefore, we argue that more organizations across the region, like SEANERN, are needed to encourage collaboration and learning across countries regarding major issues like standardizing nursing education across the region, promoting the standard competencies and developing leadership skills that contribute to policymaking. Working together in a collegial and sharing manner across the ten ASEAN countries will only strengthen nursing knowledge and services and ultimately improve population health.

The major ongoing activities of SEANERN as discussed at the annual meetings, ongoing discussions and through a brief member survey, have been presented above. Progress is being made in collaborations across the ASEAN region as we try to meet the challenges of standardization of nursing competencies, legislation, registration, education and policymaking in nursing across diverse cultural and socio-economic states.

Three non-ASEAN nations have been included in SEANERN's work (China, Korea and Japan), to improve commonalities further and reduce significant differences in Asian nursing practice, research and education, and to help contribute to the mobility of nurses across the region.

Author contributions

Paper conception: WK

Manuscript Preparation: WK, ST, KCA, MAP, PT

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References

- ASEAN Joint Coordinating Committee on Nursing (2016) *What is AJCCN?* Available at: <http://asean.org/asean-economic-community/sectoral-bodies-under-the-purview-of-aem/services/healthcare-services/nursing-services-ajccn/> (accessed 28 March 2019).
- ASEAN Secretariat (2006) *ASEAN Mutual Recognition Arrangement on Nursing Services*. Available at: http://www.asean.org/storage/images/2015/april/mra_nursing/MRA%20Nursing%20signed.pdf (accessed 27 March 2018).
- Association of Southeast Asian Nations (2018) *The ASEAN Economic Community*. Available at: <http://asean.org/asean-economic-community/> (accessed 24 March 2019).
- Aunguroch, Y. & Gunawan, J. (2015) Nurse preparation towards ASEAN Economic Community 2015. *International Journal of Health Sciences and Research*, **5**, 365–371.
- Cambodian Council of Nurses (2018) *History*. Available at: <https://site.google.com/site/cambodianccn/history> (accessed 23 March 2019).
- Caniglia, G., et al. (2017) Transnational collaboration for sustainability in higher education: lessons from a systematic review. *Journal of Cleaner Production*, **16**, 764–779.
- Efendi, F., Nursalam, N., Kurniati, A. & Gunawan, J. (2018) Nursing qualification and workforce for the Association of Southeast Asian Nations Economic Community. *Nursing Forum*, **53** (2), 197–203.
- Kanchanachitra, C., et al. (2011) Human resources for health in southeast Asia: shortages, distributional challenges, and international trade in health services. *The Lancet*, **377**, 769–783.
- Koy, V., Yunibhand, J., Anguroch, Y. & Turale, S. (2017) Development and psychometric testing of the Cambodian Nursing Care Quality Scale. *Pacific Rim International Journal of Nursing Research*, **2**, 267–279. Available at: <https://www.tci-thaijo.org/index.php/PRIJNR/article/view/88918> (accessed 21 May 2019).
- Law, K.M.-H., Te, V. & Hill, P.S. (2019) Cambodia's health professionals and the ASEAN Mutual Recognition Arrangements: registration, education and mobility. *Human Resources for Health*, **17**, 14.
- Myanmar Nurse & Midwife Council (2019) *Welcome*. Available at: <http://www.mnmcmyanmar.org/> (accessed 23 March 2019).
- Pashby, K. & de Oliveria Andreotti, V. (2016) Ethical internationalisation in higher education: interfaces with international development and sustainability. *Environmental Education Research*, **22**, 771–787.
- Priowirjanto, G.H. (2016) *SEAMEO College Module 2: High Officials Country Case Study (HOCCS) Harmonization in Nursing Education in South East Asian Countries*. Available at: http://seameotropmednetwork.org/documents/tropmed_network/linkages/HOCCS2016/Research%20on%20Nursing%20Education%20in%20SEA_%20final%20version.pdf (accessed 24 March 2019).
- Ryan, C., Bergin, M., White, M. & Wells, J.S.G. (2019) Aging in the nursing workforce – a global challenge in an Irish context. *International Nursing Review*, **66**, 157–164.
- Sonoda, M., et al. (2017) The evolution of the national licensing system of health care professionals: a qualitative descriptive case study in Lao People's Democratic Republic. *Human Resources for Health*, **15**, 1–13.
- Stewart, D. & Halpin, B. (2019) In times of great need, great leaders emerge – the shining voice of nursing leaders. *International Nursing Review*, **66**, 4–6.
- Stone, T., Hua, S. & Turale, S. (2016) Evaluation of an international and interprofessional collaboration forum. *Nurse Education in Practice*, **46**, 10–16.
- United Nations Research Institute for Social Development (2016) *Migrant Nurses and Care Workers Rights in Canada*. UNRISD, Geneva. Available at: [http://www.unrisd.org/80256B3C005BCCF9/\(httpAuxPages\)/7EEBA6386981AC8FC125800B00295658/\\$file/Salami%20et%20al.pdf](http://www.unrisd.org/80256B3C005BCCF9/(httpAuxPages)/7EEBA6386981AC8FC125800B00295658/$file/Salami%20et%20al.pdf) (accessed 30 March 2018).
- United Nations University (2017) *Southeast and East Asian Nursing Education and Research Network (SEANERN)*. Available at: <https://iigh.unu.edu/news/news/south-and-east-asian-nursing-education-and-research-network-seanern.html> (accessed 28 March 2019).
- van Weel, C., et al. (2016) Primary health care implementation in South Asia. *BMJ Global Health*, **1**, 1–4.
- World Health Organization (2016) *Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020*. WHO, Geneva.
- World Health Organization (2017) *The 2017 Update, Global Health Workforce Statistics*. WHO, Geneva. Available at: <http://www.who.int/hrh/statistics/hwfstats/> (accessed 27 March 2019).