NURSING AND THE DEVELOPMENT OF NURSING EDUCATION IN FIJI

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ABSTRACT

Fiji is one of Australia's Pacific neighbours. Nursing and nurse education in that country is at an exciting stage of development. The Ministry of Health in Fiji has recently introduced new nursing initiatives and is about to introduce a new pre-registered nurse curriculum in 2004. The introduction of the new curriculum will pave the way for the Fiji School of Nursing to merge with the Fiji School of Medicine, part of a more inclusive goal for healthcare education in Fiji. Other initiatives such as the introduction of the nurse practitioner role and nursing competencies have assisted nursing in Fiji to move towards this goal. This paper will explore these new developments in nursing as well as provide an historical account of the development of nursing education in Fiji.

INTRODUCTION

Fiji is a close neighbour to Australia. It is located in the western South Pacific Ocean. The archipelago of Fiji consists of 330 islands of which about 100 are inhabited. The capital, Suva, is on the largest island, Viti Levu - 'Big Island' (Fiji Today 2000). Fiji is once again becoming a popular tourist destination for Australians and many Australians live and work there. The Australian Government supports a number of AusAID ventures in Fiji, including the recently announced Health Sector Improvement Program that has a specific focus on the development of the Fiji School of Nursing. The development of nursing and nurse education in Fiji has taken many different and exciting paths. Currently, the Fiji School of Nursing is about to move into a new era with the introduction of a new basic curriculum in 2004. This will be the first step towards having their course recognised by a tertiary education provider. This paper will provide an overview of the health system in Fiji with particular emphasis on nursing. It will then outline the history of nurse education and provide an overview of the new developments in nursing and nurse education in that country. The paper will also examine the current role of the Fijian nurse regulatory authority.

Description of Fiji

The Fiji Islands is a sovereign democratic state that, prior to the 1987 coup, was a member of the Commonwealth. In 1987, the Fiji Islands officially left the Commonwealth and became a republic. The government is composed of a President, Prime Minister, House of Representatives and Senate. The executive

authority is invested in the President who is appointed by the Great Council of Chiefs (Fiji Today 2000). Fiji is a diverse society. The population of 814,000 is made up of 50.8% indigenous Fijian, 43.7% Indian and 5.5% of people from other backgrounds (WHO 2001a). The religion of the country reflects the cultural diversity. Christians comprise 52.9%, Hindu 38.1%, Muslim 7.8%, Sikh 0.7% and other 0.5%. Almost all indigenous Fijians are Christian with the majority of those being Methodist or Roman Catholic (WHO 2001a).

Description of Ministry of Health

Nursing in Fiji comes under the direct control of the Fiji Ministry of Health (MOH). The Government of Fiji, the principal funder and provider of health services in Fiji, provides preventive, promotive, curative and rehabilitative health services to all citizens via the MOH. All Government health services are free to the public and funded through general taxation. Health services are organised at national, sub-divisional and area levels. The nation is divided into three divisions: Central/Eastern, Western and Northern. The curative services at divisional level are provided by three divisional referral hospitals: Colonial War Memorial Hospital for the Central/Eastern Division in Suva, Lautoka Hospital for the Western Division and Labasa Hospital (on Vanua Levu) for the Northern Division (WHO 2001a). Private health care in Fiji, although limited, is available. Private hospital care in Suva is available at either a modern 40-bed general hospital or a small seven-bed Catholic Church-owned maternity hospital. There are also a number of doctors and dentists who work on a fee-for-service basis.

Disease prevention and health promotion are priorities in Fiji. The primary health care model operates primarily through the operation of a system of health centres located strategically throughout the islands. Most health centres have a doctor attached but some may have the services of a nurse practitioner only (Usher 2001). In rural areas, a more limited service provides for the people's health care. These services are run out of nursing stations, staffed by primary care nurses in most cases. In some of the more remote nursing stations a nurse practitioner may be in attendance.

The health care workforce in Fiji

Currently there are approximately 300 doctors and 1,750 registered nurses (RNs) in Fiji (Fiji MOH personal communication) and a large proportion of the operational budget for health goes towards human resource provision. External migration of health professionals continues to be a problem for the MOH in Fiji (Haddad and Williams 2001). For example, one third of Fiji's doctors left after the two coups in 1987 (Cameron 1989) and another 46 left soon after the 2000 coup (Gounder, January 13, 2001). Large numbers of nurses have also migrated during these turbulent years.

RNs are employed in hospitals, health centres and nurses' stations throughout Fiji. Nurses working in hospital facilities provide acute care for hospitalised patients as well as providing care to the community via outpatient clinics. Fiji has a well developed primary health care model and the public can receive treatment from nurses and doctors at health centres situated throughout the islands. Nurses' stations are staffed only by RNs and these tend to be located in the more isolated and rural areas of the country. However, there is a fundamental shortage of health care workers.

Retaining highly skilled health workers is also an ongoing problem (WHO 2001b). In order to address the shortages the MOH has introduced a number of strategies, such as the medical assistant model and the Primary Care Provider (PCP), with limited success. Medical assistants were trained at the Fiji School of Medicine (FSM) between 1975 and 1984, with the intention of forming a separate cadre of service providers to fill medical practitioner vacancies at health centres in the rural areas of Fiji (Downes 2001). This strategy proved ineffective. Downes (2001) outlines that as part of the phasing out of medical assistants, a further trial focussing on mid-level provider was undertaken. This role did not prove to be viable either and was phased out after five years.

The introduction of the nurse practitioner (NP) program in 1999 has been one successful strategy that has helped to provide health services to people in remote areas of Fiji (Usher 2001). This workforce strategy has seen health care become more readily available, particularly for people living in the more remote locations of Fiji (Downes 2001). Experienced RNs, who already have midwifery and public health qualifications, are selected to undertake a comprehensive 14-month course. This course includes theory related to pathophysiology, clinical interventions, pharmacology, clinical diagnosis, and patient management. An extended period of attachment to and assessment by a medical officer in an emergency department of a major hospital in Fiji is undertaken (Usher 2001). The NPs work under the guidance of a set of clinical protocols developed by the Fiji Ministry of Health. NPs have already had a significant impact on the availability of a sustainable health care workforce to the people of Fiji, particularly those living in the more remote islands and inland rural areas (Usher and Lindsay in press; Haddad and Williams 2001).

History of nurse education in Fiji

Nurse education initially began in Fiji in 1893 with the first staff nurse completing a nursing program in 1897. In 1907 the first six Fijian nurses qualified and worked as community nurses. The original nursing program conducted in Fiji was of six months duration. The program later increased to one year, then 18 months, two years and finally three years and three months by 1940. The Lautoka School of Nursing was established in 1925 and remained as a school of nursing until 1987 when it merged with the Central Nursing School (now known as the Fiji School of Nursing, FSN) as a means of

centralising nursing education in Fiji. The first qualified tutor was appointed at the Central Nursing School, Tamavua, in 1946 and the Central Nursing School was formalised in 1954 (Nadakuitavuki and Nagasima 1988).

Tutor staff at the nursing schools used a Fiji designed nursing curriculum for the education of nurses. From 1955, the New Zealand basic nursing course was taught alongside the Fiji program until it was phased out in 1979. A new curriculum for nursing was introduced at the FSN in 1983 and continues to guide the education of entry level nurses today. Post basic education in midwifery and public health commenced in 1964 and has been reviewed and re-developed on a number of occasions since that time (Nadakuitavuki and Nagasima 1988).

The next significant event in the education of nurses in Fiji was the opening of the new FSN buildings at Tamavua, Suva. This occurred on 27 February 1987. The buildings were made possible by the generosity of the Japanese government and the government of Fiji. This new building provided a central focal point for all nurse education in Fiji (Nadakuitavuki and Nagasima 1988).

Contemporary Fiji nurse education

Today, nursing education in Fiji continues to be offered at the Tamavua site and results in approximately 80 graduates per annum. The basic course has a practice-based curriculum that underpins the diverse and expert clinical practices of the Fiji School of Nursing diplomates. Entry into the diploma course may be granted after successful completion of 12 years of education and a pass in compulsory units of English and biology. Currently the School has approximately 500 pre-registered nurse students enrolled in the current three-year program with a staff establishment of 25 lecturers. The role of the lecturer extends beyond didactic classroom learning and includes a significant proportion of work in the clinical area. The clinical responsibilities focus on clinical skills assessment for the basic program students. These students are supported financially by the government and contribute to the nursing workforce in Fiji. The FSN currently conducts post basic courses in midwifery, public health and for nurse practitioners. They are also currently offering post basic bachelors degrees, as well as intensive care and coronary care graduate certificate courses in collaboration with the School of Nursing Sciences at James Cook University, Australia.

It has been over 10 years since the current basic FSN curriculum was reviewed (Biscoe 2000). However, FSN is in the final stage of developing a new curriculum for implementation in 2004. This curriculum, being developed with assistance from the School of Nursing Sciences at James Cook University, is being prepared at a tertiary level as part of the goal to merge the FSN with the Fiji School of Medicine. This is part of a larger plan to eventually merge these two groups to become the education provider for all health care courses in Fiji, under the auspices of the University of the South Pacific (Biscoe 2001).

Nurse regulation in Fiji

Nurses, midwives and nurse practitioners are registered under the Nurses, Midwives and Nurse Practitioner's Act of 1999 that was originally established in 1948. The Act is principally designed to regulate activities in the conduct of education of nurses and midwives in Fiji and provide registration. The Act also constitutes a Board that is responsible for overseeing the work of the registrar and for making decisions related to accreditation of courses. The Permanent Secretary of Health is the Chairman of the Board and the Principal of the FSN is the educational representative to the Board (Fiji School of Nursing 2002). The Director of Nursing Services, employed by the Ministry of Health, is the Registrar under the Act. Licensing is mandatory and is valid for life unless revoked. The registrar is responsible for assessment of all new applications to practice, including those from overseas nurses. At present there is no requirement for continuing education. However, this and an annual registration fee are being considered by the Nurses, Midwives and Nurse Practitioner's Board of Fiji for implementation in the near future. The Board has also adopted an amended form of the South Western Pacific Nurse Competencies (2002) for use in Fiji. These competencies have been used to guide the development of the new FSN nursing curriculum.

CONCLUSION

Nursing in Fiji faces many of the same challenges as nursing in Australia in the continuing struggle to fill nursing vacancies and the ongoing burden of migration of their educated nurses to other countries. The initiatives developed by the Ministry of Health and the Fiji School of Nursing, such as the nurse practitioner program, have gone some way towards providing a more sustainable health delivery workforce, particularly for people residing in more remote or rural locations. The adoption of the new competency standards for nursing and the writing of the new basic nursing curriculum for introduction in 2004 will take this further in ensuring that standards are consistent and that nurses are competent professionals able to practice across different geographic locations and the diverse cultures that constitute Fiji.

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