There has been considerable discussion about nurse migration and the current nursing shortage (Brush, 2008; Buchan, 2010; Khaliq, Broyles, & Mwachofi, 2009; Pittman, Aiken, & Buchan, 2007). Although migration may be one solution to the shortage, it is not without its own set of issues, including significant variability in nurse education programs (Hancock, 2008). For example, even though Australia and New Zealand require a bachelor’s degree for entry into practice, degree requirements differ significantly from those in the United States and Canada. Conversely, schools in the Philippines have patterned their baccalaureate programs on the U.S. model. In addition, not all countries have licensure and regulation processes in place, making migration more problematic.

Moreover, education in general, and in relation to preparing nurses, has become big business (Baumann & Blythe, 2008; Hancock, 2008). Baumann and Blythe (2008) stated, “education has become a business in the globalized world and is seen as both an investment and an export commodity” (p. 2). They indicated that Australia, Britain, and the United States are major exporters of education, including nursing education. Whereas reputable schools in which we teach have established collaborative arrangements with schools in other countries, “the proliferation of for-profit schools has led to concern about curriculum quality and the need for standardized professional education” (Baumann & Blythe, 2008, p. 2). Nursing educational programs in developed countries are subjected to evaluation by organizations such as the Commission on Collegiate Nursing Education and the National League for Nursing Accrediting Commission, but such oversight is not available in many countries, contributing to the launch of nursing education programs that may be of questionable quality, may be fraudulent, and may exploit students. Given the preceding discussion, one could ask whether there is some way to ensure a global standard for the educational preparation of nurses.

Certainly, efforts have been undertaken to address transnational nursing education issues. One example is the Nursing Education Network, recently created by the International Council of Nurses (ICN). One of its aims is “to address the quality of nursing education” (ICN, 2010, p. 1). Another example is that of the Bologna accords, the purpose of which was to “make degree standards and quality assurance standards more comparable and compatible throughout Europe” (Baumann & Blythe, 2008, p. 6). Both the World Health Organization’s Strategic Directions for Strengthening Nursing and Midwifery 2010-2015 (J. Yan, personal communication, August 2009) and the recent Institute of Medicine’s (2010) The Future of Nursing: Leading Change, Advancing Health stress the need for a well-educated nurse workforce.

Recently, the World Health Organization (WHO) published global standards for the initial education of professional nurses and midwives (Department of Human Resources for Health, WHO, 2009, p. 36). Thus, the document explicates that initial education of nurses and midwives should take place in a polytechnic school, college, or university.

While global dissemination of the standards is continuing, efforts are underway to implement them in several countries. For example, faculty from the University of Michigan has used them to assist with developing nursing education in Ghana. Colleagues in the Western Pacific Region of the WHO are discussing how to implement and evaluate them.

Given the preceding, what are our responsibilities when interacting with colleagues around the globe? Although many countries may meet the WHO standards or employ national or regional standards, it is important to acknowledge there are many countries for which programmatic standards of nursing education remain elusive. Having a good understanding of the efforts that have been undertaken,
to date, to address the harmonization of transnational nursing education reflects our growth as responsible citizens of the world.

We can employ our knowledge of global efforts to standardize nursing education to educate the public and policy makers in ministries of education and health. We can support our colleagues as they use them to influence nursing education in their country or to evaluate their effectiveness as a foundation for the development of professional nursing education within their country. To do otherwise is an injustice to our colleagues, as well as to the profession of nursing. Providing a structure such as the *Global Standards for the Initial Education of Professional Nurses and Midwives* (Department of Human Resources for Health, WHO, 2009) upon which to base nursing education helps scale up the education of nurses and enhances the contribution nurses make to health and health care within the United States and globally. As nurses and educators, we cannot settle for less.

**References**


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