

Comparative Education in the Health Professions

Frederic Ivan L. Ting^{1,2,3*}  and Ma. Katrina Domenica R. Ting^{1,4} 

1 College of Medicine, University of St. La Salle, Philippines

2 National Teacher Training Center for the Health Professions, University of the Philippines Manila, Philippines

3 Section of Medical Oncology, Department of Internal Medicine, Corazon Locsin Montelibano Memorial Regional Hospital, Philippines

4 Department of Pathology, Corazon Locsin Montelibano Memorial Regional Hospital, Philippines

* Correspondence: f.ting@usls.edu.ph

<https://doi.org/eiki/10.59652/jetm.v2i4.306>

Abstract: As the academe in health professions institutions pursue educational reforms that anchors on the systems approach to healthcare, collaborative efforts are essential to establish more responsive and dynamic professional education systems. This paper highlights comparative education as a tool to strengthen health professions education around the world by reviewing previous and the most recent studies done, and showcase how this can improve the current pedagogical landscape. Through comparative education, a holistic approach to health professions education ensures that the learner's training is not only comprehensive but also responsive to the dynamic needs of the country, the region, and the rest of the world by the sharing of best practices, challenges, and opportunities for collaboration. The opportunities that international comparative education provide to the health professions education include the sharing of best practices and difficulties encountered, and the enhanced viewpoint from considering different perspectives. On the other hand, the main challenges include ethnocentrism and the limited resources that majority of institutions face globally especially those from the low- and middle-income countries. Truly, once the lessons learned from comparative educational engagements are integrated into the philosophical and educational foundations in our medical schools, then we are one step closer to becoming responsive to the call for a more holistic and systems – centered health professions education.

Keywords: comparative education; health professions; medicine

Received: October 8, 2024

Accepted: October 24, 2024

Published: October 31, 2024



Copyright: © 2022 by the authors.
Submitted for open access publication
under the terms and conditions of the
Creative Commons Attribution (CC BY)
license
(<https://creativecommons.org/licenses/by/4.0/>).

1. Introduction

Since the beginning of the 21st century, health professions education has been instituting reforms as a response to society's call for decreasing gaps and inequities in health. It is essential that all stakeholders collaborate in ensuring that instructional and institutional changes are implemented to achieve the main goal of establishing a transformative and interdependent professional education whose graduates will strive to achieve equity in health (Chen et al, 2004; WHO, 2006; Global Health Workforce Alliance, 2008). The proposed reforms are heavily anchored on the concepts of interprofessional and trans-professional education that breaks down professional silos, adaptation of global resources that addresses local concerns, establishment of international linkages to help facilitate prioritization, planning, and policy making, and expansion from academic centers to academic systems strengthened through external collaborations as part of a more responsive and dynamic professional education systems (Frenk, et al. 2010).

The COVID-19 pandemic highlighted the need for innovative models of teaching that respond to the pedagogical imperatives of the three types of learning (informative, formative, and transformative) identified in a 2010 Lancet Commission (Frenk, et al. 2010; Daniel, et al. 2021; Gordon, et al. 2020). The Commission adopted a framework that considered a global outlook, a multiprofessional perspective, and a systems approach highlighting the relationship between education and health systems. It is centred on people as co-producers and as drivers of needs and demands in both systems. By knowing the labour market thoroughly, the provision of educational services generates the supply of an educated workforce to meet the

demand for professionals to work in the health system. Thus, to have a positive effect on health outcomes, the professional education unit must innovate new instructional and institutional strategies which the pandemic has forced us to do. Despite the physical distancing that the pandemic required of us, connectivity around the world got to its strongest point where information can now be easily accessed regardless of geographic location. And since health is a universal concern of society, it is only prudent that comparative education be one of the tools that will strengthen the health professions education worldwide

2. Key Principles and Approaches of Comparative Education

Comparative education is defined as a multidisciplinary field of education that systematically evaluates the similarities and differences between educational systems in two or more national, international, or cultural context, and understand their interactions with the society. Its major goal is to look at the different perspectives globally through the systematic use of comparative method to advance theoretical understanding (Manzon, 2011). Since the thrust of health professions education is to produce professionals who are adept with the health systems approach, comparative education plays a big role in facilitating exchange of ideas among different departments within an institution, among different institutions within a country, and even among different countries within a region and the world. Through this sharing of ideas and experiences, institutions can build on each other and constantly improve their educational methodologies and programs. The main purposes of comparative education for health professions institutions include (1) to learn about its own education system and that of others; (2) to enhance its knowledge of health professions education in general; (3) to improve the educational institution, especially its processes and methods; (4) to understand the relationship between health professions education and society; and (5) to learn and develop possible solutions to societal issues affecting the health professions education and health of the society in general (Ahmady et al, 2018; Bereday, 1964).

The main difference between comparative research versus traditional research is that unlike the rigid scientific frameworks of traditional research, the former is flexible and ever-changing depending on the different phases that a society undergoes and the challenges that a country encounters. In traditional research, a research question is formulated and the scholar reviews available literature, crafts a methodology in pursuing the research, and finally discovers the answers to the set research questions. In contrast, comparative education is an exercise where the interaction between sociological and epistemological constructs become translated into intellectual discourses (e.g. academic definitions, purposes, methods) and institutional structures (e.g. courses, publications, professional societies). Furthermore because of the fluid and flexible nature of comparative education (Manzon, 2018), it can influence schools to a continuum of specialization wherein a health professions educational institution may position itself as a distinct identity (e.g. an institution that produces subspecialists) or an institution training future health professionals with broad and integrated concepts which can cater to a very general health system (e.g. an institution that produces generalists).

3. Relevance of Comparative Education in the Health Professions

Comparative education in the health professions is not just reshaping health professions education but more importantly, it is pioneering advancements and equipping healthcare professionals to meet the diverse needs of societies worldwide through collaborative learning.

The main purpose of comparative education in the health professions is the exploration of the different educational models and strategies that health professions adopt worldwide. This creates a venue where different institutions can share and learn from each other different curricular designs, teaching and learning methodologies, and assessment strategies, facilitating improvement in the training approaches of health professionals. Through comparative education, educational leaders have an opportunity to appreciate the strengths and weaknesses of the different educational models thus helping them in improving their own institutions and strengthen the quality of training that they provide.

4. Opportunities for Comparative Education in the Health Professions

Comparing educational systems between institutions and countries can bring so many advantages and opportunities for change and growth. The first and most obvious is the

opportunity to compare educational strategies and structures in two or more institutions. This does not only facilitate adapting best practices, but also learning experiences on the various approaches and strategies that failed to work. Through this, educational leaders are enabled to holistically evaluate their organizational situation and make better decisions toward the needed reforms. Furthermore, this exercise does not only enable educational leaders to learn from other institutions but from their own organizations as well.

Another opportunity that comparative education provides us is the chance to view education from a different perspective that potentially leads to a better understanding of our society especially the students that we teach, the circumstances that surround them, and the possible issues that they may face.

The art and science of comparative education also facilitates a better understanding of how students' learning is associated with cultural intricacies (Raby, 2009). Therefore, it helps health professions educators prepare for teaching in a multicultural context which is very relevant nowadays especially with the advent of international students coming to our universities regularly for a variety of reasons.

From a wider perspective, comparative education allows educational institutions to undergo reforms with the aim of expanding access for all and improving the overall quality of education by reducing educational inequalities. If this is achieved, education will not just improve the quality of students and graduates but more importantly the society that they serve (WHO, 2006).

Furthermore, governments nowadays are putting much premium to international comparisons as they search for policies that facilitate more cost-effective and efficient ways of providing education in response to the ever-changing demands of health and health care.

Overall, the greatest opportunity that comparative education provides is to allow institutions to learn from the achievements and shortcomings of others and to have a mindset of viewing educational systems from a global rather than an ethnocentric perspective (Ahmady et al, 2018; Bereday, 1964; Manzon, 2018).

5. Challenges of Comparative Education in the Health Professions

The major challenge in pursuing comparative education in its truest form is ethnocentrism. Ethnocentrism is a phenomenon that has existed across all societies and time periods (Abassi et al, 2022; Brown, 2000), and is a concept emanating from the belief that one's own ethnic group is of immense importance and oftentimes superior than others (Bizumic, 2019). This tendency is something that comparative education practitioners have to be mindful of and may be overcome by intentionality (Frenk et al, 2022). Intentionality is the conscious mental ability to refer to or represent something (Jacob, 2010). Thus, educational leaders and institutions must be intentional in doing comparative education -it should be clear to them what the organizational goals are, the intent of comparative visits and discourse, and how the experiences will benefit concerned institutions based on the organizational directions set by the academic leadership.

Another major challenge to comparative education is the limited resources especially in educational institutions belonging to low- and middle- income countries which may not only have limited funding to support these activities but may also have more urgent priorities (Majumder et al, 2023; Majumder et al, 2004). One solution to this is by applying program development grants from international organizations like the United Nations Educational, Scientific and Cultural Organization (UNESCO), World Bank, and the Organization for Economic Cooperation and Development (OECD) which have funding to help facilitate educational reforms in institutions that belong to less privileged areas of the world (OECD, 2007).

6. Factors affecting Comparative Education and Medical Schools

Understanding the intricate relationship of cultural, social, economic, and environmental factors is crucial in shaping the future of health care in the country and the world. These factors also play a vital role in shaping the direction of health professions education if we truly want it to be transformative and responsive to the demands of the current times (Frenk, 2010).

Focusing on medical schools, several factors affect the optimal delivery of the teaching learning environment that facilitates transformative education (Gaur et al, 2020). And each of these factors can be directly or indirectly influenced by comparative education as discussed.

Structural factors. The logistical architecture and physical set-up of health professions institutions, from organizational protocols and guidelines to structural frameworks, shapes the educational journey of students mainly by providing them a safe space where they are respected and nurtured to become the physicians that they envision themselves to be (Troy, et al. 2022). **Educational Factors.** Innovative teaching and learning methods, including methods of assessment enhance engagement of students and maximize their potentials in the achievement of program outcomes (Gaur et al, 2020). **Socio-cultural Factors.** Social dynamics need to be established and refined in any educational organization to facilitate nurturing of professionalism, communication, and collaboration. Comparative studies can help facilitate this by learning from other institutions. Furthermore, integrating the cultural beliefs and norms into the educational environment enriches the teaching – learning journey of both faculty and students, and foster meaningful learnings and experiences in medical school (Alfayez et al, 1990; Beagan, 2003). **Interprofessional Education.** Comparative education facilitates integration of diverse disciplines into the curriculum and actual practice thereby ensuring a well-rounded understanding of medical science. As future doctors, products of medical schools should be well versed in collaborating with professionals from other fields (Mohamed et al, 2021; Zechariah et al, 2019).

These factors are essential to be evaluated and included in strategic management goals for a medical school to maximize the benefits of international comparative education. Through this, the curriculum will be streamlined and improved by consider how the latest global standards can be applied in the local setting to respond to the demands of the health care system in the locality.

7. Conclusion

Indeed, the comparative study of health professions education systems within the country and globally allows us to uncover best practices, challenges, and collaborative opportunities. This holistic approach ensures that the training is not only comprehensive but also responsive to the dynamic needs of the country, the region, and the rest of the world. The opportunities that international comparative education provide to the health professions education include the sharing of best practices and difficulties encountered, and the enhanced viewpoint from considering different perspectives. On the other hand, the main challenges include ethno-centrism and the limited resources that majority of institutions face globally especially those from the low- and middle-income countries. Several factors need to be evaluated and addressed to fully maximize the impact of comparative education especially in medical schools and this includes structural, educational, socio-cultural, and interprofessional factors. If we can fully accept this perspective and integrated it to the educational foundations in our medical schools, then we are one step closer to becoming responsive to the call for a more holistic and systems – centered health professions education

Supplementary Materials & Data availability statement: No supplementary materials and no empirical data are connected to this piece of work given the nature of the article.

Author Contributions: Both authors contributed in the conceptualization, writing, and final approval of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Acknowledgments: The Author would like to sincerely thank Ms. Monica Wallet, PhD for facilitating the idea of the article.

Conflicts of Interest: The authors declare no conflict of interest.

References

- Abbasi, L. S., Yasmeen, R., & Sajjad, T. (2022). Challenges faced by health professions educationists en route to educational reforms in Pakistan. *Journal of education and health promotion*, 11, 315. https://doi.org/10.4103/jehp.jehp_424_22
- Ahmady, S., Yazdani, S., Hosseini, F., Forouzanfar, M. M., Tabibi, A., Ahmadiania, F., Tehran, H. A., Kohan, N., & Mohammadi, H. (2018). A comparative study on the function and structure of medical development education office in world's top universities. *Journal of education and health promotion*, 7, 67. https://doi.org/10.4103/jehp.jehp_181_16
- Alfayez, S. F., Strand, D. A., & Carline, J. D. (1990). Academic, social and cultural factors influencing medical school grade performance. *Medical education*, 24(3), 230–238. <https://doi.org/10.1111/j.1365-2923.1990.tb00006.x>

- Bereday, G. (1964). *Comparative Method in Education*. New York: Holt, Rinehart & Winston. https://books.google.com.ph/books/about/Comparative_Method_in_Education.html?id=GpAWAAAAIAAJ&redir_esc=y
- Beagan, B. L. (2003). Teaching Social and Cultural Awareness to Medical Students: 'It's All Very Nice to Talk about It in Theory, But Ultimately It Makes No Difference.' *Academic Medicine*, 78–78(6), 605–614. <http://ereserve.library.utah.edu/Annual/COMM/5115/Shugart/teaching.pdf>
- Bizumic, B. (2019). Ethnocentrism. In V. Zeigler-Hill, T. Shackelford (eds) *Encyclopedia of Personality and Individual Differences*. Springer, Cham. https://doi.org/10.1007/978-3-319-28099-8_2312-1
- Brown, D. E. (2000). Human universals and their implications. In N. Roughley (Ed.), *Being humans: Anthropological universality and particularity in transdisciplinary perspectives* (pp. 156–174). Berlin: Walter de Gruyter.
- Chen, L., Evans, T., Anand, S., Boufford, J. I., Brown, H., Chowdhury, M., ... Wibulpolprasert, S. (2004). Human resources for health: overcoming the crisis. *Lancet (London, England)*, 364(9449), 1984–1990. [https://doi.org/10.1016/S0140-6736\(04\)17482-5](https://doi.org/10.1016/S0140-6736(04)17482-5)
- Daniel, M., Gordon, M., Patricio, M., Hider, A., Pawlik, C., Bhagdev, R., ...Stojan, J. (2021). An update on developments in medical education in response to the COVID-19 pandemic: A BEME scoping review: BEME Guide No. 64. *Medical teacher*, 43(3), 253–271. <https://doi.org/10.1080/0142159X.2020.1864310>
- Frenk, J., Chen, L., Bhutta, Z. A., Cohen, J., Crisp, N., Evans, T., ...Zurayk, H. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet (London, England)*, 376(9756), 1923–1958. [https://doi.org/10.1016/S0140-6736\(10\)61854-5](https://doi.org/10.1016/S0140-6736(10)61854-5)
- Frenk, J., Chen, L. C., Chandran, L., Groff, E. O. H., King, R., Meleis, A., & Fineberg, H. V. (2022). Challenges and opportunities for educating health professionals after the COVID-19 pandemic. *Lancet (London, England)*, 400(10362), 1539–1556. [https://doi.org/10.1016/S0140-6736\(22\)02092-X](https://doi.org/10.1016/S0140-6736(22)02092-X)
- Gaur, U., Majumder, M. A. A., Sa, B., Sarkar, S., Williams, A., & Singh, K. (2020). Challenges and Opportunities of Preclinical Medical Education: COVID-19 Crisis and Beyond. *SN comprehensive clinical medicine*, 2(11), 1992–1997. <https://doi.org/10.1007/s42399-020-00528-1>
- Global Health Workforce Alliance (2008). Scaling up, saving lives. Geneva: World Health Organization, 2008. <https://www.who.int/publications/m/item/scaling-up-saving-lives-2008-report>
- Gordon, M., Patricio, M., Horne, L., Muston, A., Alston, S. R., Pammi, M., ...Daniel, M. (2020). Developments in medical education in response to the COVID-19 pandemic: A rapid BEME systematic review: BEME Guide No. 63. *Medical teacher*, 42(11), 1202–1215. <https://doi.org/10.1080/0142159X.2020.1807484>
- Jacob, P. (2010). "Intentionality". Stanford Encyclopedia of Philosophy. <https://en.wikipedia.org/wiki/Intentionality>
- Manzon, M. (2011). *Comparative Education: The Construction of a Field*. Hong Kong: CERC/Springer. <https://cerc.edu.hku.hk/publications/cerc-studies-in-comparative-education/comparative-education-the-construction-of-a-field/>
- Manzon, M. (2018). Origins and traditions in comparative education: challenging some assumptions. *Comparative Education*, 54(1), 1–9. <https://doi.org/10.1080/03050068.2017.1416820>
- Majumder, M. a. A., Haque, M., & Razzaque, M. S. (2023). Editorial: Trends and challenges of medical education in the changing academic and public health environment of the 21st century. *Frontiers in Communication*, 8. <https://doi.org/10.3389/fcomm.2023.1153764>
- Majumder, A. A., D'Souza, U., & Rahman, S. (2004). Trends in medical education: challenges and directions for need-based re-forms of medical training in South-East Asia. *Indian journal of medical sciences*, 58(9), 369–380. <https://pubmed.ncbi.nlm.nih.gov/15470278/>
- Mohammed, C. A., Anand, R., & Saleena Ummer, V. (2021). Interprofessional Education (IPE): A framework for introducing teamwork and collaboration in health professions curriculum. *Medical journal, Armed Forces India*, 77(Suppl 1), S16–S21. <https://doi.org/10.1016/j.mjafi.2021.01.012>
- OECD. (2007). Education at a Glance 2007: OECD Indicators, OECD Publishing, Paris. <https://doi.org/10.1787/eag-2007-en>
- Raby, R. L. (2009). Comparative and International Education: A Bibliography (2008). *Comparative Education Review*, 53(1), S1–S125. <https://doi.org/10.1086/603609>
- Troy, D., Anderson, J., Jessiman, P. E., Albers, P. N., Williams, J. G., Sheard, S., ...Kidger, J. (2022). What is the impact of structural and cultural factors and interventions within educational settings on promoting positive mental health and preventing poor mental health: a systematic review. *BMC public health*, 22(1), 524. <https://doi.org/10.1186/s12889-022-12894-7>
- WHO. (2006). The world health report: working together for health. Geneva: World Health Organization. <https://www.who.int/publications/i/item/9241563176>
- Zechariah, S., Ansa, B. E., Johnson, S. W., Gates, A. M., & Leo, G. (2019). Interprofessional Education and Collaboration in Healthcare: An Exploratory Study of the Perspectives of Medical Students in the United States. *Healthcare (Basel, Switzerland)*, 7(4), 117. <https://doi.org/10.3390/healthcare7040117>