

# Nursing Education in Lebanon: From Roots to Renaissance



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## Early Beginnings

Modern nursing in Lebanon started in the late 1800s and early 1900s, when missionary hospitals and schools brought Western nursing ideas to the country. The American University of Beirut (AUB) Nursing School was founded in 1905, followed by the Saint Joseph University (USJ) nursing program in 1909. In the beginning, these schools were linked to hospitals and emphasized hands-on training, using Western medical models. This shows Lebanon’s willingness to adopt global health practices. (Kronfol, 2012; Tohmé et al., 2010; AUB, 2018; USJ, 2020).

Following Lebanon’s independence in 1943, the demand for healthcare services increased, leading to the establishment of additional nursing schools (Glick, 1989; Bou-Khalil & Makhoul, 2009). The Lebanese government and the Ministry of Public Health (MOPH) began efforts to create regulations and standardize nursing programs (Ministry of Public Health, 2000; WHO, 2002). In the 1950s and 1960s, nursing education shifted from hospitals to colleges and universities, raising the level of education (American University of Beirut – School of Nursing, 2005; Hitti et al., 2011). The Lebanese Order of Nurses (ONL) currently reports that 23 colleges in Lebanon now offer Bachelor of Science in Nursing (BSN) degrees. Each year, about 1,500 nurses graduate with a BSN (personal communication, Director of the Order of Nurses, June 23, 2025).

The Ministry of Education and Higher Education (MEHE) in Lebanon is responsible for granting licenses to nursing schools and programs (WHO, 2015; Ammar et al., 2007). MEHE also oversees certification, which involves ensuring that programs meet national standards for clinical training, that faculty members have the necessary qualifications, that facilities are adequate, and that curricula are appropriate (WHO, 2015). The Lebanese Order of Nurses (ONL) supervises the process and ensures proper implementation. While the ONL establishes rules and offers guidance, it does not issue school licenses. Instead, it maintains a national registry of nurses, enabling individuals who have completed nursing school to register and work legally (Lebanese Order of Nurses, 2019; Ammar et al., 2007). The ONL collaborates with the Ministry of Education and the Ministry of Public Health to ensure nursing education aligns with the country’s healthcare system needs (WHO, 2015; Lebanese Order of Nurses, 2019). The Ministry of Public Health (MoPH) influences nursing curricula and competencies indirectly through national health policies, designated competencies, and occasional program evaluations (Ammar et al., 2007; WHO, 2015).

## Nursing Curricula

The three-year Bachelor of Science in Nursing (BSN) program, which includes two summers of study, is the most common way for Lebanese students to earn their nursing degrees. Some schools offer a four-year option. The core curriculum covers foundational sciences, nursing didactic courses, clinical practice related to specific didactic areas, and liberal arts/humanities. It usually totals 100–125 credits, though this can vary slightly between schools. When possible, clinical training occurs at hospitals, primary care clinics, schools, and simulation centers. There is a growing effort to include Interprofessional Education (IPE) into the curriculum to promote teamwork and patient-centered care.

Many colleges offer postgraduate degrees in various fields, including clinical areas like adult health, leadership/



management, education, nursing, psychiatry, and community health. These are some options available in MSN programs. Most of these programs take one to two years to complete. Some require a thesis or practicum, along with extensive research. Several schools, both English- and French-speaking, also offer PhD nursing programs that prepare students for leadership roles in research, policy, and academia. It is worth noting that nursing faculty members in Lebanon were able to quickly adjust to online teaching during the COVID-19 pandemic and the war situation, which helped salvage several cohorts of nursing students.

## Trends in Jobs & the Workforce

Lebanon graduates roughly 1,500 nurses each year (personal communication, Order of Nurses, June 25, 2025). Most of them can obtain a MOPH license, which allows them to work in other countries or contribute to the local workforce. Nurses work in a lot of different places, like private hospitals, community health centers, long-term care institutions, and NGO clinics. Employers hire people with both a BSN and an MSN. People with an MSN generally work in teaching or supervision.

## Opportunities & Barriers

Nursing education is undergoing a significant transformation, driven by a commitment to improving quality, expanding access, and aligning with international standards and innovations.

- Many well-known universities have developed competency frameworks that align with the standards of the International Council of Nurses (ICN). These frameworks emphasize safety, quality, and patient-centered care.
- More programs are seeking accreditation from schools in the US and Europe, which guarantees high-quality teaching.
- Increasingly, high-fidelity mannequin simulation labs are being utilized to instruct students in clinical settings, enabling them to acquire new skills safely.
- Faculty and students are increasingly publishing nursing research in international publications.
- Increasingly, nursing schools are incorporating interprofessional education into their programs to promote teamwork and patient-centered care.
- More schools are expanding to offer graduate programs, which will help establish more Advanced Practice Nurse programs.



Despite ongoing efforts to improve nursing education and practice, several structural, economic, and societal barriers remain, obstructing progress and sustainability in the field.

- There are not enough faculty members with PhDs, which makes it harder for research to be conducted and for graduate programs to succeed. Current faculty members often lack adequate academic support and are burdened with a large amount of clinical work.
- Economic instability and currency devaluation impact research grants, scholarships, and infrastructure investments.
- The influx of nurses and faculty members puts additional stress on institutions, exacerbating the scarcity of healthcare personnel (Alameddine et al., 2019).
- People often underestimate the value of nursing. A lack of public understanding—especially in rural areas—worsens the stigma.

In conclusion, nursing education in Lebanon has shifted from its missionary origins to the current competency-based, evidence-based programs. Alongside an institutional regulatory framework, it now includes several university-based BSN programs, making it easier for graduates to secure jobs, and is increasingly aligning with international nursing standards. However, challenges persist, including a shortage of teachers, limited resources, inadequate regulations, the loss of talented individuals, and an unstable economy.

There are strong reasons to feel hopeful about current developments: competency-based education is expanding, funding for simulations is increasing, APNs are gaining more professionalism, initiatives to attain accreditation are multiplying, and academic partnerships are strengthening. Lebanon has the potential to establish its nursing education system as a regional model by training highly skilled nurses, leaders, teachers, and researchers who can improve patient care locally and contribute to global health progress. For this to happen, solid policies, dependable funding, and innovative collaborations with other countries are essential. To achieve this, donors, NGOs, MOPH, ONL, and universities need to collaborate as leaders. With hope and determination, Lebanon’s nurses are well-positioned to strengthen the country’s healthcare system and elevate the standard of nursing worldwide.

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