

Towards The Eighties. . . Nursing Education in Perspective

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OPSOMMING:

Namate 1980 vinnig kom, pas dit onderwysverpleegsters om die toekomstige behoeftes van en uitdagings aan verpleging van nader te bekyk.

Verpleegonderwys moet op 'n breë basis berus en mense oplei om te dink, handel en voortdurend daarna te streef om hulle kennis uit te brei.

Dit moet NIE uitsluitlik daarop gemik wees om mense vir eksamens voor te berei nie, maar dit moet ook nie die teorie en praktyk in afsonderlike kompartemente plaas nie.

Dit moet nuweling leer om te VERPLEEG en hulle in staat stel om dit te doen. Dit moet in die behoeftes van die geregistreerde verpleegster voorsien deur indiens-en voortgesette onderwysprogramme sowel as goeie biblioteke oor verpleegkunde te verskaf.

Die opleiding van onderwysverpleegsters, hulle benutting en die wyse waarop studente aan formele onderrig toegewys word, moet prioriteit kry.

Die gebruik en interpretasie van die leerplan noodsaak konsultasie tussen die terreine van kolleges en kliniese verpleging.

Met die oog op hierdie en ander behoeftes word daar aan die hand gedoen dat verpleegonderwys volgens die hoofdoel heroorweeg word **OM VERPLEEGSTERS OP TE LEI OM TE VERPLEEG.**

The end of another decade is in sight, a decade which has brought many changes in medical knowledge, in technology and consequently in nursing. It has also been a decade in which wars, violence, urban terrorism and many

examples of man's inhumanity to man have almost become part of the daily existence of large numbers of the population of the earth.

New medical problems have come to the fore as existing

ones have been conquered. Many diseases now respond to treatment which before could only be managed by palliation. As we move into the 1980's and thus nearer to the twenty-first century it behoves us all to take a long, hard look at the preparation we are providing and are planning for the young nurses of today. Most of those graduating from our diploma and degree programmes in nursing within the next few years at the age of about 21 years, will, in 20 years time, that is in the year 2000, be at the peak of their professional nursing careers, and have many years of active nursing before them. It is necessary that nursing education be examined in the light of meeting the needs and the challenges of the future, and the future of the next century at that. This does not mean that immediate needs must not be considered, but nursing education must be ready to combine preparation for both present and future needs.

It has been said that administration is an enabling process. I contend that education is also an enabling process and that the aim of **nursing** education is to enable people to **nurse**.

The concept of nursing is all-embracing, and may be defined as follows:-

“Nursing is a service to mankind which assists people in need of such help to attain and maintain good health and prevent illness. If illness supervenes then nursing helps and supports the person thus affected, so that he may overcome his illness and regain full health. If this ideal of complete restoration to health is unattainable, and man is, after all mortal, then nursing should help and support the person to make the maximum use of the potential left, and in the last resort, nursing should sustain the person and his family so that he may die in peace and with dignity”.

Nursing is basic to being human, and does not occur in isolation but in interaction with other human beings. For nursing to occur, there must be a human need of a specific sort on the part of a patient or client, which is met by another human being, a nurse, who is prepared by means of her nursing education to meet that need. Nursing is a unique profession, closely allied to medical practice, but it is not medical practice.

The nurse's education must prepare her to meet needs of patients and clients where the following aspects are vitally important —

- Care and concern for the total well-being of patients and or clients.
- Knowledge based on the sciences and the humanities which enables the nurse to use educated professional judgment when determining the health needs of her patients/clients and deciding on action to meet those needs.
- Future-orientated thinking coupled with flexibility of mind so that what is best in old methods can be combined with new knowledge and ideas to the benefit of those in need of nursing care.
- Co-operation with other members of the health team and with patients or clients and their families and friends.
- Communication between and with patients or clients and all persons or categories or workers concerned with the health and well-being of those in need of care so that good teamwork is established and maintained.
- Consideration for human worth and dignity so that the patient or client always remains a person.

- Curiosity and constant search for new knowledge, better methods and discoveries so that the nurse never stops learning.

If nursing education is to prepare the nurse to meet all these requirements then it must be broadly based. It must prepare people who can think and act and constantly strive to improve their education.

At the risk of being accused of bringing negative thoughts into this article I would like to make a few points as to what nursing education should **not do**, so that obvious pitfalls can be avoided.

1. **NURSING EDUCATION MUST NOT** — prepare people exclusively for passing examinations. True, examinations as a means of testing knowledge and proficiency are part of professionalism, where entry to exclusive practice is granted as a result of peer-group testing. Nevertheless a method of pushing masses of facts into students so that they pass examinations is **not** education. The **facts**, so-called, may have no validity within a decade, perhaps less, and in any case will not be retained. Basic principles must be taught so that students can build future practice on sound foundations. That is the essence of education.

2. **NURSING EDUCATION MUST NOT** — **prepare people to withdraw from nursing** entirely to become clerical workers in a “sister's office”. This withdrawal, although not true of many of our nurses, does happen. Often the attitude which leads to withdrawal from direct patient care is engendered early in the clinical education of the nurse. The allocation of clinical responsibility is often done on a task basis, so that junior student nurses “**do the washings**”. A thoughtful allocation so that registered nurses are assigned the toilet care of very ill patients with the assistance of the junior nurse would remedy this and produce a true teaching-learning clinical situation with an increase in the quality of patient care and student education, education to nurse. Registered nurses provide all the nursing care in some units such as intensive care wards, no matter how basic it may be. Why should they not do more direct patient care in general wards, instead of being bogged down in clerical and other non-nursing tasks. For example a maid or housekeeper can serve meals, a nurse should see that patients are eating, and if not, why not assist those who cannot help themselves where necessary, and observe patient reaction to food and eating. That is nursing. Again much clerical work can be done by ward-secretaries provided they are used as clerical help for the nurses and do not get appropriated by other members of the health team. A clear-cut job description would be of help here.

Nurses take up nursing to nurse, and to nurse people. Why take away their most basic means of job satisfaction by cultivating an attitude of mind that sisters do not do things for patients? Some sisters may do some things which are part of their ward administration for ensuring quality care at a distance. What is regarded to be a “good sister” should be seen to be with the patients and nurses in the provision of that care and not on a remote plane, removed from nursing reality.

Record-keeping is a vital part of patient care. The nurse records her observations and interprets what she sees for

nursing action. Transferring records from one book to another, filling in innumerable forms and books for routine matters is not nursing.

3. NURSING EDUCATION MUST NOT —

compartmentalise theory and practice into separate entities so that never the twain shall meet. It should bring about correlation and a wholeness of patient-care for the benefit of those for whom nursing and nurses exist, the patients or clients.

Enough of negativism. Let us now proceed to an examination of the positive aspects of nursing education which will take the student of nursing into the twenty-first century, prepared to meet all future challenges.

IF NURSING EDUCATION IS TO ENABLE PEOPLE TO NURSE —

then the following points need examination and clarification.

WHO ARE THE STUDENTS OF NURSING?

An answer to this question will fall into two categories.

1. **The neophytes in the profession**

Those who come to nursing, well-educated, enthusiastic young people. Their motives may be vague, their conceptions of what nursing entails may not be clear and there will be some who have made the wrong choice, but basically they want to work with people and to help them in their need. They have ideals.

These people are a sacred trust to the nurse-educators, and I am including in this category all registered nurses who work in any hospital or nursing service who ever have any dealings with students. We accept them as students. We must **Teach Them To Nurse and Enable Them To Nurse**. In order to do this effectively both now and in the future the following considerations must be borne in mind —

- (i) Recruiting campaigns must be widespread and based on realism, so that intending nurses have a clear conception of what nursing is all about.
- (ii) Selection procedures must be flexible enough to enable motivation to be taken into account. This is an area where much research is required.
- (iii) Those already registered must realise that they are the role models upon which neophytes base their actions. The student copies the master. A salutary thought. The education programme must be planned, meaningful and co-ordinated throughout.
- (v) Enthusiasm and ideals must be fostered and not damped down but channelled into positive nursing action.
- (vi) A lifelong quest for continuing education in the profession must be engendered, so that independent searching for knowledge becomes a way of life.

2. **The registered nurse**

in whom a desire for lifelong learning has been fostered

so that she constantly searches for more learning. Her needs can be met in various ways.

- (i) **In-service education programmes. These include short courses, seminars, symposia, lectures, meetings and many more, geared to meet specific needs.**
- (ii) **Other continuing education** courses where selected, interested, persons are sent on planned educational programmes to equip them with further nursing qualifications and expertise in a chosen field.
- (iii) **The provision of a good library** which is easily accessible to all for long periods each day and is well supplied with the life-blood of the profession, current nursing journals and other relevant literature.
- (iv) **Good supervision**, so that needs are identified and met and that learning-teaching situations are created and are used to the full.

The semi-professional and non-professional groups are not included in this discussion although their needs can be catered for along similar lines.

WHAT DO STUDENTS OF NURSING STUDY?

Again the answer is **Nursing**, but as has been seen nursing has many facets and therefore the curricula for basic and post-basic courses differ. Curricula are laid down by the South African Nursing Council in very broad outline for the courses for which it is the examining body. It is against these curricula that courses offered and examined by outside bodies such as universities are evaluated before approval of programmes for registration of nursing qualifications is granted. Directives supply more detail.

An example of such a curriculum is that for registration as a General Nurse, where the subjects studied include —

- Social Sciences, Social Care and Mental Health Care
- Anatomy and Applied Medical Biophysics
- Physiology and Applied Chemistry
- Microbiology, Parasitology, Pathology and Pharmacology
- Preventive and Promotive Health Care and Family Planning
- Nursing Science and Art 1, 2 and 3
- Introductory Midwifery
- Ethos of Nursing.

The subjects to be studied are thus listed in regulations in the curriculum and details are supplied in the directive. The Council lays down minimum requirements and indicates, by prescribing the broad fields of study of what is required, how the syllabus should be interpreted. It is then up to nursing schools to decide on their manner of presentation and the depth to which subjects must be covered. Additional subjects can be added at the discretion of the schools.

This matter of curriculum use and interpretation is one of the areas which nurse-educators should examine with care. One hears so often that the syllabus is overloaded and that more and more is constantly added. Careful examination would show that little has been added. Subject matter has been rearranged with the object of presenting it in a more meaningful way, that is all.

True, minimum requirements in relation to time spent on subjects have been increased, but in most cases schools have always greatly exceeded the laid-down minimum and still do. The curriculum is broad enough and flexible enough for needs for the present and the future to be met within its framework.

It is suggested that regular consultations between those presenting subjects in nursing colleges and in the clinical teaching areas would eliminate boring repetition for the students and teachers and produce a more balanced course with student education, as well as tutor and teacher job-satisfaction, increasing. As we move into the eighties and ultimately into the next century I would plead for more consultation, more planning and more communication regarding what nurses in all types of course, basic and post-basic **should** study and **do** study throughout their period of education so that the object of producing the nurse with educated professional judgment to provide quality patient care can be more readily attained.

Nurses study nursing in order to nurse. If the teaching of all subjects were approached from this angle then a revolution might occur in Nursing Education. At least let us evolve in the right direction.

WHO TEACHES NURSING?

Again the answer is, in the main **Nurses**, with assistance from medical and sometimes paramedical personnel who present their particular aspects of medical and paramedical subjects so that a complete understanding of the team approach to health care is achieved.

If nurses do the bulk of the teaching of nurses, then it is essential that attention is given to all those nurses who are concerned with the teaching of nurses to see whether they realise and understand their responsibilities towards and their influence on students and whether their preparation fits them for this role.

The clinical area

Student nurses in the majority of our training schools spend 10-12 months of a 36-month basic diploma course in "block" or in the classroom and three months on leave. This means that 21-23 months of their time which is allocated for their education as a nurse is spent in the clinical area. The South African Nursing Council lays down minimum periods in medical and surgical nursing units, in paediatrics, in the operating theatre and in casualty and out-patients, but these are **all clinical practica**. It also lays down a minimum of 3 000 hours clinical practica in three years, (plus 160 hours for community health practica) with 500 hours being compulsory in the first year. In contrast a minimum of 960 periods of instruction of 40 minutes each i.e. 640 hours is laid down. Furthermore periods of instruction are defined as including group **clinical demonstrations**, seminars, sym-

posia and **group discussions, tutorials** and group project work both in the classroom and in **patient care**.

From the foregoing it can be seen that a considerable portion of the teaching time can be allocated to instruction in the practical or clinical situation, where the 3 000 hours are spent. Thus the person in charge of wards or units has a very large part to play in the education of the student. She can be assisted by specially allocated clinical teaching personnel, who should have special training for the task, and she should be assisted by trained tutors, but the responsibility for teaching clinical practica in the unit situation rests fairly and squarely on her shoulders. It cannot be escaped. By allocating so much time in the clinical area, the student should be assured of being in touch all the time with what is actually happening in the medical world, and with new ideas. This is a wonderful teaching-learning situation which must be fully utilised.

How does the person in charge of a ward or unit do this teaching? By precept and example, by acting as a role model, by using her planning and supervision of patient care as a teaching-learning situation and by keeping herself up-to-date with what is happening in her field of work so that she is capable of stimulating enquiry and passing on knowledge. By ascertaining the level of study of the students allocated to her ward, or department, and by planning her teaching programme to add to the students' knowledge and understanding. The clinical area, properly used, is vital to the whole educational programme of the nurse.

The modern curriculum for the education of the general nurse includes clinical instruction. How this is applied in practice will depend on how effectively the newly qualified teacher is prepared for her role. If proper use has been made of the time allocated so that the simple principles involved in nursing education are brought home to the student, and adequate use is made of peer-group teaching in the clinical field then the newly-qualified sister should be able to cope with her teaching role. In-service education can make up deficiencies, if these are adequately explored and identified.

New teaching techniques can also be communicated in-service. It is suggested that time could be well-spent in assessment of the use of clinical practica-time as education-time, with consequent planning for the best possible utilisation of people, material and time so that clinical expertise can be acquired by students. This is one of the challenges facing nursing education.

The college or nursing school area.

Here more formal instruction is given. The syllabus must be covered — fair enough — but it must not be presented in a dull, meaningless way. Student participation must be active and interest must be stimulated! Teaching techniques must be examined. The preparation of the nurse-tutor is usually done at university level in a crowded diploma course. As we move into the eighties must not thought be given to whether this is sufficient, and whether the time is not ripe for nurse-educators all to be educated at degree level, to give them more time to study in depth and to be prepared to apply educational principles to all aspects of the nursing course, to see it as an entirety. The nurse-tutor should not be college-bound, but should be ready and able to move freely into the clinical situation with her students. Her preparation is not the only issue at stake. The time that she has available for up-dating, for self-study, for moving into the clinical area must also receive attention. At present the shortage of tutors in colleges gives cause for grave concern. If nursing educa-

tion is part of general education, as has been so frequently stated, then nurse-teachers should be treated as are other teachers. The bondage to hours of duty in a specific place without allowance for research time in the clinical field and other areas does not make for good or happy teachers. Students also suffer and ultimately, patient care. Because nurse-tutors originally entered nursing to nurse, the number of those who can be recruited into teaching is necessarily small. Those who are interested in teaching should be encouraged. Their preparation should be rewarding, their conditions of work should be attractive and it should be made possible for them to see their teaching as **teaching nursing to nurses** and not as a separate entity. The place and role of nurse-tutors as nurses first and then as teachers of nursing should receive urgent attention so that they are not denied access to clinical work simply because time does not allow them to be part of the correlation of theory and practice in the working situation. Frustration and lack of job satisfaction is the end result.

It is suggested that the whole subject of nurse-teachers, their preparation and utilisation as well as the way in which students are allocated for formal teaching should receive attention and that the highest priority rating should be afforded it. It is too late to wait for the eighties to tackle this vital aspect of nursing education.

The shortage of tutors is a limiting factor in nursing education. The reasons for this shortage **must** be investigated and **remedies found**.

The area of nursing administration

The nurse-administrator also has a part to play in the education of the student nurse.

The first area is of course in the allocation of students to clinical practica which must be according to student needs and not based exclusively on staffing needs.

It is ironic to realise that many people see the student nurse as essential to the nursing care of patients without whom the service needs would collapse. Yet in Great Britain in 1975, 78% of people employed in nursing were NOT students or pupils and the 22% who were students or pupils were only available for patient care for 60% of their time, the rest being spent in classrooms.

In South Africa the percentage in training schools of pupils and students is about 45% of the nursing staff allocation. Again they are only available in the clinical areas for 60% of their time. Thus 55% of nursing personnel are available 100% of the time and 45% are available 60% of the time, the remaining 40% being spent in the class situation.

It is obvious that the bulk of nursing care is not given by pupils or students, or if it is, then the 55% of personnel are not nursing. An interesting thought.

The second area is in ensuring that the registered and enrolled nurses realise their teaching function and carry it out.

The third area is in supervision of patient care which is an important education function.

The fourth area is in providing the facilities, thus enabling nurses to nurse and to learn to nurse.

EVALUATION OF NURSING EDUCATION.

By this is not meant formal examination of the student of nursing to enable her to obtain a qualification, but something broader. If nursing education is directed to preparing nurses to nurse, then it is time some consideration was given to an evaluation of the nurse prepared by our programmes to ascertain if they are functioning adequately in the situation as registered nurses for which they have repeatedly been prepared. It is so easy to hold a diploma and candle-lighting ceremony to crown the achievement by students of their registration requirements. Nurse-educators feel their duty is then done. It is suggested that it has only begun and that the use those diplomates or graduates make of their education is the whole crux of the matter. Research into this aspect of nursing education is long overdue.

TOWARDS THE EIGHTIES.

As we move inexorably towards the next decade and the next century it is suggested that nursing education be reconsidered in the light of the main objective of **PREPARING NURSES TO NURSE** and that the following points receive special consideration. —

- The need for statutory provision at a national level for nursing education.
- A review of the place of nursing education so that it receives acknowledgment as part of the general educational pattern of the country at tertiary level.
- A reappraisal of the method of conducting nursing education so that it is integrated into a meaningful whole with all concerned being clear as to their particular roles in the educational pattern, and that nurses are truly educated to nurse.
- Evaluation of the results of or education of the nurse to function as a registered practitioner of nursing.
- Research, conducted by nurses trained in research methodology, into all aspects of nursing and of nursing education in particular. This would include ascertaining the reasons for the shortage of tutors.

Nurses are committed to nursing. They will spend their professional lives in the nursing world. Let us see that nursing education prepares them for their role and that it brings the best of the world of education to the world of nursing to the benefit of those nursing and those whom they nurse. Let us look to the future of nurse education with open, questioning minds so that we move forward and do not stand still, for to stand still in today's world is to regress.

Nursing education must keep abreast of that is happening in medicine, in nursing and in education so that the nurse of the eighties is better prepared than ever to give the type of quality nursing care that will be required in the next decade or into the next century.