

A GLIMPSE AT THE NURSING EDUCATION SYSTEM IN THE UNITED KINGDOM

With Special Reference to the Sheffield School of Nursing

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OPSOMMING

Die Sheffield-verpleegskool is een van die grootste in Engeland met meer as 'n 1 000 studente op 25 verskillende basiese en naregistrasie kursusse.

Die klem val op die kliniese aspek en verbeterde, totale en geïndividualiseerde pasiëntsorg. Onderrig in die kliniese situasie is dan ook 'n belangrike deel van die opleiding. 'n Geïntegreerde benadering tot kurrikulumontwikkeling en -implementering word ook gevolg.

Die algemene ontwikkeling van die leerder is 'n verdere belangrike aspek. Strategieë soos die dra van gewone klere vir lesings, aktiewe raadgeving en dat studente verantwoordelikheid vir hulle eie leer moet aanvaar word gebruik.

Die akademiese personeel is fisies en administratief onafhanklik van dienspersoneel. Samewerking in die aanbieding van verpleegopleiding word egter op verskeie wyses verseker.

Suid-Afrikaanse verpleegkundiges kan hier baie leer. Anomalië in verpleegonderwys in Engeland is egter verdeelde beheer oor verpleegonderwys, 'n tekort aan dosente en verswakte solidariteit in die beroep deurdat student- en opgeleide verpleegkundiges aan verskillende vakbonde behoort.

INTRODUCTION

The author wishes to share her experiences and impressions about the system of nurses' education and training in England with those nurses who may not have had the opportunity to see how nurse preparation is conducted in that country.

The author had the privilege of visiting the United Kingdom to observe the nursing education and training system. Since there was a time constraint on her visit and she could not visit as many schools of nursing as she would have liked, the British Council directed the author to the Sheffield School of Nursing in the Trent region. It was later learnt that the Sheffield School of Nursing was not only the show-piece of the English schools of nursing, but also that it was one of the largest.

The information presented here was collected in the following manner: the author held discussions

with senior and junior members of the administrative, academic and clinical staff. She had the opportunity of interviewing them using a tape recorder and also observed them as they went about their duties. Consultation of records, especially those of the School of Nursing, helped to substantiate the information.

GENERAL BACKGROUND

Control of nursing education and training in the UK

The General Nursing Council of England and Wales (GNC) is the statutory body responsible for controlling and financing a larger portion of basic and a smaller portion of post-registration courses offered by schools of nursing in these countries. The GNC receives the money for education and training of nurses from the government vote to the Department of Health and Social Security. The GNC then allocates the money to the Regional Nurses'

TERMINOLOGY

Area:

One of the lower tiers in the country's organisational structure. According to the administrative structure of the British government, England is divided into regions. Regions are subdivided into areas. Areas are further subdivided into districts.

Learner

The collective term referring to people undergoing training at basic level. It includes student nurses, pupil nurses and others.

Course Members

The name used for all students doing post-registration GNC, JBCNS and JEB courses.

Introductory Course

The set of lectures given to learners at the beginning of the first year of training. In South Africa this is called the Preliminary Training School (PTS).

Training Committee (RNTC). This committee is actually part of the GNC at regional level. The RNTC then distributes the money to area schools. Approximately £6,5-million is allocated to the Sheffield Area School of Nursing annually. This money is not used to pay learners' allowances, but it goes towards paying the salaries of the teaching staff and purchasing and maintaining teaching equipment.

The GNC prescribes curricula in broad outline; approves of and inspects nurse training centres; conducts examinations and keeps registers and rolls for learners, course members and for qualified nursing staff.

The JBCNS is a non-statutory body which functions in respect of post-registration non-statutory courses on similar lines as the GNC. The JBCNS has instituted 76 post-registration nursing courses. It controls these courses but it neither finances them nor conducts examinations. It inspects schools, supervises the teaching and evaluates the courses in order to maintain desirable standards. The JEB is another non-statutory body which functions like the JBCNS. The JEB controls the basic and post-registration orthopaedic courses only. This complexity and diversity of control of nursing education is a result of peculiar historical developments.

The national nursing administrative structure of the United Kingdom is in the process of being re-organised on the lines prescribed by the Nurses, Midwives and Health Visitor's Act of 1980. The GNC for England and Wales as well as the GNC for each of the other countries in the United Kingdom are being absorbed by the new Central Council for Nurses, Midwives and Health Visitors (CCNMHV) for the United Kingdom.

Policy for educating and training nurses

Education and training is determined by the educational policy document of the GNC; an analysis of the health needs of society as well as by the European Economic Community (EEC) requirements.

The educational policy document of the GNC seeks to discourage, among other things, procedure-orientated nursing and poor preparation for management. It aims at encouraging the attitude of regarding man in his environment and the nursing process approach to activity.

The EEC requires that the basic education and training of nurses should include any two of the following:

- obstetrics
- psychiatry
- community nursing
- geriatrics.

The nurse whose basic training does not meet these requirements cannot be allowed to practice nursing in other countries of the European Economic Community.

Degree education for nurses in England and Wales

Only about one percent of the total number of nurses in England have been prepared through degree courses. The GNC believes five percent of the country's nursing complement should be prepared at degree level. The Briggs Commission on nursing recommended that only 10 percent of the nurses need to be graduates. On the whole, there are not many advanced nursing degrees.

It is uncommon in this country for a nurse to go up to a doctorate in nursing studies. The Director of the School of Nursing has a Master's degree in Education. His assistants are also pursuing Master's degrees in Education.

Basic nursing degrees

In the United Kingdom the basic nursing degree is offered at Universities and Polytechnics in various ways. There are about eighteen different types of degrees. Each institution structures and develops its own degree and sets its limits of clinical practice depending on the circumstances in the particular community. In the final analysis, each institution must receive GNC approval for the degree course. On completion of most degree courses the nurse registers with the GNC as a state registered nurse. Others register with other official bodies, for instance, midwives register with the Central Midwives' Board.

Universities' basic nursing degree. Although the degrees vary slightly in length the average duration is four years. These degrees include a large academic component.

They are either Science, Arts, Social Sciences or Human Biology orientated depending on whether they are offered in the Arts, Science, Social Sciences or Medical faculties. As autonomous institutions, Universities give titles to their degrees. All lecturing staff possess University degrees.

The clinical placement pattern is referred to as non-integrated. This means that the student spends all her time at the University during the semester. During the vacation she seeks employment with health authorities and she practices in the hospital wards and clinical areas as a member of the health care team, for which she is remunerated. This non-integrated approach is being phased out.

Polytechnics' basic nursing degree. Tuition is undertaken by a staff of which 50 percent do not hold degrees. The nursing degrees are usually of three years' duration and are offered in the Department of Health Studies. The titles for the degrees are decided by the Council for National Academic Awards.

Although there is no standardisation of the Polytechnics' degrees, the GNC has to approve of the structure of the course. Clinical placement is mostly through the integrated approach. According to the integrated approach, the student spends one day per week in the hospital and four days in the Polytechnic in the first year of training. In the second year she spends two days of the week in the hospital. The number of days in the clinical area is increased until towards completion of the course, she spends a block of time in the wards as part of the ward team. These students are not paid for working in the wards. It is felt that if they were to be paid it would tie them down to service demands.

The Sheffield School of Nursing

The setting

Sheffield city is in the Trent region of England, North of London, and has a population of 540 000. The Sheffield School of Nursing is a large "area" school which caters for

the city of Sheffield as well as for communities beyond Sheffield. The School of Nursing offers ten General Nursing Council (GNC) courses at basic level; five GNC courses at post-registration level; ten Joint Board for Clinical Nursing Studies (JBCNS) courses and the orthopaedic Joint Examination Board (JEB) courses. (See table 1 for the courses offered). The School also works with the Department of Health Studies of the Sheffield City Polytechnic in offering a B.A. (Nursing) degree.

Size and administrative structure of the school

The Sheffield School of Nursing offers tuition to 1 268 learners and 80 course members, amounting to a heterogeneous 1 348 strong student body. The staff of the School is composed of one director, two assistant directors, seventeen non-nursing secretarial, library and media resource staff and 46 tutors and clinical instructors.

Clarke House is the administrative head office of the School from which the director, his assistants and most of the secretarial staff operate. Forming the rest of the School are eleven general hospitals, four psychiatric hospitals, two paediatric hospitals and over six centres and institutions for the mentally handicapped. These hospitals are not only the clinical base for nurses in training, but most of them also have lecture rooms and the larger ones have student residences on their premises.

The teaching personnel

Paramedicals and other hospital personnel, such as the hospital chaplain, the fire engineer, the hospital security officer, the social worker, the ward sisters and the nursing officers all make a contribution to the teaching of the learners and course members. In this context however, teaching personnel refers only to qualified tutors and clinical teachers who constitute the lecture room staff.

As of 31 December 1981 the Sheffield School of Nursing had nine senior tutors, nineteen tutors and eighteen clinical teachers. The approved establishment is twelve

Table 1: Courses available within the Sheffield School of Nursing

COURSE	DURATION OF COURSE
BASIC COURSES	
State Registered Nurse (General)	165 weeks
Registered Mental Nurse	165 weeks
Registered Nurse for the Mentally Subnormal	138 weeks
Comprehensive State Registered Nurse/Registered Sick Childrens' Nurse	194 weeks
Orthopaedic Nursing Certificate (to be followed by SRN)	20 months
State Registered Nurse (shortened course for university graduates)	130 weeks
State Enrolled Nurse (General)	110 weeks
State Enrolled Nurse (Mental Illness)	110 weeks
State Enrolled Nurse (Mental Handicap)	110 weeks
Diploma in Orthopaedic Nursing (to be followed by SEN)	24 months
POST-REGISTRATION COURSES	
General Nursing Council Courses	
State enrolled Nurse (Mental illness)	55 weeks
Registered Sick Childrens' Nurse	61 weeks
State Registered Nurse (for Enrolled Nurses)	83 weeks
Registered Mental Nursing (for State Registered Nurses)	83 weeks
Registered Mental Nursing (for Registered Nurses for mental subnormality)	55 weeks
Joint Board for Clinical Nursing Studies Courses and Joint Examination Board Courses	
Oncology Nursing	
Renal Care Nursing	
Intensive Care Nursing	
Sexually Transmitted Disease Nursing	
Care of the Dying	
Operating Theatre Nursing	
Community Psychiatry (for Enrolled Nurses)	
Orthopaedic Nursing (for State Enrolled Nurses)	
Occupational Nursing	
Diploma in Orthopaedic Nursing	

senior tutors, 78 tutors and clinical teachers. The tutor staff position, at the time of reporting, worked out to a ratio of one tutor to 35 learners. This fell short of the GNC recommendation which is one tutor to 15 learners.

Due to the acute shortage of tutors the clinical teachers are to a large extent used as tutors, alongside their clinical teaching duties. The shortage of staff does not seem to dampen the spirit of the teaching personnel. Their creative ideas are given free rein. They are enthusiastic and devoted to their work and their morale is high.

Teaching methods

The nursing school authorities believe that 80 percent of teaching should take place in the wards and clinical areas. It is mostly the traditional methods that are used. Most teachers employ these methods with creativity. The criterion for selection of a method and a strategy is its effectiveness in that particular instance. Even strategies suggested by learners are explored and exploited whenever possible. Specified objectives invariably precede and direct all teaching. Among

others the following methods are employed:

- lecture method
- lecture/demonstration
- team teaching
- presenting of patient care studies by students
- exposure to clinical experience followed by discussions
- group discussion.

The Teaching Facilities

All the hospitals at which clinical teaching is undertaken have basic teaching facilities.

These facilities include modern lecture rooms, demonstration rooms, the library (only at the Royal Hallamshire Hospital), plus a wide range of audio-visual teaching material.

There is an audio-visual aid technician based at Clarke House who controls and monitors the use of audio-visual aids by all the hospitals attached to the School of Nursing. He helps tutors to use, handle and maintain the commonly used teaching aids for maximum benefit; to produce video-tapes and to design good quality professional transparencies. The teaching aids used are the overhead projector, slide projector, video, flannel graphs, magnetic boards and others.

The approach to education and training

The curricula for the various nursing courses are prescribed in broad outline by the controlling bodies. The Sheffield School of Nursing develops and implements its curricula to meet the institutional objectives, in line with its philosophy of nursing and nursing education. Learners doing the basic GNC courses sit for the external GNC examinations. Those studying for the post-basic courses sit for an internal examination.

The Sheffield School of Nursing follows an integrated approach to curriculum development and implementation. Instead of breaking the curriculum into Anatomy and Physiology, Surgery and Medicine, the curriculum is organised around the patient's activities of life, the organs or the systems of the body

and related surgical, medical, pharmacological, social as well as psychological intervention, and the patient in his environment.

At basic level, the curriculum is implemented by the use of the block system of training. The daily lecture system is more popular for the shorter post-basic nursing courses. A lecture period is 60 minutes. In the lecture room the day starts at 08h30 and ends at 16h00. The training period is estimated in weeks. For example, the course for pupil nurses' training is 112 weeks, the one for basic general nurses' training is 173 weeks. Pupil nurses have seven blocks of one week's duration for the whole period of training. Student nurses have a total of thirteen blocks, seven of two weeks and six of one week. (See table 2 for a sample of the standard plan of training).

Some of the principles underlying the development of the curriculum and the implementation of the plan of education and training are:

- total and individualised patient care
- involvement of the student in such a way that she/he takes the responsibility for her/his learning
- each block constitutes a module, to prepare the student for the clinical area to which she/he will be allocated thereafter
- lecture room teaching is guided by objectives of nursing practice as designed and stipulated by the ward sisters for their special clinical areas.

The Student Body

Enrolment and selection

Students come from all over England but mainly from Sheffield and the surrounding area. The recruitment clerk at Clarke House processes all applications and short-lists those applicants which are suitable for a selection interview. The selection committee is composed of representatives from the lecture room staff as well as from the clinical or service staff. Through an interview this committee selects those

candidates who seem to have the potential to be good nurses. There is no waiting list of applicants. Candidates that have been short-listed have to re-apply in order to be re-considered for training. Several groups of about thirty to forty learners are admitted each year.

Employee Status

The students render a service to the public through working in the wards and other clinical areas. They are, therefore, part of the clinical staff during their stay in the hospital wards and clinical departments. For this reason they are regarded as employees. They are subject to the provisions of the Industrial Relations Act and have statutory rights. On appointment the learners are given a copy of the rules and procedures of Industrial Relations. Lectures on this topic are offered to learners during the introductory course. The students are allocated to and placed in rotation in wards and clinical areas.

There is a nursing officer, referred to as the Liaison Officer, whose sole function is to allocate learners to clinical areas and look after their academic interests while they are in these areas.

Students' health service

The Occupational Health Service looks after the learners' and course members' health in the same way as it looks after the health of all other hospital employees. The health service includes a medical examination on appointment, routine preventive and protective procedures, treatment of illness and injury and health counselling to student nurses.

The health records of hospital employees are kept strictly under lock and key and are retained for five years. Administratively, the Occupational Health Service is independent of the hospital and of the School of Nursing. It falls directly under the district tier of national structure. As a neutral party the health service personnel can intercede on behalf of a nurse in training if her/his health is jeopardised in the working situation.

the fact that a nurses' uniform is protective clothing and there is nothing for the nurses to be protected from in the lecture room. The practice is also seen as a strategy to enable both teachers and students to see themselves more as ordinary people working together, rather than as teacher/student camps. The intention of this practice is to promote ready mixing and relating to one another informally for more effective teaching/learning. It is also meant to bridge the social distance to allow more free communication for the students' benefit.

Active guidance and counselling of learners is given throughout training by various personnel. This activity helps to develop the student and to minimise adjustment problems which tend to affect the students' performance adversely. Counselling is done by social workers, hospital chaplains, occupational health service personnel, tutors, clinical instructors and other people who may be in a position to contribute at any one time.

The lecture room staff is divided into teams. Each team consists of one senior tutor, tutors and clinical instructors. Every new group of learners is allocated to a particular team of lecturing staff. Each team is concerned with the interest and welfare of about three groups of learners.

Another tool to encourage good performance and to tap the students' potential is a yearly competition. Once a year the school authorities select the best students. These students are asked to submit patient studies. The student who submits the best patient care study is awarded a prize of £1 000 to be spent in pursuing further studies in any country she prefers.

There is also an on-going in-service training programme for practising nurses. The programme for these lectures is placed on all notice boards in the different hospitals. Students may attend these in-service lectures on a voluntary basis to augment their lecture room and clinical instruction.

The B.A. Nursing Degree of the Sheffield City Polytechnic

This degree is offered in the Department of Health Studies in conjunction with the Sheffield School of Nursing. The philosophy of this Department focuses on support to patients on an individual basis. It places . . . *strong emphasis on human aspects in health care, especially where this involves developing . . . professional sensitivity to the needs and fears of individuals as they face potentially threatening changes in their personal lives . . .* (Brochure on B.A. Nursing, Sheffield City Polytechnic.)

This is a full-time degree of four years duration. On completion the nurses are eligible for registration with the GNC for England and Wales as state registered nurses. In this degree the following subjects are offered:

Biological Sciences including Pharmacology
Study of Health and Disease
Psychology
Sociology
Ethics
Research Methods
Organisation Studies
Social Policy.

Apart from educational qualifications as admission requirements the applicants have to submit an essay. This essay and the selection interview help to select suitable candidates for training.

The students receive theoretical instruction at the Polytechnic. Clinical instruction is undertaken in the clinical areas falling under the Sheffield School of Nursing. The clinical teachers of the School of Nursing, in collaboration with the nurse teaching staff of the Polytechnic, guide and supervise the clinical experience of the degree students. The authorities of the School of Nursing are morally and legally obliged to help implement this degree because its establishment was a joint endeavour by the School of Nursing personnel, the lecturers of the Polytechnic and others.

COMMENTS

The author wishes to highlight the

following points because they made either a favourable or an unfavourable impression.

Remarks on the practices at the Sheffield School of Nursing

Organisation of the School of Nursing

The academic staff is physically and administratively independent of and separate from the clinical or service staff and the academic section has its own clerical and administrative staff. This section caters exclusively for the learning needs of the students.

There are however, strategies to effect smooth and co-ordinated functioning in the offering of nursing courses. Some of these strategies are the following:

- both sections are represented on the selection committee that interviews prospective students
- joint conferences and meetings are held regularly
- there is a liaison officer employed by the service side who is responsible for placing and rotating learners in clinical areas in consultation with the lecture room staff
- there is monitoring of the system of education and training through joint evaluation sessions and on an individual basis by members of staff. Recommendations for change are considered.
- there is organised inservice education that is administratively separate from both the service and the teaching sections. Both sections are involved in offering lectures and demonstrations on invitation.
- on an informal basis, both sections have parties to which they invite each other on special occasions.

At a lower level there are procedures to integrate theory and practice, such as:

- ward sisters are either made to participate in classroom teaching

and/or allowed to sit in during the introductory course.

- classroom teaching is guided by ward objectives stipulated by ward sisters
- clinical instructors are effective links between clinical experience and classroom theory.

The selection of prospective learners is complex and rigorous. Between receiving the first letter of application and the invitation to the selection interview, a number of applicants are disqualified. According to statistics for the year 1980, the position regarding selection was as follows:

there were 6 800 applications and of these, 2 926 returned completed forms. Out of this number only 1 247 were short-listed for the selection interview and 513 of these were finally selected and commenced training.

The nature of education and training

Emphasis is laid on the clinical aspects. The focus is on improved, holistic and individualistic patient care. Preparing and presenting patient care studies by the learners at different stages of their training is an important aspect of clinical experience. Care is given to individual patients and their emotional, psychological and social needs. Hospital chaplains are part of the clinical staff. During visiting times, nurses are encouraged to sit around the beds and chat with those patients who have no visitors. These and other practices are used to attain the ideal patient care.

The general development of the learner is another vital issue in education and training. It is effected through activities such as active counselling; making the learner take responsibility for her/his learning; involving the learners in on-going evaluation of teaching and of patient care; consideration of sensible suggestions made by learners; introduction of management skills early in education and training.

Anomalies

There are some aspects in the system of education in the United Kingdom and in the organisation of nurses which appeared anomalous.

Control of nursing education

Contrary to the holistic approach to patient care, the control of nursing education is fragmented and irregular. The GNC controls and finances most of the basic nursing courses and a few post-registration courses. Midwifery education falls under the Central Midwives' Board. The JBCNS controls most of the post-registration nursing courses but does not finance them. The JEB controls the basic and post-registration orthopaedic courses.

Shortage of tutors

In spite of the alarming shortage of tutors, conditions mitigate against qualified nurses becoming tutors. A qualified nurse has to go through two courses of training before she can be registered as a tutor. The benefits to ward sisters are such that in the final analysis the ward sister takes home a much higher salary than the tutor. Those who become tutors do so at a considerable personal and financial sacrifice, and they do it for the real love of teaching.

Stunted growth of higher nursing education

There is a dearth of advanced nursing courses. Nurses who attempt advanced university degrees follow non-nursing degrees. This seems inconsistent with a profession that is approximately 200 years old and in a country which spearheaded world civilisation. It appears a waste of nursing material, for British nurses are seasoned nurses who know and love their work. Their feet are very much on the ground, yet they are imaginative and innovative in their work situation.

Weakened solidarity of the nursing profession

The fact that qualified nurses and learners belong to different trade

unions undermines the strength of the profession. Nurses as a distinctive group of workers whose practice is based on a code of ethics all have a pace to set and the same battles to fight. Joining trade unions other than the professional associations mitigates against solidarity and unity.

CONCLUSION

The visit to Sheffield School of Nursing was a stimulating experience. The nurses' education and training at this school not only centres around the patient and his surroundings but is also community orientated and internationally acceptable.

Nurse educators in South Africa have a few things to learn from the British approach to nursing education described above. Among the things to learn are methods to educate and train student nurses for responsible independent thinking and functioning. This would open up possibilities for patient care that are realistic and relevant to contemporary conditions. Nurse educators can pursue this ideal only to the extent to which they themselves are allowed responsible independent thinking and functioning by their authorities and administrators.

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