

B.Sc. Course in Nursing Studies, Bedford College.

Up-to-date overall plan of the course.

General Philosophy:

As undergraduate nursing education is recognised to be a process whereby nursing students learn to acquire, mediate and convey appropriate knowledge, skills and attitudes, the aim of the B.Sc. course in Nursing Studies is to produce graduates properly qualified to work as general nurses.

At one level such work involves understanding of and about technical nursing skills ranging from the apparent simple to the apparent complex. At another, a nurse's work implies knowledge of and about various other facets of nursing which relate to one another in a manner of interdependence and symbiosis. This entails the identification and meeting of patients' (nursing) needs; the organisation of delivery of nursing care which includes the stratification of labour; social and medical aetiology of disease and the social contexture against and inside which such need-determination and its meeting take place at specific historical periods.

Irrespective of whether a nurse's place of work is inside a hospital or outside it, in a patient's own home, or at a doctor's surgery or wherever, his or her main professional problems invariably centre around the complexities related to this interdependence and symbiosis: the recognition of a nursing need and its being met, considering the social and political (economic) constraints which may deter or enhance acceptable solutions. In the absence of a nursing taxonomy, criteria of what constitutes a nursing need does not exist for any particular situation and/or patient. If, however, as current professional nursing's imperative demands that a nurse identify a patient's nursing need, cognisance must be taken of the fact that it is the nurse who will function as one of the main variables in this process of need-determination.

The nurse's own values, her/his knowledge of social relations, of the organisation of health care and other social and cultural phenomena, his/her knowledge of psychological dimensions, of physiological and chemical principles, of economic and political forces, of appropriate research findings will all ultimately impinge on her/his decision-making as to what constitutes a need, as to what are the factors influencing need-determination and how such needs can be met. And it is to fulfil this framework of paedagogical requirements that the B.Sc. course in Nursing Studies will develop and take shape.

On the nature of the sources of knowledge contributing to the B.Sc. course in Nursing Studies:

- 1) The place of sociology and medical sociology in the course.

During the last decade or so, the nursing academic world has laboured to seek and to find a nursing theory. Its claim rests on the premise that a theory of nursing is essential to inform, to guide and to develop nursing practice, and to provide for such practice a scientific base. This search, so it is argued, will not only legitimise nursing in its own and in the general academic world, but its fruit will eventually improve the practice of nursing. As nursing itself is to be the focus of nursing studies degree courses, it therefore should provide the intellectual tools required with which to explore, predict and explain nursing practice. This belief in a theory of nursing is predicated on the understanding that the activity of nursing is a neutral enterprise with its own corpus of knowledge and technique arrived at through the scientific process. The traditional argument of what constitutes science seems to be unproblematic. It is a given and is given a privileged understanding of nature. It is science by virtue of its truth arrived at by deliberate attempts at falsification and that it is both independent and separate from society. To the extent that social pressures are at all recognised as a force, they are admitted as possibly exercising an influence, permitting a link between the domains of society and knowledge,

but only on a very limited scale. The empiricists are hot on vigorous observations and measurements so as to obtain objectivity, reliability and validity, the canons of traditional science, without making any theoretical assumptions about which type of knowledge is to be assembled and tested. While no one would deny the use of a significance test which does produce some type of very accurate knowledge, that this method should be the only one to claim scientific status very much narrows the epistemological base, and takes no account of other methods whereby the power of social forces is recognised which not only influence such findings, but which actually dictate (socially determine) the choice of data to be collected.

The imperative, to develop a theory of nursing, needs qualification: accepting the position that any care given - be it medical, be it nursing - needs to rest on a theoretical basis, and accepting further, that even if unstated, such care arises out of the imperative of a theory, we need to enquire into the origin of that theoretical supply. What does nursing practice consist of?

It is concerned with the provision of an activity in relation to a sick person - be it medically, socially or psychologically derived - considered professionally acceptable. This statement is oversimplified and begs all sorts of questions, but for the moment let it be accepted as a 'truth', that in any society, at any particular historical period, nursing practice is essentially a social encounter with 'medical' overtones. It is social by virtue of the fact that it encompasses two or more people who have expectations of one another. This involves a process of interaction which varies from encounter to encounter between patient and nurse, and client and nurse. It varies depending on the nature of the patient's disability which includes a patient's psychological dimensions. It varies depending on a nurse's values and understanding of that disability which in turn depends on the nature and state of knowledge and ideology current at the time and considered appropriate.

It varies depending on the nurse's formal and informal relationship with her/his colleagues and employing authority which defines that relationship with it and other health professionals. And it varies depending on the legal constraints demonstrated by legislation affecting nursing practice. If it is argued that nursing practice, the one that is delivered at the patient's bedside as well as that provided for indirectly through more remote administrative channels, is essentially a social activity, the banality of that argument must be investigated for what it is worth. True, the claim is banal that activities concerned with human beings are somewhat 'social'. But that banality will turn into substantive knowledge when beginning to examine the nature of that very social activity which is often extremely complex.

Patients come from different social and ethnic backgrounds. Patients vary in ages and gender. So do nurses and other health workers. These facts have implications for nursing practice. The same nursing activity conducted with one patient will no longer be the same conducted with another, for the values which partially constitute the one encounter are likely to be very different from the next. Comparative studies of nursing, those discussing the practice and organisation in other societies, inform of the wide variety of practices which go under the name of nursing, and of the similarity of its position in relation to medicine. This highlights both Freidson's and Zola's point when they argue that in relation to medicine, its enterprise is a moral one. The same can be said of nursing. It is a moral enterprise precisely because nursing is not a neutral activity informed by a corpus of knowledge and techniques specific to it which refer to a disease, the patient and the particular nursing situation. What defines a patient depends partially and finally (for the nurse) on a doctor's decision (Freidson) and partially on cultural and class norms (Koos) which rest on ideological premises. Practices of medicine change from period to period (Young) and a brief examination of nursing practices through nursing textbooks and accounts of nurses throughout

the last hundred years from Florence Nightingale to the present, indicates the same process.

While the focus of analysis is indeed its main subject area, nursing, the main intellectual tools to be used for this analysis are taken from the area of sociology. The nature of the analysis centre around nursing practice. How has an individual nursing practice become established; what is the policy behind this practice; to what extent is it effective; to what extent is it possible and desirable to isolate its apparent effectiveness; effective for whom and under what conditions? The nature of the analysis moves away from stereotyping and labelling: the cantankerous and garrulous patient, the lazy and the unprofessional nurse, the pompous and the arrogant doctor, the cold and distant ward sister - to the one of understanding and comprehending the social situation which may well demonstrate all of those characteristics. The analysis is to encourage a reasoning process as to why certain social constellations are likely to produce certain types of responses. It is to involve students in the theoretical exercise of conceptual engagement where reality is being reassured by a recognition that knowledge is not finite and that reasoning, though it is an activity which is academically favoured, is not necessarily universally applied nor necessarily to all aspects of one's trade. While it may be perfectly acceptable to question a nursing technical practice, the same rigorous epistemological force may not be applied when examining the nature of the stratification of the medical and nursing labour force - what is nursing, what is medicine? And yet, how is one to push one type of enquiry while pretending that the other does not exist? These questions are sociological to the extent that they relate to and examine a type of society, in this case 'nursing', an occupational group claiming professional enterprise, that of nursing. What moves it, what is the nature of its conflict and consensus, what role does nursing ideology play, where does nursing practice fit in, what is its relationship to medicine, where does

the knowledge informing nursing practice come from - all these are concerned with the sociology of and in nursing.

Therefore, the B.Sc. course in Nursing Studies will be sociologically informed and underpinned at two separate levels. General sociological theory and structure will acquaint the students with concepts to be used for tools of analysis. This will be taught from within a course unit referring to sociology. Whilst at the same time those course units dealing specifically with nursing matters should be in the position of synthesising that general sociological knowledge as applied to the nursing situation, they should in addition also be informed from the point of view of medical and of general sociology. Areas of medical sociology of particular interest cover topics such as social causes of disease, of mental, maternal, child and family health, to areas of chronic disability, to communication, to organisation, to professionalism and to patients' relationship to illness. General sociology within the nursing course units need to cover the sociology of everyday life. This would include the sociology of self, of interaction, of transformation and identity, of ritual, of ethnicity, and of sex and gender, because those topics relate most directly to nursing practice.

The difference between a 'pure' and an 'applied' subject is that the conceptual framework developed studying the 'pure' subject can then be applied to any speciality. The 'pure' represents the 'parent' subject. Application and modification of concepts can only occur once they have been understood from the point of view of their 'original' conceptualisation. The undergraduate students taking a nursing studies degree need to be comfortable in handling such concepts before they can be applied to their area of practice.

The case against the development of a theory of nursing :

As has been indicated, nursing activities are varied both within and between countries, but consisting of a core concern, the care of the 'sick' patient. What constitutes this care and the sickness, what identifies a patient, when are needs norms and when are they indulgences depends on the cultural contexture of each and every society. In order to develop an appropriate theoretical position which pushes beyond the conceptual lethargy of nursing which has probably come about due to nursing's relative 'success' over the last hundred years (it was not until the early 1960's in the USA that nursing started to examine itself more profoundly and the same process started in the UK during the 1970's), the way to break nursing's traditional pharisaical outlook is to make use of a mode of intellectual discourse which promises a rich harvest for the benefit of nursing knowledge and understanding. What can be envisaged is developing theories of nursing as applied to specific medical specialities: i.e. the theory of nursing as related to respiratory disabilities, as related to cardio-vascular diseases, etc. These theories would eventually evolve out of the recognition and contribution of sociological and medical knowledge and would be applicable to quite specific cases. The concentration on a grand theory of nursing, because of its inherent necessary vagueness, helps little towards understanding about nursing though fosters its ideology.

2) The place of biological and medical studies.

In most societies nursing takes place in close association with medicine. Nursing is responsible for the carrying out of much of medical therapy and nursing itself is concerned with what are considered to be 'health deficits', physical and psychosocial activities related to a person's everyday life which someone who is well can easily conduct on their own. This refers to eating, breathing, eliminating, walking, coping etc. As a result of disease, these 'normal' activities become problematic and require support

so that the would-be and the patient can continue with their daily tasks. The biological and the medical sciences instruct the professional nurse in their principles and practices without which a nurse would be totally unable to carry out her professional duties. The deeper her understanding of those principles and their relationship to an individual, the more likely is it that the nurse will be able to provide the support which professionally is her domain. The studies included under this heading comprise anatomy and physiology, pathophysiology, microbiology and pharmacology. Additionally, specific medical and surgical conditions will receive specialist attention.

3) The place of psychology.

While nursing activities are themselves social activities of a particular kind, the participants - patients, nurses, doctors, etc. - exhibit idiosyncratic characteristics which add to the dimensions of the social encounter: they compound the social encounter. People behave differently under stress not only because their social expectations vary but also because they demonstrate a particular psychological make-up which because of its dynamic form adds to the complexity of the situation. Their responses need to be recognised and understood and a vast array of psychological theory has developed explaining people's psychological behaviour as opposed to their social behaviour. The psychology of an individual being represents yet another dimension of his/her behaviour which the nurse must learn to take account of, including her own, for her professional development.

4) The place of social and economic policy.

As occupational nursing is part and parcel of an enterprise subsumed under the nomenclature of medicine for which there exist social policy procedures, the professional nurse needs to be acquainted with the principles and practices of such policy. They affect the delivery of nursing care, they

guide the behaviour of its practitioners and they are closely related to the decision-making process with which the nurse is involved. There are specific social policies as they affect particular segments of society, and that includes nurses themselves. The policies also affect rural and urban development. Nurses need to have knowledge about such a policy process, what the process of access is to its formation, and about its political over- and under-tones and its effect upon occupational tactics and strategies.

5) The place of research:

To help to develop the questioning mind, research methods and procedures, and the development and elaboration of hypotheses is an essential ingredient in any 'vocational' undergraduate course. The professional practitioner also needs to be able to understand relevant research findings as related to her/his own subject. The questions of how and why can ultimately be only answered through the research process. Research findings have important bearings on practice and the professional practitioner must become aware of such enterprise. Quite clearly, an undergraduate programme is not in the position of producing a fully-fledged researcher, but must provide an introduction into the research process.

6) The place of nursing.

All of the above and probably many more subjects could constitute what is commonly understood by nursing. For the purpose of this particular course nursing practice is concerned with a statutorily-prescribed series of nursing (medical) specialties undertaken as nursing practical placements by and through a recognised teaching hospital. Nursing itself represents a synthesis of this amalgam of subjects - to what extent, at what depth and what range can only be intimated to the student, but not carried out on

his or her behalf. The areas to be covered are: medical and surgical nursing; psychiatric nursing, this covers the more acute area; obstetric and paediatric nursing, geriatric nursing and nursing in the 'community', that is outside a hospital which might or might not include any of those other specialties. Nursing makes use of whatever subject area can be fitted into its territory, and no single nurse-lecturer, however versatile, can be expected to have a command of all those areas of knowledge and the relevant indication for care. No one person is capable of teaching the right therapeutic decision. This shows the importance of an interdisciplinary approach and the ones highlighted for this course (a) make use of the expertise of the department of sociology and (b) are believed to be central to nursing. The benefit of a multidisciplinary approach that there exist various dimensions to the social and medical (nursing) intercourse, is the recognition that one correct answer does not necessarily constitute the 'whole' truth.

Course Outline

The practical component of the B.Sc. course involves the presence of the nursing student for a stipulated period (hours/weeks/months) covering statutory nursing specialties. So that the practical experience is not divorced from its theoretical base, nor is seen to be separate from its academic underpinning, the philosophy of the course is one of integration, relating nursing practice and theoretical work. In practice, integration is problematic because in the final analysis the adoption of an integratory approach depends on the knowledge range possessed by those teaching nurses at ward level. Whilst ward sisters, clinical teachers and nurse tutors are competent in conveying nursing skills, they lack the other skills considered necessary as outlined in the first part of this paper. In any one week, part of the week is spent nursing patients in the hospital or outside it and part of the week is spent learning about direct or indirect

phenomena likely to impinge on the delivery of nursing care. This amounts to two-and-a-half days per institution. By necessity this programme produces a very tight timetable making stringent demands on nursing students' motivation to read selectively, to develop curiosity and the ability at analysis and to demonstrate nursing competence in terms of skill, understanding and behaviour.

To fulfil the practical and academic requirements, the course stretches over a four-year period during which the student will cover the required nursing specialties as well as those areas of knowledge considered to be of relevance as an educational preparation for a future career in nursing, the content of which is likely to change over the years.

See: Appendix I which provides for an overall scheme of the present course and is to be used in conjunction with the following pages.

Sociology I and II will deal with sociological theory and structure during the first and second year but will not necessarily relate specifically to nursing. The same applies to some of the medical and/or biological sciences. Whilst their respective principles will be itemised and explored, they will not necessarily be nursing-related. Such adaptation and translation of sociological, physiological, biological and chemical concepts to nursing situations ideally take place in both nursing and social science seminars, in the university and in the hospital. The integration of this work produces most of the headaches of the course because of lack of suitably qualified personnel, that is, personnel qualified in all those areas. But ultimately it is up to the nursing student to understand how to use sociology or any other knowledge gained to the nurse's and the patient's advantage.

Sociology of health care in the fourth year will confront issues relating to the relationship of health/illness and society and the delivery of health care. Social policy during the third year will deal generally with policy as related to the political process and apply it specifically to the Health Service which will include nursing administrative policy. Initially, research methods during the third year will deal generally with problems encountered in social research and during the fourth year will focus on nursing/medical research while psychology during the second year will be patient-and-nurse-centred, exploring the fit between theory and practice. Communication 'skills' will be conveyed in a series of seminars during the second term of the first year.

The nursing units:

The nursing units themselves develop systematically. The first year is mainly an introductory year looking generally at core concerns in the nursing world. Issues centre around what is understood by nursing, who

are the nurses, what constitutes nursing work, where nursing takes place, what the relationship is between medicine and nursing, between health, disease and society. As these points are only raised perfunctorily, they will be picked up again in the course on sociology of health care in the fourth year. Other areas of concern will deal with being a patient and what is understood by the notion of a health deficit. This applies to functional physiological health matters like the process of breathing, the process of walking, the process of physical elimination, the process of eating, and others subsumed under the euphuistic title of 'daily living activities' (physiological activities considered essential for survival). Much of this is explored again during the time spent on the wards where the nursing students work alongside hospital nurses and are instructed in specific nursing skills. The type, the complexity and the scope of the nursing skill learnt will depend on experiences available and will therefore vary from student to student. While clinical supervision is supplied partially by the hospital and partially by the university, it cannot be constantly applied and the nursing students are often left to their own devices to find their feet.

During the second year, nursing students will cover three nursing specialties: one refers to psychiatric and the other to medical and surgical nursing. The medical and surgical nursing experience refers in particular to the more 'acute' aspect of medical practice.

The psychiatric nursing experience will take place in psychiatric nursing wards and explore appropriate day and 'community' care. It will be underpinned with a course considering issues in mental health.

The nursing specialty of surgical and medical nursing where appropriate nursing skills will be practised in surgical and medical wards, will be underpinned by a course on nursing of the adult sick. This will be

constituted by individualised components believed to be appropriate prerequisites. A course in sociology of everyday life could well fit in here. Issues relating to patients' anxiety when, for example, undergoing elective surgery and or other types of investigatory procedures, or merely being admitted to hospital; issues related to the need for information, to the need for reassurance (type, quality and constraints), to pain, to changed physiological and psychological behaviour - all need to be explored. Other topics will concern themselves with the fact that all actors, all participants, nurses, patients, relatives and other health workers invariably hail from different social and ethnic backgrounds finding therefore communication and mutual understanding difficult. The course will also cover major common illnesses. This should cover the area of signs and symptoms of disease, its prevalence, its aetiology and prognosis and its preventative dimensions, if available. As the nurse is constantly involved with patients, patient-education (health education) should take place wherever there is a disease process so that care, prevention and treatment are seen as one activity.

The first term of the third year will be spent looking at nursing intervention outside a hospital. Nurses will be partially on placements following individual patients and partially accompany health visitors; become acquainted with day centres and rehabilitation programmes while considering areas of chronic disease. Some time will be given over to exploration of occupational nursing. The 'community' nursing experience will be underpinned with specific nursing issues as they are found outside the hospital. For example, a nurse's methods of negotiation of power and authority in a patient's own home takes on very different dimensions from those employed in the hospital. A consideration of urban studies will broaden a nurse's understanding of her own and her patients' relationship with the community.

The second and third term of the third year will be concerned mainly with maternal and child health being underpinned with a course concerned with issues related to family health. Some specific issues will receive consideration. Those that relate to women and health as they are affected by the traditional health programmes; to a family policy; to matters of abortion and the nurse's role; to children in hospital and to other issues as they become poignant.

The fourth year, during the first term, will focus on a consolidation period in a hospital ward, the nursing student being given an opportunity to perfect her nursing and ward management skills in preparation for a practical ward examination to take place during the second term. Whilst the theoretical underpinning will be left unstructured, it will be designed to meet individual student requirements.

The second term of the fourth year will cover an experience of nursing geriatric patients, which will be underpinned by theoretical issues related to the ageing process seen from the point of view of physical, psychological and social factors and their appropriate implications.

The third term will cover accident, emergency and operating-theatre experience, underpinned by appropriate knowledge.

A course in nursing-history will be taught in the fourth year. It will deal with professional development, considering comparative aspects of nursing and introducing the student to professional politics as it applies to nursing.

Options:

As the L.S.E., in the Social Administration Department, runs a course: Women and Society, it is suggested that this course become an option for the nursing students during their third year.

The role of the extended essay:

An extended essay, being part of the academic requirements, will commence during the first term of the third year. Whilst subject-matter should be discussed with the course tutor, encouragement should be given to develop a broad perspective, drawing on the course's aim at integration and drawing on staff members' contribution from outside the nursing field - but all in relation to a specific nursing problem.

Examinations:

The course unit characteristics dictate in part its examination techniques. Sociology I and II and sociology of health care will be examined by appropriate lecturers in the specialties. The same will apply to examination in the following subjects: anatomy and physiology, pathophysiology, microbiology and pharmacology. The same will apply to research methods, social policy and psychology. The specific nursing specialties likewise need to be examined by appropriate nursing personnel and should include the final practical examination where both an external and an internal examiner should monitor a nursing student's performance on a given day, to discuss the events of the day and a possible alternative procedure to meet such events.

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YEAR	TERM			TERM			TERM			TERM			TERM					
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3			
	SOCIOLOGY			BIOLOGICAL SCIENCES			NURSING PRACTICE			RESEARCH METHODS			SOCIAL POLICY			OTHER		
1	I	I	I	Anatomy & Psychology ✓ ✓ ✓			(Theory) Core Course in Nursing Issues	General Nursing ✓ ✓ ✓										
2	II	II	II	Pharmacology Pathophysiology			Issues of Mental Health Nursing of the Adult Sick	Psy. Nurs.	Med. & Surg. Nursing. ✓ ✓							Psychology ✓ ✓ ✓		
3	Option: L.S.E. - Women & Society			Microbiology			Issues in Community Health; Chronic Disability; Rehabilitation Family Health: issues in. Extended Essay	Comm. Nurs.	Obst. Nurs.	Paed. Nurs.	Research Methods ✓ ✓ ✓			Social Policy Admin. Policy ✓ ✓ ✓				
4	Sociology of Health Care ✓ ✓ ✓						Nursing Hist. Issues in Geriatric Care Accidents/Emer- gency/Theatre Extended Essay	Con- sol. Nurs.	Ger- iatric Nurs.	Acc. Emerg. Theatre	Applied Research ✓ ✓ ✓							