

- 1.) talk about undergraduate courses in nursing -generally.
- 2.) there is a lot of confusion about them, they are very complex, there are lots of ongoing contradictions - that means they won't go away - and we must be made aware of them, if we have one of those courses within our institution, *so that we can hope to alleviate problems per se*
- 3) within the British University system, undergraduate courses in nursing are a very recent development. There have always been nurses who have a degree - to our knowledge there were never very many of them - therefore as a force they can be discounted .
- 4.) Edinborough and Manchester were the first universities in the late 60s starting ~~them~~, then followed Cardiff, Hull, Surrey, Liverpool, London (City University and London University (Chelsea,)) then Southhampton and now Bedford which is London University. Polytechnics also run courses under the CNAA - at Southbank, Leeds, Sheffield, Glasgow, Manchester and Dundee.
- 5.) Why did those courses start? A number of suggestions have been put forward which pinpoint in various directions and indicate educational and economic motivation. From an educational manpower, that is womanpower, point of view it was felt that good material was lost to other occupations unless one opened the door to 'academic' nursing; an economic consideration ^{can} could be that efficient and well-educated managers ^{can} could streamline and rationalise nursing organisation of work and therefore reduce costs; the sociological explanation directs towards the need for status as nursing is trying to emancipate itself, and nurse educators have wellcomed the development of nursing courses for their own good reasons of paedagogical excellence.²
- 6.) Going around the country and looking at those courses: one is struck by their wide variation of intent, practice and emphasis. No course is the same as any other, each has developed features unique to itself - and this is as it should be. All are related to a number of hospitals - usually within a group and all have tutors and or clinical teachers attached to them- which means that indirectly the General Nursing Council has an input.
- 7.) Advantage of variation is ideal for candidates. In point of fact they choose us though we would pretend that we select them. For this reason, most universities have now merely open days for the students to find out what ^{we} they have to offer $\frac{1}{2}$ Candidates can apply to 5 institutions simultaneously. Therefore, the institution will only receive one out of 5 of the applicants. Additionally, ^{we} only about one third of the applicants get the required A levels; pushing up the figure to one in 6/7/8. That is the probability. If an institution rejects candidates because they feel they are not suitable, these candidates may be the only ^{one} ~~three~~ who will get their A/levels - and therefore no students with which to run the course.

keep universities
going by
increasing
student
numbers.

- 8.) What about the nature of the courses and what about the students applying . There is hardly any research to go on and what there is, is done on a cross-sectional basis, therefore it is impossible to discern patterns. Because the information is so scanty, we have made use of observations in similar fields and corroborated this data with what we do know about our work.

Please see: M.C.Thomas: Study difficulties in undergraduate nursing students:

Intern.Journal of Nursing, Vol..6, 1979

M.C.Thomas Achievement and conflict in undergraduate nurses
Occ.papers.Vol 75, No 23 Nursing Times, Aug.30th, 79.

- 9.) Though the courses are very different from one institution to another, as has been pointed out previously, university based nursing courses also have similarities: In the university exist ~~very~~ democratic learning processes which are recognised by constant questioning and searching for the best possible answer .Students are to develop an attitude of mind which regards a critical assessment of facts as more important than dogma. This contrasts with hospital-based learning experiences which take a more functional approach characterised by hierarchical conforming learning processes. The skill and techniques that the nurse is to acquire in hospital are all related to so-called 'safe practice' which means very different things to different people. Skills and techniques limit independent action, yet we require the student to question these very skills and techniques that all traditional hospital-based nursing courses pursue. Very often undergraduate nurses feel guilty about educational privileges which is invariably reinforced by hospital staff of any grade and variety. The resolution of the conflict for the nursing student is often to adapt the traditional student nurse's role which however will bring this student into open conflict with the university staff who want to foster independence of mind, thought and action. The difficulty is added to by nursing - whether inside the university or outside = defies definition - sometimes it is specific, sometimes it is vague - .Delivery of care takes place in a variety of circumstances of acute and chronic emotional or physical illness, dying and health education. Whereas all of those phenomena are easily understood between professionals, (anyone knows what a patient is.) at the university all of this is explored, refined and as a result might produce conflict .
- 10.) Research of first year undergraduates: They have particular problems: Poor understanding of concepts inspite of being well versed in facts. Accuracy is expected where none is possible. Unequivocal definition are expected. They believe that theories are true, that authorities are above criticism. They have difficulties in handling evidence. All these are surely learning problems which most students overcome but which need to be recognised by those who teach them .

11) What about the applicant for nursing who chooses the university route. They have not come in to 'read' nursing, and most of them do not view nursing as an academic career. Their expectation of nursing is very traditional. On the whole they are ^{perhaps} very traditional people as can be gleaned from the fact that they choose nursing and the questions that they ask at interviews - (uniforms, living accomodations etc.) All this produces dissonance right from the beginning. Their image of nursing bears little relationship to reality - a) to what nursing really is about and b) that some of its practices, organisation and place of work may need changing .

12.) As a result of those difficulties - they will probably remain for a long time to come and they are part and parcel of all undergraduate programmes in the universities. In Cardiff we have developed self-help groups the councillor perhaps being the most important person in the course. (For the time being I plan to appoint myself as this Councillor.)

13.) To sum up then:

Nursing undergraduate courses have a focus of enquiry which is nursing itself:

Hospital-based courses have no focus of enquiry, but teach nursing. Dissonance is built into the courses as a result. Dissonance is also part of the course because of the person who comes into the course: a person who just wants to nurse, who is seeking to conform, who is comfortable being dependent which is characteristic of many of those who are 'altruistically motivated' (Vernon, 1969). Yet we want to make independent, assertive, socially well able and adjusted nurses out of them .

The actual course. some of the

14.) There are the educational constraints; the university requires a type of teaching that so far is absent in hospital teaching - so one has to think up means & ways of teaching nursing differently - through a critical review of the literature, its implications for nurse & patients and alternative models - this is not how nursing is taught by and large. The knowledge from the other courses must be fed into nursing.