MEMO:

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To : Dr. Ivor Burton,
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re: justification for additional staff requirement.
Nursing studies.

This document attempts to justify the need for further staff requirments on the predication of a discussion on:
current teaching methods of traditional nursing; on the nature of nursing; on the ' Nursing Process' ; student/staff ratio; supernumerary students , NURSING SUBJECTS.

1. Recent guidance of UGC's recommendations to London University intra-university negotiators on subject maintainance/reduction suggested nursing to be maintained.

1.1. The implication must be that nursing as an area of study is considered as deserving support and therefore it must be maintained if not actually increased in numbers.

1.1.1. Current teaching practices in nursing:

Until very recently all of nursing education, that is nurse training, has essentially been the responsibility of the individual nurse training schools all of which are attached to hospitals, either in a one to one relation (one school of nursing and one hospital, or one school servicing one group of hospitals) While the philosophy of a nurse training school is rooted primarily in the teaching of appropriate nursing skills,student nurses simultaneously provide the bulk of the hospital's labour force, by functioning as working apprentices. Teaching on the wards,supervised perfunctorily by ward-sisters or their deputies (staff nurses) is augmented by clinical teachers or nurse-tutors when available. The creation of the grade of that of a clinical teacher was thought to be desirable because (a) there were never enough tutors, (b) a clinical teaching certificate could be obtained within a shorter period than a tutor's certificate (clinical teacher 6 month; tutor 2 years) (c) tutors were thought to be far removed from practice while clinical teachers were trained specifically to remain at the bed-side and (d) clinical teachers were cheaper than nurse tutors, an important consideration for the hospital budget. However, the clinical teacher's grade proved to be divisive in terms of staff morale and teaching became split between the practical, that is the practical demonstrations provided by the clinical teachers and the theoretical, that is, that knowledge which nurse-tutors convey in the class-room. General Nursing Council policy therefore aims at eliminating the grade of a clinical teacher and to encourage nurse-tutors to return to the bed-side so that much of the theoretical teaching can be linked to practice in the belief that patient care as a result would improve.

1.1.2. On the nature of nursing:
Essentially nursing is a 'practical' occupation,that is, it demands of its practitioners to develop clinical and cognitive skills at varying levels, so that the nurse can function in hospitals, in patients' homes, in health centres,schools,factories and any other places of employment or wherever. For example: technical and cognitive skills are required for helping to lift a patient on to a bed-pan,for 're-bedding' a patient for ease and comfort, for helping patients to exercise their limbs,for the provision of medication and adequate nutrition.Patients' fears and apprehensions need to be discovered and if possible reduced,decisions

have to be made in terms of providing alternative care and priorities have to be set in terms of ward work organisation . (Very briefly, these are some of the general nursing activities cuurently in fashion).

While any of these skills can be demonstrated in a simplistic mechanical manner to be copied reasonably accurately and while this method of teaching probably has to be the method of choice in a busy and chronically understaffed school of nursing, nursing when chanelled into tertiary education needs to change both its direction and its understanding in relation to the relevance and implication of those skills:

The ' correct' manner of giving a bed-pan requires knowledge about the human anatomy and physiology,about skin integrity, about bowel and bladder functioning,about a patient's psychological responses, particularily during illness,in a strange environment and in relation to bodily elimination procedures which will all be different from those commonly experienced. Likewise,bedding a patient comfortably and therapeutically requires knowledge about human anatomy and physiology, skin integrity and psychological responses. The exercising of limbs requires similar knowledge and the psychological responses must include the re-gaining of measures of confidence. The giving of medication requires expert knowledge in areas of pharmacology as it relates to side -effects of drugs and their contraindications. Medication provision also requires knowledge about patient complience or lack of it. The list is endless and can be extended ad nauseum. I hope to have been able to demonstrate that the carrying out of what are considered mere practical tasks require careful educational preparation which become only relevant when taught in a clinical contexture .

Finally,there is the need to consider the person in the patient, a person who is not a 'neutral' being,but subject to psychological,social, economic and political pressures which are responsible for shaping his responses.The nurse needs to learn to recognise the specific needs of such a patient and incorporate them into an effective nursing care plan . While this patient till recently was encouraged to exhibit docile passivity,he is now deemed able to participate in his own therapeutic procedure because of the acknowledgment that he himself constitutes an important variable . This too the nurse needs to learn .

1.1.3. The ' Nursing Process':

Since about 1970 British nursing education and practice has subjected itself to endless discussions about the merrits of nursing education and practices which it has found wanting,mainly because of its predominant 'task' orientation,that is, nursing was seen as the performance of individual tasks: the giving of bed-pans,the making of beds,the taking of a temperature,etc.Another reason for the discomfort was because of nursing's preoccupation with disease rather than developing an orientation towards optimal health . And while tasks were performed,however efficiently, the person in the patient got last,so it was argued.

The concepts of the 'Nursing Process' (originally conceptualised in the USA during the late 1950s) and its introduction is an attempt to change fundamentally the exercise of nursing.From the activities of nursing seen as discreete independent functions, a notion emerged that nursing itself constitutes a process indicating an existence of inter-dependent relations between the tasks performed and the patient,between the carer providing the care,the nurse and the patient and which is on-going.

> "The nursing process is an orderly,systematic manner of determining the client's problems,making plans to solve them,initiating the plan or assigning others to implement it,and evaluating the extent to which the plan was effective in resolving the problems identified." (Yura and Walsh,1973)

The implication of the 'Nursing Process' is that the traditional

nurse's function,that of the doctor's handmaiden is thereby challenged and changing to that of developing a complementary role to medicine. The nurse now argues that she in her own right has a unique contribution to make to health care,in that she is to observe,to counsel patients and relatives or friends and to supervise other health personnel,without herself being supervised by the doctor.

For its implementation,the Process requires an in-depth knowledge of underlying subject areas with particular emphasis of those of the social-and biological sciences which are not easily available in traditional schools of nursing,but are found in institutes of higher education .

To teach the 'Process'and to re-orient nurse practitioners towards optimal health must be seen as the function of an academic nursing education department. Current nure-tutors,those employed on the staff of traditional schools of nursing find this new orientation of nursing difficult to follow,last but not least because their own nurse training prepared them for a different role. It is for this reason that academic nursing departments cannot rely on the provision of practical supervision by hospitals or traditional school of nursing staff. Such teaching must be carried out by staff working within academic nursing departments. Paedagogically,the aim should also be for nursing undergraduates to recognise a unity between 'theory and practice',which cannot be guaranteed if nursing practice is taught and supervised by hospital staff while some of the 'theory' is taught by nursing academics far away from where practice is implemented.Therefore,when academic nurse-tutors/lecturers supervise university nursing students on clinical practice placements, they carry out an academic function in that the clinical supervision in fact represents academic teaching . Care must be taken however, that such supervision leaves sufficient time to fulfill other academic commitments in relation to preparation,administration and research .

1.1.4. student-staff ratio:

Because of the supervisory/teaching role on clinical placements,nursing study units customarily have a higher student/staff ratio than is commonly experienced in non-vocational academic disciplines. Students of academic nursing units will ultimately qualify as fully fledged practitioners as expressed through the nature of the degree:BSc nursing/SRN. To ensure professional competence at the end of the four year course, students require adequate and enlightened supervision rooted in academic nursing knowledge,the synthesis of nursing studies. The calibre of that supervision cannot be expected to be provided by nursing staff employed by hospital authorities whose primary job it is to process a number of patients through the hospital institution .

1.1.5. Supernumerary students:

undergraduate nursing students are not part of the NHS's labour force and cannot therefore be directed by the ward-sister to perform any tasks in the course of her duties. All the more reason why it becomes crucial that such students are supervised by university personnel .

1.2. further additional staff:

The total complement of the four-year course will comprise about 45-60 students dispersed in varying areas of nursing/medical specialities,all needing supervision.Seven discreet nursing areas need to be taught: medicine,surgery,obstetrics,paediatrics,psychiatry,geriatrics and 'community' nursing. As no one nurse-lecturer can be expected to be competent in all those specialities,consideration must be given allowed for the employment of additional subject teachers.