

Frost's Lodge 9/9/82

Dear Ivor,

Here are some ideas about the nature of the Nursing Studies' course which might help us in our deliberations when we go to the "rea
"health meeting in September at Egham .

I take the liberty of putting pen to paper because ~~but~~ I realise from our frequent discussions about Nursing Studies that the implications of its development at Bedford has not been thought through in much depth before my appointment (and perhaps not much since). But unless we are clear in our minds about its demands, Nursing Studies has little chance of further developments .

Aims and objectives of the course:

Nursing Studies' aim is ultimately the production of a well educated, competent nurse capable of initiating, developing and executing nursing practice as an autonomous occupation. Given modern medical and social developments, a competent nurse so prepared will be able to use knowledge derived from research findings and methodology in the areas of medical, biological and social sciences for the benefit of individualised and group patient care in the various agencies of the health care delivery system . The course's main aim is that theory and practice relate to one another in that they inform one another. In this way the dialectical process thus initiated will constantly question nursing practice, the academic object of the nature of enquiry of the course . All the subjects which contribute to Nursing Studies must be related to Nursing practice. That is their extrinsic function irrespective of other intrinsic factors which may or may not benefit the individual student .

General Nursing Council's involvement:

In its policy for undergraduate nursing courses the General Nursing Council has pushed towards the development of so-called integrated courses, ' Nursing Studies', rather than continue the support of non-integrated courses, an ordinary degree of choice with eighteen months of nursing attached at the end . This has come about because of a belief (not yet tested) that the integration of theory and practice, inherent in which is the sytematic application of the one to the other, is more likely to produce the competent nurse practitioner than when the nurse focuses her attention of enquiry on the degree of her choice followed by a mere instruction in nursing as opposed to the study of it . The fact that a number of nurses who have undergone degree work of sorts, and those who have not, make good or even excellent ward sisters does not necessarily

prove that that degree added anything to the nurse's understanding of her work. It could have been a bi-product, but the main factor is its ad hoc nature . The point about the degree in Nursing Studies is its systematic orientation of all the course work in the direction of nursing practice. Additionally, the General Nursing Council is looking for potential nurse researchers to come out of those departments, and an informed and articulate nurse leadership

In order to fulfill those requirements, the General Nursing Council stipulates for academic nursing to be covered by a minimum of 3200 hours over a four to five year period. This figure is less than that required by the eighteen months nurse-training attached to the previous Bedford course which together with periodic nursing practice interspersed throughout the degree vacation amounted to two years totalling about 3500 hours. By reducing the minimum hours to 3200 the General Nursing Council is making allowances for the degree input .

The implication of above briefly sketched orientation relates in an important way to clinical supervision of nursing students on practical placements. Whether by supervision one understands that the supervisor physically works with students, the individual one, or whether the supervisor engages the student at some other time about the nature of her/his work, exploring the ramifications of a patient's nursing and social needs and how to meet them, is immaterial for this discussion . That is a purely methodological problem . The point to be made is that clinical supervision needs to be under the jurisdiction of the academic department so that academic criteria can be developed for the practical work, work in which the students will be involved during their practical placements . The other reason why Nursing Studies' staff have to be involved in supervision relates to a hospital nursing work load, and nursing resource . A number of trained nurses employed by a hospital relates not to the number of nursing students needing to be taught but to a tight budget and nursing workload of the hospital in terms of patient throughput . Nurses work 37½ hours per week which allows not even for enough time to provide for the nursing care considered necessary by the nursing staff and teaching has a very low priority .

Unique problems of Nursing Studies' lecturers:

Part of their unique problem lies in relation to the finding of appropriate literature to support their theoretical and clinical

teaching . At the moment there exists no nursing literature which is easily available and which can be obtained by merely going to the appropriate shelf in the library. The reason why in conventional courses nursing is instructed, is taught merely as a practical practice, is because research literature is not obviously around, nor has the traditional nurse tutor the skills to seek it . But teaching by experience, as is the habit in most schools of nursing, is not only time consuming, but also penalises the student ~~pedagogically~~ pedagogically . To the extent that a person's experience is circumscribed by time, inclination, perception, range and scope and other factors, the student's learning exercise depending on someone else's experience only will be limited and one dimensional . Teaching, however, on the basis of research findings and systematic organisation provides for the student a learning environment, that can be called academic and from which generalisations are possible . It is up to the academic nursing departments' nursing staff to collect material from extensive reading in medical, biological and social sciences, and to accumulate that knowledge and to file it appropriately for the students' benefit . This relates to nursing techniques, to nursing interventions and to nursing interpersonal relationships. It views the material from the point of view of scientific validity and reliability, from managerial efficiency, from safeguarding a patient's human dignity, and relates it all to the aim of nursing intervention . To obtain this material in a newly developing department requires a research assistant to start with and up till now I have hardly made any headway in collecting such material for students quite apart from the constant battle with the librarian about buying books for the nursing course .

The unique problem also relates to nursing staffs' expected student involvement which is quite different from other undergraduate work within the department of social policy and for which nursing staff get no special recognition . A nursing lecturer's commitment is a) to the individualised supervision of practice per student per week and b) to prepare and to teach the nursing subjects in the form of lectures, seminars, or self-teaching methods, given the constraints of available material .

As far as supervision is concerned, it is difficult to estimate how much clinical supervision is required in order to achieve the objective a competent practitioner who utilises theoretical inputs to inform and analyse practice . A recent study has shown that much of the

traditional students' experience of training is that of 'fitting in' on the wards. Students work in the main with other students rather than with qualified staff. This is not conducive to the development of independent and analytical practitioners. I would argue therefore, that we should aim at 1 hour per student per week of clinical placement. Given this guideline, in one day one can work with about 6 students. For the two days that our students are actually on the wards it means that one lecturer can look after 12 students which equals 16 hours per week of student contact while on practical placements. This is in addition to preparing and giving of lectures and seminars and involvement in research.

During an academic year a nursing lecturer is committed to a 37 week for the first, second and third year of the degree and forty-five weeks during the fourth year of study to meet the students' 3200 hours requirement for nursing. Lecturers in non-~~xxxx~~ vocational academic work officially spend thirty weeks per year with the students - the rest of the time is for research and vacation - and if the university expects them to help with summer schools, i.e. USA students' overseas' experience, lecturers are paid separately and additionally. Nursing lecturers are therefore not able to supplement their income, nor can they spend time doing their research, an enterprise which is required by the university, on which promotion depends and which is essential for the development of a Nursing Studies' unit. Nursing lecturers therefore not only feel but are disadvantaged compared to the rest of the non-vocational academic staff.

Nursing lecturers joining a Nursing Studies' department or unit do so in order to avail themselves of departmental academic expertise in relation to research and other academic fertilisation which they are not able to do in traditional nursing education establishments. In the case of Bedford College this relates in particular to the social science component of the department and the research unit. Lecturers hope to benefit for themselves and their students. On the whole, university nurse-lecturers are themselves students in the sense that they learn about teaching academic nursing after they have joined such departments, and any traditional nurse tutor involved working in traditional nursing schools need to become acquainted with academic nursing aims and methods.

Future of the course: financial, resource, academic integrity:

A Nursing Studies' course is very much more expensive than a traditional undergraduate social science course in terms of resource requirements. A vocational course, at the end of which apart from the degree of a graduate acquires a licence to practice, requires a different sort of academic rigour, than the course which provides for an education only .

No matter whether the course is conducted on the Egham site or will remain in town, the staff, resources and developmental implications need to be considered . If Egham is accepted as the place for Nursing Studies to be developed, staff will be expected to work on two sites until at least 1986. I doubt whether this is physically possible given the present structure . It will also cost the university in fares and may be overnight stays, to fulfill lecturers' requirements to be available at both sites, Egham and the Middlesex. Likewise, university funding must be considered for traveling expenses between Holloway campus and Chertsey Hospital .

Time-table:

Ideally, one should have nurse-physiologists, nurse-biologists, nurse-psychologists, nurse-sociologists, ect., so that each academic study can be properly related to nursing . But at the moment there is no way to accomodate this because such personnel is just not available. Therefore we need to rely on knowledge within the course structure of Nursing Studies' whereby a lot of material is produced by non-nurses . This material needs to be conveyed within a very tightly structured time-table which leaves little room for manouvre, and has to rely on excellent teachers, those who are able to convey knowledge or to stimulate sufficiently for students to seek their own. But whatever methods are employed for those studies which are not strictly nursing, but which are essential for becoming an all round competent and well educated nurse, only two days a week are available and this makes full demand on students and staff .

academic integrity:

Whatever course is taken, a move to Egham or remaining in London, student enrollment numbers are likely to fall . A course which has not yet become established and as a result of the Merger with Holloway will be subject to yet another upheaval needs time to prove itself for students to feel comfortable and to identify with their own course of choice .

If the course remains in central London, the students as undergraduate students will be isolated in relation to Medical Sociology's masters' students, most of whom are older and are part-timers anyhow. It will therefore be difficult to develop a students' cohesion, a student body which encourages further enrollment and development. Nursing students like other ~~students~~ join a faculty for peer group students' life. It might be different if Medical Sociology and Nursing Studies as a single unit were incorporated in let us say university's college's building. There are other undergraduate students. -- What will happen to the present library stock of books and journals which I have managed to accumulate - and what is to happen to the material required for social and behavioural studies?

As we've discussed this before, the choice for Nursing Studies is clearly a Hobson's choice and in this connection I object to your statement that people don't like changes. This is no trivial matter.

The best chance, relatively speaking is, I think, the Egham campus for the development of a sound Nursing Studies course, given, however, additional resources, and providing that Chertsey Hospital is acceptable to the Senate Advisory Committee and to the General Nursing Council as a training hospital for its nursing students. Chertsey Hospital will have no magic pull, as has the Middlesex for potential nursing students invariably prefer to be training in a teaching hospital. Though a teaching hospital may not provide any better experience it has the reputation for excellence, a myth difficult to lodge.

Future developments in nursing studies must lie in direction of teaching and research developments. The teaching, or rather the existing course could be opened to trained nurses who would like to do a degree in nursing. Students could participate in all of the non-nursing and some of the nursing subjects and they could pursue a selected clinical study of choice. A masters' development could be furthered by using the existing medical sociology's master's course and invite particularly trained nurses who have an undergraduate degree to do a masters in nursing by developing a clinical speciality. Another master could be developed by inviting non-nurses with an undergraduate degree to be wanting to do a master in nursing and to obtain at the same time a basic nursing qualification. This could be done in three years, but would require the involvement of the General Nursing Council.

Block system:

I've considered the block system whereby students spend one term in the university and one term in the hospital - this applies only to the first and second term, because the major part of the third term is always spent on practical placements. The disadvantages are as I see them : and this applies to both staff and students:

1) living considerations: students have a flat or live in students' quarters in or near Egham . When they move to the Middlesex, they presumably would have to give up Egham to pay for town accomodation . Students cannot afford two living quarters at the same time. Having then finished the ^{theoretical} practical placement, they would have to return to Egham and try and find another place to live. This would have to be repeated ~~for~~ four years.

2) academic considerations: As is well known, the hospital is a very unacademic institution and students would then be exposed for the concentrated period of the block placement to that structure, leaving little if any manouvre to think or act differently than those around them . However, the course in Nursing Studies has been conceptualised in order for the students to think and act differently, and they must be given some space inside which to develop different ways of looking . Academic integration would be very difficult . If the nurse-lecturers spend their time with the students in the hospital, they themselves are cut off from their academic environment, the very environment they came to join in the first place and from which they get their academic strength. Academic staff have also similar living problems as the students . They would have to live elsewhere while they were to be in the hospital - and who would be paying for that ? The disadvantages as I see them are ~~both social and~~ social, physical, and academic and as there are a vast number of nursing courses to choose from in relation to a realistic number of nursing students' applicants and acceptances, students are likely to choose an easier course to ~~enter~~ enter . And the same applies to nursing lecturers. They are as yet not unemployed and they can pick and choose .

Summary:

I've tried to outline some of the choices available and some of the difficulties in relation to resources and nursing staffs' recognition of their additional work as compared to other lecturers. It might be an idea for you and me to go and see the Principal to find out how she envisages the course's development and whether some of the money earmarked for new developments for purposes of mergers from the UGC

could be channelled into the direction of the nursing course .

You have said several times that we should never have started the course, knowing what we know now. If you feel you want to discontinue the course as at present the university's unanticipated merger at the time of the course's commencement, is no longer conducive to its further development, you should go ahead and do it .The present course can be seen through to its end and for which the staff is required anyhow to cover the year one, two, three and four. The two nursing lecturers should have no difficulties finding a new job. In nursing jobs at that level are still plentiful. Your problem would merely be me and with the help and advice of the AUT that can be worked out too .

Looking forward to your comments,

Yours

Rowan