

## **BJN Education Matters: October 2016 (1000 words)**

### **Reflections on nurse education: past, present and future**

September heralds the start of a journey for many new nurse students in the United Kingdom (UK) as they start their programme to prepare them for nurse registration. It is particularly poignant for me this year to watch these excited, if somewhat apprehensive individuals, as it is 40 years since I started my own nursing journey. There have been radical changes in that time within society at large, as well as the landscape of health care and education. Whilst some fundamental structures persist, much of the content, delivery and organisation of nurse education has transformed over these years.

When I entered nursing in 1976, the profession was regulated by the General Nursing Council (GNC). The course was an apprenticeship in effect that prepared students to become State Registered Nurses (SRN), working in general hospitals. Specialist registration in Mental Illness nursing, Sick Children's nursing and Nursing the Mentally Handicapped as they were then known, also existed but generally were undertaken post-registration. It can be seen from these titles that the focus was biomedical, illness rather than health, including an oppressive construction of disability. Nursing schools were situated in large hospitals and the course comprised 30% medically focused 'theory' blocks such as 'Obs and Gynae', Geriatrics, alongside 70% practice placement. All SRN students undertook placement and theory blocks in mental illness or 'mental handicap', sick children, and in some cases maternity, although this could be substituted for a community placement. Students identified primarily with their home hospital and exited with a Hospital badge in which there was tremendous pride, as well as the SRN badge, awarded on passing the State Final exams, nationally set by the GNC for all students.

Many factors have impacted on nurse education since this time: pre-registration nursing degrees became more common, and ultimately mandatory (NMC 2010); reforms to nurse education at the turn of the century moved nursing into Higher Education alongside other health and social care professions and began to reflect the wider focus of nursing in terms of health as well as illness, delivery settings, client groups and its inter-professional nature (Eaton, 2012).

'Badges' and hats as well as General nursing in the UK have become things of the past. Students select their field of nursing practice at the outset of their studies in Adult, Children and Young People, Mental Health or Learning Disability. Nursing is studied in a university and students exit with a dual qualification - registration and a Bachelor Degree. The programme prepares students equally to work in the Community as well as Hospital settings and has an emphasis on the nurses role in promoting health as well as managing ill-health. 50% of the programme hours are allocated to university-based work and 50% to practice placement activities. Adult nursing students undertake learning activities related to other fields of practice such as mental health, but usually do not undertake a specialist placement. NMC (2010) Pre-registration Nurse education Standards guide curricula but exact content and assessment is determined by individual universities.

Many of these changes reflect not only changes in the backdrop of healthcare but also UK society over the last 40 years. For example all my fellow new starters in 1976 were female, school leavers, 18 years old and White British. This was fairly typical for a so-called 'prestigious' teaching hospital nursing school at the time; we need to remember however that there were fewer career opportunities for women; also nursing was still viewed as a female occupation. Today nursing programmes recruit a far more diverse group, including increasing proportions of men, about 10%

and people from a range of ethnic backgrounds as well as ages (NHS Confederation 2016). At Bournemouth for example the most common age is between 21-30 and the range is from 18 to over 40. A lack of ethnic diversity has been a concern nationally but is improving (Johnson et al 2013). This is appropriate as such intakes better reflect the diversity of the population whom we serve.

Similarly it could be argued that in this time nursing as a profession has perhaps 'come of age'. Modern nursing emerged to support modern medicine where nurses were seen as educated 'handmaidens' of doctors (Borsay and Hunter, 2012). In the 1970s this ethos to some extent still somewhat held sway as we studied mainly medical textbooks and were taught in nursing schools by nurse tutors and medical consultants. The focus and level of education has shifted. Students now learn with other health and social care professionals and are taught by research-active nursing and other academics in university departments. Hopefully learning as equals may foster better client-focused collaborative working.

Nurse education continues to evolve to reflect changing trends. The Nurse education standards (NMC 2010) are currently under review drawing upon evidence from key stakeholders from education and practice. University-based education will remain as well as nursing fields, although greater acknowledgement of the fluidity across care settings is likely to be reflected in future. Changing professional boundaries and the introduction of new support roles will impact on the complexity of future registrants work. There will be a full public consultation on the draft standards early in 2017 (NMC 2016).

Whilst I loved my time as a nurse student, I celebrate the changes to nurse education. Although times change, those qualifying this September will probably look back in 40 years and think like me how nursing has been fundamental in shaping my life as have some of those who travelled that journey with me.

## References

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