EDITORIAL

Nursing and pre-registration nursing education under the spotlight again

Once again, the subject of nursing and nurse education is in the news. Amidst the controversies and horror stories of failed care and botched encounters with the health care system, it is nursing and nurse education that has captured the attention of the media, politicians and many members of the public. Recently and partly as a result of electioneering promises to introduce a return to hospital schools of nursing for enrolled nurses and the uninformed rhetoric which has accompanied this we have seen a barrage of critique aimed at the current university based system of pre-registration nurse education. In preparing this editorial, we gathered a selection of Letters to the Editor and other commentaries published in major metropolitan daily newspapers, during a period in late August to mid October 2007.

Some of the letters were positive, and generally supportive of registered nurses and our right to a comprehensive preparatory education to degree level in line with other health professionals. Indeed, the point was made that "if it's essential for every other health professional to be university-educated then it stands to reason that it's essential for nurses as well" (Barker, 2007, p. 14). Many (but not all) of these letters were authored by people identifying themselves as nurses. The arguments in favour of university education for registered nurses centred around the need for nurses to be better able to meet increasingly complex care demands, and service needs of the health system.

One writer, identifying himself as a "rural GP", while supporting the proposed new initiative because "It would help ease the pressure on existing nurses" (Perry, 2007, p. 15), rejected the idea that university graduates of nursing programs lacked skills or expertise. However, many of the letters derided university-educated nurses, comparing them unfavourably to "good old-fashioned hospital-trained nurses" (McCormick, 2007, p. 15), and revealing a belief that nurses do not need a strong academic grounding. The letters exposed a pervasive view from many of those penning them that educating nurses in a university produces nurses who do not "want to nurse people anymore—its beneath them" (Stanbridge, 2007, p. 12). University graduates of nursing were referred to in derogatory terms—for example, "textbook-trained" nurses, "pseudo" nurses (McCormick, 2007, p. 15) and a number of commentators held the view that graduates were not capable of caring for people, and are "no longer taught to nurse. Very few have any idea of how to look after a patient" (Beltchev, 2007, p. 15).

One critic viewed universities as suitable for postgraduate nurse education only (Graham, 2007, p. 14), and comments indicated a perceived failure on the part of universities to "produce nurses in sufficient numbers, and of adequate skills" (Reischel, 2007, p. 17).

Many of the letters though were very insightful and highlighted the ability of Australian voters to see rampant electioneering for what it is. One observer, writing from the Northern Territory, and commenting on "John Howard's "new" plan to return nursing to a hospital-based training system", suggested that, "while he is at it, he might arrange for aspiring surgeons to train at the local barber shop. I'm sure that, with the appropriate wage subsidies and a bonus for completion of the course, there would soon be adequate surgeons to meet the shortfall that currently exists" (Sherwill, 2007, p. 18).

A number of the letters reflected a clear hankering for the good old days. In praising the nurses of the good old days, one writer (identifying as a doctor) fondly recalled the "Iron willed sisters" of the past (Mercer, 2007, p. 15). There was talk of young 16-year-old nurses living in hospitals, in "the same model as that of the nuns who invented modern nursing" (Shanahan, 2007, p. 23), and even mention of the veil. All these are feminized images reflecting the gendered nature of the nursing workforce, and are strongly associated with the historical roots and mythology of nursing. Proud as we are of our romantic and noble history, these images are no longer current and do not reflect the nature of contemporary nursing.

Many of the arguments proffered in these letters are specious. While there is ample evidence to suggest that nurses leave nursing primarily because of systemic difficulties in the health systems in which they work, there is no research to show that nurses leave nursing because of inadequate preparatory education. It might be of interest...
to some letter writers to know that while they are hankering for the nurses of old, many nurses are hankering for the public health system of old—a health system that while having its flaws, provided longer average length of stay, more adequate resources and greater opportunities to learn-on-the-job. This meant that nurses were better placed to be able to provide the sort of care that patients expect to receive, and nurses want to supply.

While there may be debate about the causes of the current crisis in the health system, it cannot be laid at the door of nurse education. Regardless of the causes however, its effects are indisputable. In a recent media release, the Australian Medical Association (AMA) highlighted a need for greater cooperation between Commonwealth and the States to help address the current crisis (Australian Medical Association, 2007). According to the AMA Public Hospital Report Card 2007:

- public hospital capacity has been slashed by nearly 60% over 20 years,
- hospitals have been cut too deeply, and the chances of system failures are too high,
- the system is under constant pressure and is run for too much of the time at unsafe levels of capacity utilisation (above 85%),
- there are particular concerns with the teaching hospitals, where capacity utilisation is more like 95%, on average, with short term peaks well above that,
- less than two-thirds of urgent emergency department patients are seen within clinically appropriate times,
- more than half a million Australians go to an emergency department each year suffering symptoms such as moderately severe blood loss, persistent vomiting, and dehydration, and are not seen within 30 min, which is the clinical benchmark,
- inadequate resourcing and insufficient beds are causing access block in emergency departments and the lack of nursing home beds at the other end of the admission is causing exit block,
- there has been a marked deterioration in the proportion of patients being admitted for elective surgery within the medically recommended times, and

A focus on nurse education as a major issue in the recent Australian federal elections, in relation to health, meant that the attention of voters was directed away from the serious systemic issues affecting the Australian health care system. An awareness of this was reflected in several letters. One writer, identifying herself as a nurse with over 20 years of experience commented that she had "no idea that the current woes of the health care system were in any way related to how nurses were trained" (Kerr, 2007, p. 15). Another commentator noted that the public hospital system is "permanently stressed" (Shanahan, 2007, p. 23) making it difficult to retain nursing staff, particularly where there are many other employment options.

Despite the fallacious nature of many of the arguments, the scale and emotive character of the debate tells us that members of the public (voters) do care about nurses, and do have a (sometimes passionate) view on nurse education. If these letters (some of which were written by people identifying themselves as nurses) are anything to go by, it seems there are numbers of people in the community who do not see the value in having a highly educated nursing workforce. However, the good old days produced its share of Sairey Gumps and Nurse Ratcliefs.

While we know that there is no educational system that can guarantee that 100% of nurses will be compassionate, caring and capable, we do need to strive to ensure that nurses have the best, most comprehensive and relevant clinical and academic education possible. We also need to ensure that the workplace is as 'nurse-friendly' as we can make it. It is illuminating to realise that so many of the views people hold about nurses and nursing are still so strongly informed by the mythical and romantic images of the nurse. In light of this, perhaps it is time for nursing to re-examine its image, the ways(s) it is represented as a profession, and to explore the expectations consumers have of nurses and nursing care. The media is a powerful tool and nursing may need to harness this more effectively in the future in strategic, ethical but political ways to make sure the public is well informed about systemic health system problems and the degree to which they can compromise quality nursing care.

References


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