Nursing education: what is the reality?

The following article was written by a group of nursing sisters and relates their personal impressions of nursing education in South Africa.

Introduction

To many people, nursing looks like a glorious profession. But if one looks close enough, one will realise that it is not like the television programmes and 'Sister Louise' comics.

In this article, we are going to give our views on and possible alternatives to the way people are being trained in the nursing profession.

In theory, the nursing curriculum states that the main aim of nursing education is to prepare the nurse to offer comprehensive health care to the individual, the family and the community

Philosophy of nursing education

The South African Nursing Council, which is the body that governs the nursing profession and lays down its curriculum, states that the main purpose of nursing education is to prepare the nurse for offering comprehensive health care to the individual, his/her family and the community.

The Nursing Council has also committed itself to the Primary Health Care Approach in the education and training of nurses. This means that the aim is to get down to the root causes of the patient's problem, and not only to treat his/her symptoms.

The socialisation of nursing is a continuation of the traditional role of women in the community

The Council also emphasises that the training "be directed specifically at the development of the nurse on a personal and professional level and that the principles of learning be observed ... through active involvement of the student. The development of the ability for analytical, critical, evaluative and creative thinking and the stimulation of the exercise of independent judgement of scientific data, are of the utmost importance."

These statements show how ideal nursing is. Having read the above, many people may be encouraged to join this progressive field. Why then, are so many nurses leaving the profession, why are they suffering from burnout, and why are they often left out by the community?

The reality

There is a gross mismatch, however, between the reality and the nursing philosophy of education. Perhaps the people teaching the nursing students in the college and in the wards are not even conscious of this.

On the first day the student nurse enters college, s/he meets the tutor. The tutor wears a different uniform and tells the students exactly how a nurse is supposed to look and behave in public. The first lecture is on the college and Nursing Council rules and regulations. There is a regulation for almost every minute of a nurse's day!

The student's view is rarely taken into consideration. In fact, s/he is treated as an empty vessel which needs to be filled with facts. This method has been called the 'banking method'. The tutor comes to class with the already prepared curriculum and 'deposits' facts into the student's head. Student nurses are expected to remember hundreds of facts at the end of the year. The level of a student's success is marked by the number of facts remembered, rather than on how 'analytical, critical and creative' the student is.

The hidden curriculum

Perhaps the most effective part of nursing education is what is known as the 'hidden curriculum'. This is the part of the curriculum which is not written down anywhere, but which seems to be the most easily adopted and passed on from one generation of nurses to the next.

In this 'hidden curriculum', students learn about authority figures (matrons, tutors, doctors etc) and how they should relate to them. There is a rigid hierarchy in nursing and those people who are senior in this hierarchy often feel threatened by anybody who seems to be thinking critically or even creatively.

The following is a typical story experienced by student nurses. It illustrates the lack of independent thought on the part of many nurses as well as the way the

hierarchy in the health service operates. One day, a doctor was doing a ward round while the nurses were still making up the beds and 'dampdusting'. The doctor asked the sister helping him, why the 'intake/output' charts were not changed for the day. Instead of explaining to the doctor that he came too early for the round, she started screaming for the student nurse who was down for the 'input/output' chart duty, demanding to know why she had not yet changed the chart.

Another aspect of the 'hidden curriculum' is the encouragement of individual working, rather than co-operation between students. The student who manages the work more easily than the others is better recognised. Hence, every student strives to be better than the other, and will seldom stop to help out another student who may be battling.

The Council mentions 'evaluative thinking' in its directives. It is unclear as to how nurses are to develop this because at no stage are they given the opportunity to evaluate or critically analyse their education. (It is possible that this problem may have been addressed in the new curriculum.)

Curriculum content

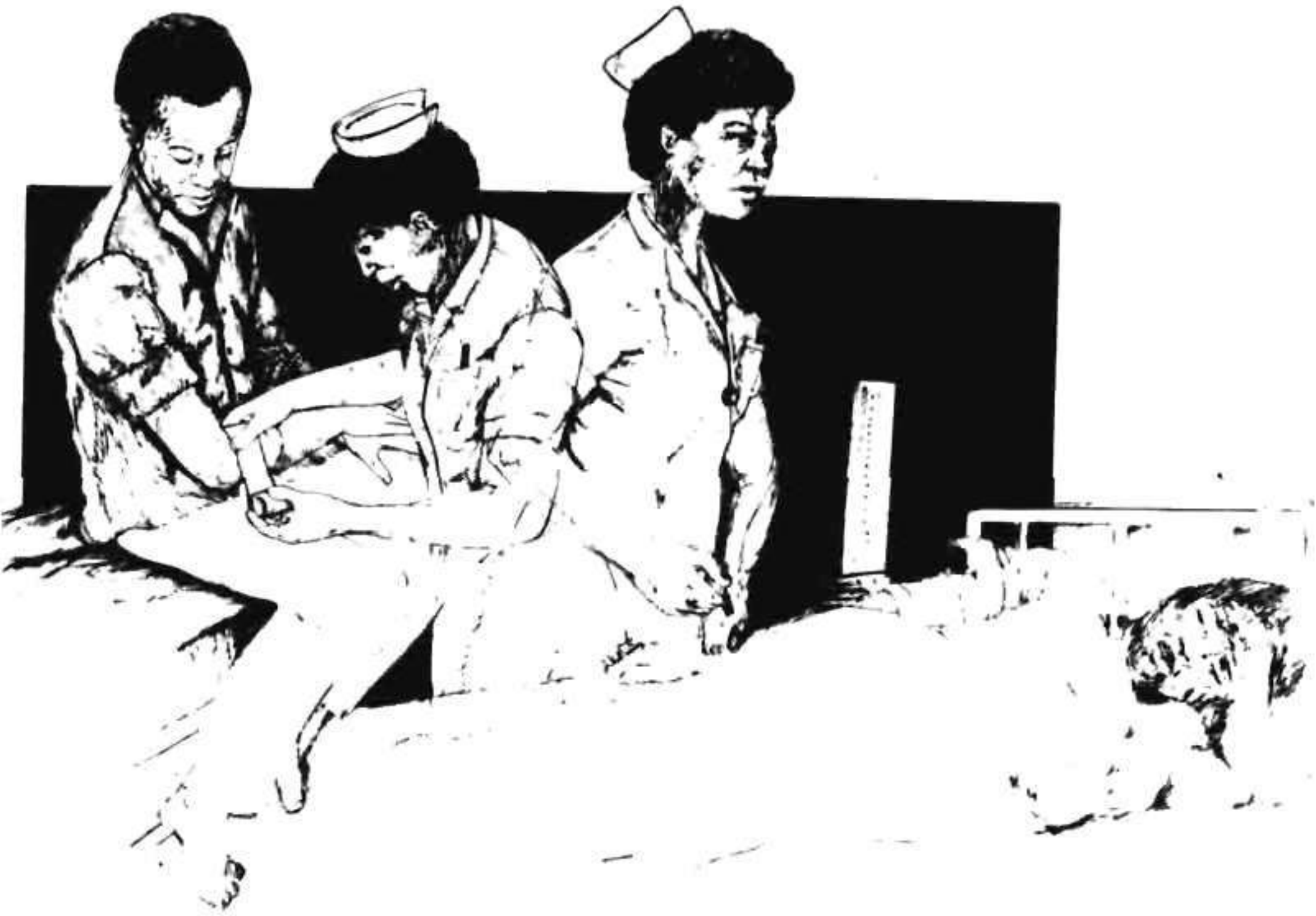
The basic nursing curriculum is very wide. In addition to nursing care, the curriculum is supposed to prepare the nurse to be an effective communicator, manager and educator of nurses, patients and all other health team members. According to the Council, nurses are also prepared to be community developers and continuing learners. Subjects taught include psychology, sociology, ethics and professional practice. This is in addition to the basic sciences.

On paper, the curriculum sounds very progressive. It appears to encourage independence and initiative. In fact, it appears to be training the ideal team leader. The reality, however, is very different.

While nurses learn all about communication skills in theory, the only communication nurses are effectively prepared for, is to be subservient in the work situation. The nurse is required to take the doctors' orders well, and to be able to prepare the ward report for the matron. The nurse must never argue or answer back to seniors.

Socialisation in nursing is a continuation of the traditional role of women in the community. More than 90% of nurses are women, who have been socialised to be subservient to one person or another throughout their lives. Thus it is easy to channel nurses into a subservient role at work.

While the curriculum includes subjects such as sociology, community work and primary health care, the nurse is not allowed to question inequality and oppression within the community even when these have direct effects on health. Instead, the nurse is told s/he is superior to the community and that people are poor because of a 'lack of hygiene' or 'ignorance'. It is not surprising, therefore, that the community does not always trust nurses. The curriculum also places emphasis on hospital, curative care and devotes much less time to preventive and community care.



Nursing education encourages individual excellence, leading to competition between students rather than team work

An alternative experience in nursing education

The reason this article appears to be so critical of nursing education, is because of the authors' exposure to a different kind of education for nurses. This was while doing a post basic course in Primary Health Care.

The initial entry into the course was quite a shock as the students were not used to this type of education. Everything was very relaxed and informal. The nurses involved practically drew up their own curriculum based on the community's needs. To do this, they actually went out into the community to find out the needs and compiled the curriculum from the answers.

In this course, the philosophy of the Nursing Council was actually put into practice. The approach was truly a primary health care approach. The students were taught the knowledge, attitudes and skills of Primary Health Care, through the active involvement of every student. They were helped to help themselves and to make their own judgements on issues. They were not simply filled with facts.

Personal development was encouraged in the following way. A period of one hour a week was set aside where students, with one of the facilitators, met to talk

about their experiences as students, mothers, wives and community members. In this way, the students could really share problems. Solutions were often obtained from others in the group.

At the end of teaching sessions, students were encouraged to critically evaluate the facilitator's teaching, the subject discussed and the manner in which it was discussed. This gave important feedback to the co-ordinators of the course. The facilitators were prepared to learn from the experience of the students and changes and improvements were made, based on their feedback.

At first, most of the students wrote very complimentary evaluative papers, worried that they might be victimised if they were to tell the truth. As time went on, however, they discovered otherwise, and started to be more honest.

Conclusion

In this article, two very different experiences of nursing education have been outlined. They highlight some, although not all, of the issues involved.

In discussing experiences of alternative methods, the authors have tried to show that nursing education could become relevant to the needs of the communities served. More time should be spent in the community during training.

The present Nursing Council curriculum, philosophy, subjects and scope of practice sound very convincing. They must, however, be put into practice.

It is hoped that this article will encourage nurses to analyse and evaluate more critically, the type of education they receive.