It’s a triumph that degree nurses are no longer viewed as alien stock

As nursing prepares to become an all degree profession, Amanda McGough reflects that its members have not always supported each other in their academic achievements.

Today, nursing is moving towards an all graduate profession and senior nurses are encouraged to undertake higher degrees. What was it like to do one of the first nursing degrees?

In the mid 1980s, only hospitals in London offered a nursing degree course in conjunction with a university, which took four years and four months. The course I applied for was at St Bartholomew’s Hospital and City University in London, which was a degree in social sciences along with training as a registered nurse. The course recruited only 12 students every September so competition for places was fierce.

There were two serious bones of contention between our group and the RGN course running at the same time. We were classed as supernumerary on the wards and we did not have to work weekends as the hospital could not afford to pay us overtime. We were unpopular with some of the other student nurses, although the qualified staff were supportive.

We were placed on wards in pairs – I did wonder if this was for our own protection. Being supernumerary on night duty meant we were additional to the qualified nurse and another student nurse so there were four of us on the shift. There was not enough for four nurses to do; even cleaning the sluice at 4am just to keep warm and stay awake soon lost its appeal.

After the first year spent solely as a student nurse, we moved to the university for our degree studies and took nursing placements each summer. The final part of the course was tough; we had to complete a thesis and take our final university exams before returning to the hospital to take our final practical assessments and nursing exams.

Even in our last year, we still faced discrimination and felt we were not wanted. We moved to a nurses’ home and found the words “cow” and “bitch” had been scrawled across our names on our room doors. We discovered that some nurses on the RGN course were responsible and put this down to sour grapes as many had been unsuccessful in their applications to the degree course and had been offered a place on the RGN course instead.

The main accusation levelled at us was that we were “theory” nurses and that we had not “served our time” on the wards. We were all very conscious of this and, as well as our placements, took relevant holiday jobs. This experience in different hospitals gave us a deeper understanding of nursing care than if we had remained on the wards for the duration of our training.

If I thought we were viewed as different in London, I was not prepared for the difficulties in trying to secure even a junior staff nurse post in the North East after qualifying. As a degree nurse from London, I was still regarded as a “theory” nurse, of alien stock and to be avoided at all costs.

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Amanda McGough is specialist nurse, chronic fatigue syndrome/ME, South Tees Hospitals Foundation Trust.

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