“Celebrate the pioneering move to raise education status”

Can nurses provide better care if they have a degree? The considered answer seems to be “yes” as universities phase out nursing diplomas over the coming year in favour of three-year undergraduate programmes.

But recent coverage following the death of Jean McFarlane, who did so much to transform nursing to a degree-status profession, shows that some still have doubts over its benefits.

Praising Baroness McFarlane’s intentions, Illora Finlay, professor of palliative medicine at Cardiff University, nevertheless suggested in turning nursing into a graduate-entry profession “basic caring got overlooked”. She argues in a recent article in The Times that students should instead be learning alongside experienced nurses in real clinical situations.

It seems Baroness Finlay – and perhaps others serving the health sector – may be unaware this is already a key component of graduate programmes. All nurse educators are experienced nurses in their own right and half of all student nurses’ education programmes continue to be in clinical environments. Simulation and skills laboratory sessions merely help students learn and perfect skills safely, before practising them for real, under supervision of clinical staff.

So nursing has not lost the art of bedside care, and raising education standards cannot be correlated with poorer standards of compassion. Where bad practice exists it must be addressed, but there is no evidence that this is perpetuated by graduates.

Before becoming involved in teaching, I worked as a ward sister in intensive care and coronary care units. In my experience it is often the undergraduates and newly qualified graduates who are able to articulate how practice falls short against best evidence and who raise concerns about poor standards, which have been tolerated by the permanent staff.

Our understanding of good practice has been acquired through nursing research conducted by degree-qualified nurses.

As qualified nurses and nurse educators, my colleagues and I are passionate about the need to provide high standards of care. At Worcester we use a range of selection activities to ensure students have the academic ability and also the attitudes and behaviours that will enable them to become knowledgeable, compassionate nurses.

Patients are actively involved in curriculum planning, delivery, assessment and programme monitoring to ensure they have their voices heard.

An excellent nurse is knowledgeable, technically competent, maintains high standards and is able to provide ethically sound care. For this, the nurse also needs courage – both to maintain those standards within challenging environments, and to raise concerns when others do not.

Far from getting in the way of caring, the qualities acquired when studying for a degree alongside personal attributes of good communication, care and compassion, helps give nurses the confidence and skills to be able to do all this. For this reason we should be celebrating Baroness McFarlane’s legacy, rather than bemoaning it. NT

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HIGHLIGHTS
Research priorities in wound care p16
Hepatitis C in the South Asian community p21
Early intervention improves breastfeeding rates p12

SPOTLIGHT
Community hepatitis C drive cuts liver disease

Identifying those at risk of hepatitis C and ensuring they are tested is the way to lift the yoke of liver disease brought by this virus.

The good news is treatment is improving with elimination of the virus now achievable with drugs administered over a shorter time and with fewer side-effects. Response rates have significantly improved – as high as 80% in genotypes 2 and 3.

The bad news remains if you don’t know you have the virus you won’t get the treatment you need. Our expert author on page 18 looks at the challenges in diagnosis and treatment, while on page 21 we detail a project that is raising awareness in one community.

Working with local groups and with support of GPs, the hepatitis C message was spread successfully. This project could be replicated nationally to reduce liver disease.

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