

Excellence in Nursing Education

Concepts, Strategies and Practices

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Nursing as a profession is committed to the task of enlarging its body of knowledge through a systematic approach to solve problems in Nursing practice.⁸ Nursing profession has a social obligation to the public to meet the needs for specialised Nursing care and skills.² It is a responsibility that we must assume.

If we look at the present status, elsewhere in India, we conclude that excellence is yet to be attained both in education and in practice. There have been many reasons which have affected the profession. The misapplication of the concept of sacrifice and selfless service have resulted in many social injustices to Nurses.¹

Today, at a time when professionalization of Nursing has set standards the diversity of roles and functions, are for specialization. The aim of Nursing is to attain "quality care". Through an appropriate education and practice we may achieve this. It is high time that all Nurses should have a common philosophy, concepts and strategies to attain excellence in both teaching and practice.

Concepts

The diagnostic process is defined as intellectual, one that is central to the practice of several professions. This brings us to the beginning of Nursing theories. Theories have a vital function at the juncture of practice and the science of profession. They join these two elements by laying out phenomena with which the discipline is concerned. The constructs or models become the frameworks within which Nursing practice questions are asked and relevant knowledge supplied. Nursing theorists suggest

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that theories will constitute the frontier of Nursing in the century ahead.¹ In India, we have only made a beginning in conceptualising the theoretical formulations of such concepts as self help, adaptation and equilibrium but we are far away from its implementation in practice.¹ Hence there is a need to bridge the gap between theory developed and practised.

Strategies and Practice

The conceptual competencies need to be strategically spelt out and practised. Various strategies have been adopted by a number of institutions in India. Commenting on the results Dr. Aparna Bhaduri says: "There has been success or failure in the experiments. Success depends on adequate preparation and appropriate utilization whereas failure has been mainly due to inadequate planning and utilization".

Strategies for excellence could be:

1. Bridging the gap between theory and practice.
2. Implementation of problems-based learning and innovations in teaching learning process.
3. Development of specialization in Nursing.
4. Research in Nursing.

Dr. Aparna Bhaduri opines: "It is my unalterable conviction that practice is the absolute primary function of our profession. To me, it simply means the direct care of clients and doesn't necessarily include administration, supervision and teaching although these are secondary functions and are essential for good patient care".

1. Bridging the Gap between Theory and Practice: The gap between what is taught by Tutors and the faculty and what the students experience in Nursing practice has long been a

source of concern for educators, and as McCaughy (1991) says, "the theory-practice gap is a multifactorial problem". Consequently, a multi dimensional model for integrating is proposed which highlights several issues to be addressed during curriculum process.⁶ Addressing this problem Ferguson and Jinks (1994) opine: "Joint planning between service and teaching staff is fundamental to the model. Issues to be considered by the curriculum team include the curriculum modes to be adopted, sequencing of taught content, and clinical practice, the content of the course, teaching methods to be used, assessment criteria, the role of Nurse Tutors and service staff and the influence of hidden curriculum. It is argued that only through such a comprehensive model can integration of theory and practice be achieved within Nursing curricula".

They continue: "Adoption of the model, however, will require considerable organizational and individual commitment by those responsible for Nurse education. In addition, evaluation of innovations and dissemination of findings is important, to enable curriculum planners to act with more certainty".

Setting standards helps in adopting a set of values and professional identity. It helps in bridging the gap between education and services and provides confidence to the new graduates who may feel uncertain of their new roles as professional Nurses.⁹

In my personal view the dual role of both Ward Manager (Nursing Superintendent Gr. II, I or Matron) and Teacher (Tutor) can be entrusted to one person; if joint planning between service and teaching staff doesn't happen. The qualifications may either be B.Sc. or M.Sc., graduates. (Contd. on p.100)

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2. *Implementation of Problem-Based Learning and Innovations in Teaching-Learning Process*: Problem-based learning (PBL) employs approaches to teaching and learning in Nurse education that develop meaningful links between theory and practice. The problem-based learning through self-directed study is the basis for developing clinical reasoning.¹ A research conducted by Creedy and Hand (1994) indicates that with support, changes in Nurse educator's conceptual beliefs were able to result in the adoption of new student pedagogy. Various degrees of change in existing instructional practices were facilitated by providing opportunities for educators to engage in reflection about practice, to implement new approaches on a trial basis and receive feedback and support throughout the change process. Nurse educators be provided with opportunities to reflect on and develop sound theories and philosophies of teaching-learning appropriate to the higher education setting.

Such processes were demonstrated in their research study to enhance the adoption of practices which aim to meet student-identified needs. They opine: "The establishment of professional developmental programmes can foster reflection and provide a forum to exchange information, ideas and share resources and develop peer support networks during the demanding and unsettling change process".

Other innovations may be in the subject matter and media like lecture and demonstration on Television or Video cassettes. The self-instructional media like programmed instruction, personalised instruction, computer-based learning can be used. By and large a learning environment be instituted therapeutically.

3. *Development of specialisation in Nursing*: The issue of specialisation in Nursing deserves attention on a high priority basis. After all, Nurses are not working in a vacuum — they are work-

ing in a milieu where specialisation is present in all fields of human endeavour.² In her Keynote Address on the theme, 'Nursing Education vis-a-vis Trends towards Specialisation', Hashmath Huque (1993) said: "If specialisation in Nursing was to gain momentum, we have to begin with attitudinal change in Nurses who are occupying key positions in Nursing. The choice is between evolution or stagnation of the profession".

Specialisation meets the needs holistically. An ordinary General Nurse may not be able to give comprehensive care to either neurologically deficient patient or mentally ill person, etc. When public demands specialists to diagnose and treat, why not Nurses specialise and have marketing ideas. Prof. Prem Mehra is of the opinion that one should specialise and develop expertise in the interested branch and involve in marketing the service. If Nurses are specialised they will be confident of effective mechanisms and approaches for ensuring quality of care provided to the clients they serve.

4. *Research in Nursing Education*: Research in Nursing Education is needed to discover new facts, to provide a factual descriptive picture of the situation, uncover problems and investigate the possible causes. Research in Nursing Education is the tool for evaluating changes and past achievements avoid in showing the way for future progress.³ Research in General Nursing has found that learners are inadequately prepared in communication and interpersonal skills.⁴ The dearth of research into the preparation of Nurses, especially in the areas of communication and interpersonal skills, is surprising considering the importance accorded to these skills in Psychiatric Nursing. Another research priority is to establish whether the skills and knowledge acquired during training have any impact on patient outcomes. The absence of such studies is predictable according to Macilwaine (1983). Other research challenges facing Nurse

educators include the effects of implementation of project 2000.⁴

In conclusion, I quote Dr. Hiroshi Nakajima, former Director-General of WHO: "Nurses increasingly see themselves not just as active providers of care, meeting the professionally defined needs of passive patients, but more as facilitators who help people to take charge of their own health. She or he informs, educates, and supports the work carried out by families and communities. The work of Nursing staff and their training must therefore be geared to these situations and provide responses to local — and changing — needs. It must be seen in relation to the other caring professions that have proliferated during recent decades".

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