

Directed study time within the pre-registration nursing curricula: are students motivated?

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This paper follows on from the editorial in the previous edition entitled, 'The changing face of student nurse education and training programmes' (Ousey, 2011), which discussed how nurse education has progressed from the historical image of 'doctors' handmaidens' to competent nurses, equipped with skills of problem-solving and critical thinking with the move towards an all-graduate profession. Within the current pre-registration nursing curricula, nursing students are required to complete 2300 hours theory and 2300 hours practice over a three-year period (Nursing and Midwifery Council [NMC], 2010). However, exactly how these theory hours are structured within nursing curricula is open to interpretation. The approximate amount of face-to-face teaching contact that nurse lecturers have with students is fifty percent of the total theory hours. The remaining fifty percent is non-contact time, often referred to on timetables within nursing curricula as 'directed study'.

Before the 1980s, nurse education relied upon a pedagogical approach to teaching and learning, whereby nurse academics controlled what students were taught and much learning occurred through rote learning (Burnard, 1989). During the 1980s there was a shift in the balance of control and nurse education adopted Knowles' adult learning theory (Knowles, 1970). Student nurses were regarded as independent learners, responsible for planning their own learning. Since then, the notion of directed study has been open to interpretation and there appears to be

some presumptions of nursing students. Firstly, that student nurses are equipped with the skills necessary for directed study; secondly, that they are motivated to engage with self-directed learning; and thirdly, that they are able to identify their learning needs. However, it could be questioned whether students know where to or how to start studying in the directed study time? It has been argued that not all adults have the ability to be self-directed towards their learning, with Darbyshire (1993) contesting that nurse education adopted the principles of adult learning without thorough consideration.

There is currently limited evidence to explore the use of time allocated to directed study within nursing curricula. Timmins (2008) identified that student nurses are not aware of 'what' or 'how' to study in the time allocated to directed study, and emphasised how students need further guidance from nurse academics. However, it could also be questioned whether further structure and guidance from academics could create a dependency among students and limit their skills of critical thinking and enquiry, which are expected and encouraged in graduates. Snelling et al (2010) explored the use of study time within one module in a pre-registration nursing curriculum and revealed that more than half of the student nurses involved in the study undertook paid work during the study time within a module. Although this was a small scale study based only on one module, it highlights the problems associated with the use or misuse of this time.

Within the past ten years there has been a significant increase in the cost of higher education. Although the provision of pre-registration nursing education is

currently funded by the Department of Health (DH), this funding has been significantly reduced and further cuts may be imposed in the future. Today's student nurse population is diverse, including students from a range of educational backgrounds, each with different learning styles and academic capabilities. In addition, as nursing attracts more mature students, many have domestic commitments such as dependents and part-time employment, which impact upon their time. This begs the question as to whether nursing students are motivated to use directed study time to engage in learning activities, and can directed study time be justified considering the limited resources? **WUK**

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