

# The debate for an all-graduate nursing profession

*The decision to make nursing an all-graduate profession has hung in the air for the past two decades. With the advent of Project 2000 (Department of Health [DH], 2007), it would have seemed a logical progression, however, this has not been the case. There has been a move from NHS-based training colleges to further education, and now most nurse education has moved into university settings. It is a logical development that degree level nursing should follow once it became part of the mainstream university set-up. The actual education of nurses has slowly evolved to become 50% theory and 50% practice since 1992, which has changed the role of the student. Despite the 50/50 nature of the training, the 'supernumerary' status of the student was not well received in the clinical areas and, unfortunately, this led to tension between hospitals and the educational establishments. In addition, there was the introduction of a bursary and not a wage, which again supported the supernumerary status of the student.*

*With the reduction in availability of informal, practice-based courses, more certificated nurses began undertaking further study in the form of post-registration qualifications. This slowly became the norm which, in turn, changed the culture of the profession. This also helped the students to become accepted,*

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*as the staff who were now also studying for degree qualifications had more empathy with the new styles of training.*

*With the majority of registered nurses now having a degree and a growing number with Masters degrees, there has been a cultural shift in nursing. This continues to support the practice of nursing, but with a more academic approach to problem-solving and meeting challenges in the workplace.*

*Making nursing an all-graduate profession should help to bring this challenging profession in line with other roles which have enjoyed graduate status for longer, and will help the public perception of nurses in general.*

*This, in turn, will provide a level playing field which might prevent the current two-tier system of diploma versus degree, where employers may choose a student based on the level of qualification and not on the student's overall ability.*

**JT**

**How do you feel about the move to an all-graduate nursing profession?**

**TY:** As a result of the publication 'Realising the Potential: A Strategic Framework for Nursing, Midwifery and Health Visiting in Wales into the 21st Century', the move to an all-graduate profession has already happened in Wales (over three years ago). In Wales, we have an all-graduate entry into our nurse education system, however; the opportunity exists for students to exit the course as a graduate or non-graduate (diploma level).

Within nurse education there is sometimes a false assumption that all

entrants will have the academic ability to complete the course. This is reflected in the attrition rates experienced by nurse education establishments. This was further compromised by the Nursing and Midwifery Council (NMC) widening the entry criteria at the same time as they increased the educational level of pre-registration courses to graduate status.

It is essential that the educational standards and attainment levels are consistent across the United Kingdom. Therefore, it is important to focus on the standardisation of the exit points as well as the entry points for nurse education. This will occur once the NMC close the part of the register that allows nurses to register with a diploma qualification.

**SC:** I think the move to an all-graduate profession officially marks the end of 'nursing' as we know it. We live in a society which is increasingly obsessed with qualifications, and the pressure for all to acquire degree level status excludes the possibility of nursing as a career for many non-academically motivated individuals who would potentially make skilled nurses.

**JF:** The move to an all-graduate profession should be seen positively, this puts nurses in the same position as other healthcare professionals and, in fact, has been the case in Wales for some time.

**JMC:** This move to an all-graduate profession is long overdue.

**Is an all-graduate profession the best way forward for nursing and why?**

**TY:** This is always a contentious point; do you need to be educated to degree level to provide safe and effective nursing care? The underlying question of whether nursing is a profession or vocation is still open to debate. I am sure that we have all experienced working alongside nursing colleagues with and without graduate status that provide equally excellent nursing care to patients.

Nevertheless, if graduate status prevents nurses from spending their entire post registration career from jumping through the educational hoops to ensure that they remain as academically credible as those that trained subsequently, then it is a worthy venture. The need for continuous professional development (CPD) should ensure that education is a lifelong venture.

On the other hand, there has to be regulation and standardisation for nursing, and an all-graduate profession would help to achieve this aim. One could argue that graduate status will ensure nurses are critical thinkers. This ability is required by all band 5 qualified nurses and is especially relevant in tissue viability due to the complexity and advancing scientific status of the specialism.

**SC:** It makes me feel sad because I think that the skills that make a person a good nurse do not necessarily depend on gaining a high level academic qualification. Is there evidence that care has improved with the increased numbers of graduate nurses?

It takes lots of hands-on experience, people skills, intelligence and common sense to acquire the art and science of

nursing. Many of the integral personal skills required to make a good nurse, particularly those associated with caring, cannot be taught solely in lecture theatres or learned by reading.

**JF:** Yes it is, as it encourages a more critical, questioning practitioner. The academic process also encourages discipline and focus.

**JMC:** I believe that an all-graduate profession is in the very best interests of patients and clients. It will provide nurses with the confidence to make clinical decisions that support the most appropriate interventions based on an evidence base. It will bring the nursing profession in line with all other health and social care professions which already are all-graduate. Given that nurses play a key role in the delivery of 24-hour care and are dealing with complexity, this move is, as I said above, long overdue.

### What stipulations would you put in place to make the all-graduate profession a success?

**TY:** The funding for nurse education is complex and is based upon successful student completion of the pre-registration course. This has a downside in so much as it acts as a financial disincentive to nurse education establishments. Thus, it is not financially advantageous to schools of nursing to discontinue weak students. However, in my experience, this does not prevent students being discontinued if they are incapable of fulfilling the course requirements. Nevertheless, it has the potential for nurse educators to spend a disproportionate amount of time supporting weak students. This would have to be taken into consideration to allow for equality of tutorial support for

all future students wishing to achieve graduate status.

The success of any nurse education programme relies on the support of the mentors in the clinical settings. Mentor preparation and support will be necessary to ensure that clinical outcomes are understood and interpreted correctly by clinical staff. Mentors will require the ability to assess the level of attainment with sufficient discriminatory power to distinguish between the capability of a first and third-year student nurse. They will require sufficient observational and questioning skills to elicit deep elaborate understandings and higher order cognitive processes.

In addition, student nurses will require sound preceptorship support on qualification. New guidance on preceptorship has been issued by the Department of Health (DH, 2010). Hopefully this will overcome the inequalities in preceptorship provision across the United Kingdom.

A change in attitude from some health service personnel is required to safeguard student nurses' supernumerary status and to prioritise their learning needs, rather than using them as an extra 'pair of hands'.

**SC:** I think it is important that a degree course continues to dedicate a large percentage of time to practical placements and that this happens as soon as possible. It is imperative that nursing undergraduates actually know what 'practical nursing' involves early on in the course and that they are studying for appropriate goals.

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**JF:** The focus on clinical practice should remain strong. It would be excellent to see some really clinical modules (for example, wound care), especially within community nursing where wound management can be up to 60% of the workload. Ideally, I would like to see lecturers having a clinical practice component to their role to ensure that they remain current in their teaching of practice and that they have a good understanding of policy implementation in the real world.

**JMC:** To maximise success, there is a need to develop radical curricula which embrace the underpinning biological science base required to make accurate clinical assessments — likewise pharmacology — as future registered nurses will have a clearly defined role in prescribing and managing medications. We also need to ensure that there are a number of routes and pathways to registration at graduate level to attract recruits from a range of backgrounds. There needs to be a seamless career trajectory for those who have the potential and wish to progress from healthcare assistant or assistant practitioner roles. Most importantly, there needs to be a robust clinical career development strategy for graduates to build on their knowledge, expertise and progress, if they have the ability and motivation, to roles requiring higher levels of practice.

### How might the all-graduate profession impact on the future of wound care in the UK?

**TY:** This is difficult to predict. I have been a nurse/tissue viability educator for the past 18 years and I am still

asked to teach what may be considered as fundamental wound management. However, if I review how my teaching has changed, I did not teach students about proteinases, biofilms and cell senescence 18 years ago. These recent additions demonstrate the complex scientific basis of the specialism and I would suggest that this material is part of a graduate or postgraduate curriculum. However, Fletcher (2010) has highlighted how little tissue viability is taught in undergraduate nursing programmes. Therefore, it is essential that the content and not just the academic level are reviewed as part of the future of nurse education. Unless there is agreement between educational institutions on a minimum tissue viability taught component, the move to an all-graduate profession may have a reduced impact on the specialism. Nevertheless, the specialism can only be enhanced by the acquisition of graduate level generic transferable skills, i.e. communication.

**SC:** In the past wound management was central to the everyday experience of nurse training, for example, preventing skin breakdown and undertaking dressing changes was an integral part of daily care.

There is much more known now in relation to the underlying science and evidence base for wound management. It is hoped, therefore, that a significant amount of the curriculum will be dedicated to wound management.

**JF:** There is a concern that clinically focused courses may not be supported by employers who do not see the need to support continuing professional development (CPD) when a clinician already has a first degree. Although it

is possible to study wound healing and management at Masters level, these programmes/courses are usually for more advanced practitioners and so do not cover fundamental principles. If these principles are not embedded into the undergraduate programmes, it is likely that practitioners will have poor knowledge and understanding of wound care.

**JMC:** I am in no doubt that the millions of people who suffer from tissue breakdown will benefit from an all-graduate nursing profession. I would predict that in future the care of those with acute or chronic wounds and challenges to skin (and there will be increasing numbers of these) will be led and/or coordinated by nurses. It is therefore hard to imagine how a nurse in the future would be able to give the best possible evidence-based advice and care to those with these challenges without a robust graduate level education, which equips them with the knowledge and skills required to be accountable for the treatment and intervention protocols.

### Have you benefitted from further study in your career?

**TY:** As an educationalist I am bound to say yes (although it is said with true conviction). As a result of completing my diploma, then degree and then MSc, I was always stunned to find out how little I knew and this became a permanent motivator for future professional development. However, within tissue viability, I have also learned a great deal from the experience of my colleagues and I find our informal networks an invaluable source of knowledge. I am currently undertaking doctoral studies

investigating how individuals with pressure ulcers cope and adjust to their situation on a daily basis, and am learning a great deal from the large amount of lay knowledge that is often untapped by healthcare professionals.

**SC:** Yes and no. I was working as an intensive critical care (ITU) nurse when the opportunities to develop clinically depended on gaining a degree. I devoted myself to two years of full-time study and gained a degree in health care studies. I was unable to return to ITU on an E grade and found myself temporarily working at the *Nursing Times*. This led to a career switch (which depended on having a degree) which has sadly taken me away from the patient's bedside. The great pleasure in my degree was being able to draw on my clinical experience to better understand patient care. However, in terms of further study, the ENB 100 course I undertook at the Middlesex Hospital was far more valuable in gaining relevant knowledge that benefited my career development in clinical nursing.

**JF:** Yes, both my first degree in health care studies and my MSc in wound healing and tissue repair benefited me enormously. Studying gave me the luxury of devoting more time to my specialist subject, something I would love to do every day — but, that does not always fit within the working day. Both also encouraged me to look at the subject differently — to see things from other professionals' perspectives and while encouraging critical thinking, maintaining a grasp of the clinical relevance of information.

**JMC:** I am so long in the tooth that there were almost no graduate nursing

courses when I trained. Also, I was very much a late developer and did not do my first degree until I was in my twenties — well after qualifying as an RGN. My degree studies were life changing for me — they helped me develop confidence in my ability and develop the analytical and critical skills that are essential to high quality professional practice. Doing the degree also helped me have the confidence to argue my corner in a multifprofessional group.

#### **If you were a student today would you still enter nursing?**

**TY:** Truthfully, I am not sure. I have enjoyed my nursing career and still think back to my student days with fond memories, although probably through rose tinted glasses. I would like to think the educational process and the supernumerary status of students would be an attractive option. Nonetheless, I see the dissatisfaction and stress of my colleagues in clinical practice and, along with the continued threat to the role of clinical nurse specialists, the freezing of study leave for nurses, job shortages and the amount of unfilled vacancies due to financial cutbacks, it would seriously make me reappraise nursing as an attractive career option. However, if you asked would I do it all again and go back to 1979, I would say a resounding YES.

**SC:** The reason I went into nursing at 18 was because at that time I did not want to go to university. I wanted a practical job working with people, which was never going to be boring, and did not involve lots of academic study and exams.

Training to become a nurse was a great choice for me. Having had

the practical experience of nursing is valuable at so many levels, personally and professionally. I would not have my current job if I was not a nurse. If I was 18 again, I hope I would still go into nursing and be determined enough to find a way of coping with a degree and not accruing large debts that would be difficult to pay off.

**JF:** Yes, I love my job, I am very lucky to do the things I do — if I had not been a nurse I would never have done most of those things. Nursing is very different now, but if you are prepared to work at it and find the subject area you like it is still hugely rewarding.

**JMC:** Without question. Nursing is one of the most meaningful and rewarding careers in our society. It has its stresses, of course, but it provides you, as an individual, with skills, understanding and a sense of perspective that cannot be equalled. **WUK**

#### **References**

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