

Third-level nurse education: learning from the Irish experience

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Abstract

Nursing and nurse education is rapidly changing internationally. The profession and the different branches of practice have moved in a relatively short period of time from a 'handmaiden' status to have an evolving professional standing as equal members of interdisciplinary teams. This has coincided with the evolving trend to locate nurse training programmes within the higher education sector. Differing models of nurse preparation exist internationally, but there is an inexorable trend to higher education. Ireland has moved away from traditional 'hospital-based' schools of nursing in the past decade or so to a system of universal preparation of nurses within higher education structures. Unlike many other countries, entry to any branch of nursing in Ireland now requires honours degree level education. It seems timely, therefore, to consider the lessons that can be learned from this development and consider the key challenges that face nursing, the healthcare system and the higher education system as a result of this development.

Key words: Education ■ Higher education ■ Ireland ■ Third-level

Nurses have traditionally been mandated to provide professional caring services that are of the highest standard. In an Irish context this has been made more explicit by the professional regulatory authority which argues that nursing should be responsive to society's needs and delivered both autonomously and in collaboration with other healthcare professionals (An Bord Altranais, 2006). Nursing, therefore, is not mandated to be isolationist in ethos or practice, but rather part of a holistic and integrated support system for societal health needs. Thus, it would seem that any current or future issues emanating from society, the profession, other healthcare practitioners, and indeed the third level (higher education) sector, should also be considered. *Figure 1* illustrates the key domains that influence nurse education and the dynamic relationship between them.

There is a somewhat symbiotic relationship between health service provision and the third-level education of

healthcare practitioners, and it does not make sense to consider either one in isolation (Gillespie and McFetridge, 2006). Educational institutions are dependent on the health sector for the provision of experiential learning for practice-based professions and the health sector is dependent on the educational institutions for a supply of competently prepared healthcare practitioners. Both also share a history of tremendous change over the past decades.

Nursing has been described as having 'neophyte' status within the higher education sector in Ireland (Condell, 2004). This assertion is unfortunately true, despite the fact that nursing programmes have been offered in the Irish higher education sector since the 1960s. Since then, programmes designed primarily for the education of nursing educators, and later managers and leaders, have been in place and were limited to qualified nurses. However, it is only since 1994 that programmes designed to prepare nurses for entry to the profession have been offered by third-level colleges in Ireland (McCarty and Higgins, 2003), and it was only in 1997 that all pre-registration programmes in Ireland were offered at diploma level by such colleges (Simons et al, 1998). The same trend has been seen internationally. The transition from hospital-based schools or colleges of nursing to bases in the higher education sector, through Project 2000, was completed in the UK in 1996 (Pope et al, 2000), just prior to in Ireland.

Programmes and preparation for registration is not at degree level in all countries. Ireland is probably unique in that all nursing programmes are offered at degree level, and simultaneously, professional registration is only available through a degree level qualification among Irish nurses. Having nurse education based within the higher education structures provides a number of very important benefits for nursing. Clearly it has the benefit of being the most established and widely respected medium for preparation of professional and occupational groups. It carries with it centuries of well-established tradition and expertise in terms of knowledge development and dissemination. However, the third-level sector is not a homogenous entity within Ireland. There are differences between different higher education institutions, in terms of interests and ethos. Whatever differences exist, one of the main challenges across the third-level sector is that it remains relevant and that it proactively meets the educational needs of society in a flexible, student-friendly way, while simultaneously maintaining the highest standards of education.

This societal mandate has led to changes within the Irish third-level sector in terms of requirements to expand

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courses, and is being increasingly driven by economic and social need (Kelly, 2006).

Goals of third-level education

The core mission of third-level education is to generate and test knowledge, disseminate that knowledge and serve the wider community. Despite the changes in focus or modernization of the third-level sector, this mission remains fundamental to academic endeavour. These aspects of the mission are generally met through research, teaching and service to the wider community. Condell (2004) argues that there have been some differences of emphasis within different sectors of the third-level education environment. She points to the tradition of the institutes of technology (which would approximate with the polytechnic sector in the UK or universities of applied science in some European countries, such as the Netherlands), where research and knowledge generation have not had as high a priority as in the university sector. While this may have been the tradition, that tradition is changing rapidly, and anecdotal evidence suggests that nursing departments within these institutes are in fact positively influencing this trend.

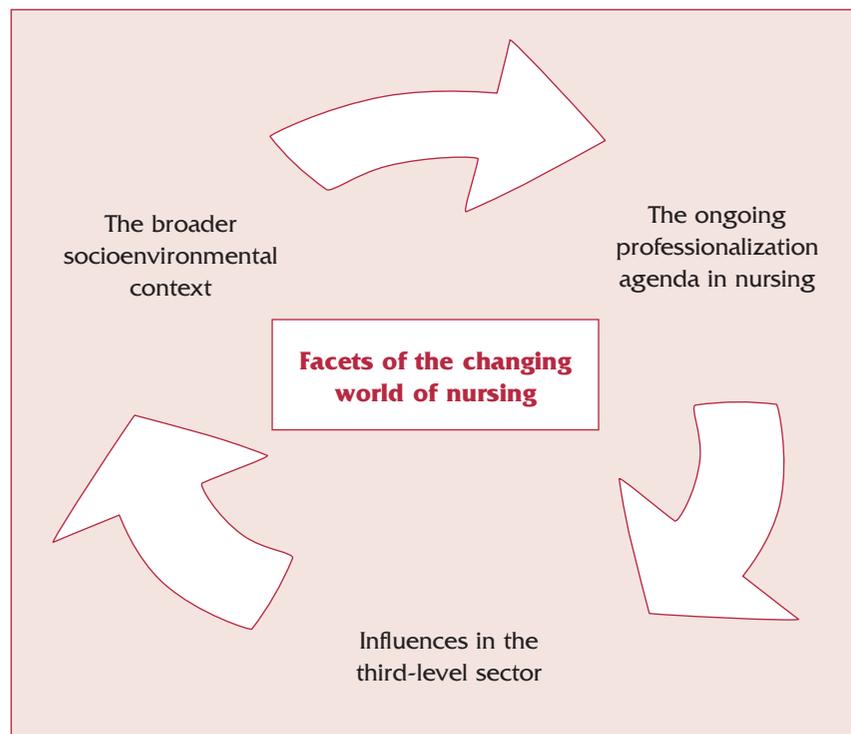
Within the university sector in Ireland and elsewhere, it has long been the situation that funding must be generated to sustain activity outside that available through public funding or gifted by benefactors. Funding outside these sources is mainly derived through research or consultancy activity. This provides one of the most fundamental challenges for nursing as a neophyte profession within this sector. Funding is finite, and nursing departments in Ireland are largely dependent on course fees and capital funding provided by the Department of Health and Children (DoHC) as revenue sources.

The traditions of research activity and income generation through this route are not well established within nursing internationally, and less so within Irish nursing (DoHC, 2003a). The building of research capacity for knowledge development and practice combined with income generation is one of the fundamental challenges that must be addressed by both nursing departments and the third-level sector generally. Addressing it will mean appointing and supporting academics with a research capacity and proven record of securing research funding, while balancing workload requirements between teaching and research appropriately.

The challenge can be described as almost spiral in nature. There is a poor level of acceptance of nursing within the third-level sector. This may be partly explained because nursing does not have a well established or clearly articulated research tradition outside its own practice. This in turn is partly due to the fact that there are a limited number of researchers within the current cohort of nursing academics in Ireland, although it is growing and will expand in the future. The lack of a research tradition and limited capacity is most likely linked with the issue of credibility among academic peers.

Other academics and the third-level sector need to accept nursing as an academic profession in its own right, but are unlikely to do so without an established research reputation.

Figure 1. *The changing world of nursing.*



A challenge for nursing departments is to promote that acceptance through actions and performance. Acceptance of nursing into academic life, or the values and experience of nursing, cannot and should not necessarily be an automatic right or presumed. Respect and acceptance must be earned by nursing academics. This requires nurses to articulate the skills, knowledge and values that they bring to the third-level sector. It also requires them to engage with existing faculty and demonstrate their ability in pragmatic ways. Nursing cannot act in isolationist ways within the third-level sector nor confuse separateness and distinctiveness with uniqueness and social distance.

Embedding nursing as an academic discipline

Nursing must become a fully embedded academic discipline within the third-level sector if it is to positively contribute to the professionalization agenda, long pursued by nursing. It must achieve this through a synergistic approach, drawing on the best elements of the traditions of nursing and academic systems. Internationally, one of the main reasons for the transfer of nursing to the higher education institutes was to raise the profile of the profession and its status (Gillespie and McFetridge, 2006). In Ireland, there have been calls for this since at least 1919 (Scanlon, 1991). The long-standing desire to be within the third-level sector has been achieved and now the next phase of the journey must be undertaken. One of the major fears associated with this process is that nursing must not be subsumed within the sector and lose its own identity – this must not be allowed happen and this is not what is meant by being embedded.

The wish to develop a body of unique knowledge for the profession and provide a basis for evidence-based practice reflects the desire of an evolving profession. This

endeavour should simultaneously meet the demands of society for quality nursing services. If this is to be achieved, the logical challenge for all the key stakeholders is that nursing needs to be embedded within the third-level sector, not merely based within college campuses. The geographic relocation alone is superficial and could be both tokenistic and ultimately damaging to the profession. If nursing is to achieve the aims as set out above, then relocation is a necessary prerequisite, but in itself, is insufficient.

The process to date has been variously described as a transfer to, or integration into, the third-level system. The author would argue that the notion of 'transfer' implies relocation and that the 'integration' to date has basically focused on an 'interactional' process, whereas it needs to be at a more transactional level. The move must be at a deeper and more meaningful level, thus the notion of being embedded into a system is being proposed. In the author's view there are a number of key areas that need to be addressed in relation to becoming embedded within the third level sector:

- A synergistic integration of traditions
- Collaboration and conjoint working with professional and statutory agencies
- Development of professional knowledge, knowledge testing and dissemination
- Building capacity
- Remaining relevant to health service needs/practice and practitioners
- Funding issues

- Meeting the needs of internal consumers
- Responding to competitive demands.

While there is a clear potential benefit for nursing from the move into the higher education setting, there are also benefits for the third-level sector. Bartels (2005) argues that there is going to be an ongoing and growing demand for high-quality nursing services internationally, at least until 2020, with an estimated shortfall in supply of 808 000 nurses in the United States alone. This estimate only refers to the overall quantity of nurses, and does not take into account potential changes in terms of the quality or level of practitioners prepared. It nonetheless provides an indication of the strong demand for nursing services into the future internationally. While the remainder of this article will concentrate on the third-level sector, the challenge cannot and should not be addressed within the third-level sector in isolation, if the transactional model presented earlier is to be accepted, or indeed the argument that the higher education sector essentially exists to further knowledge and serve society.

Figure 2 presents a model for addressing this challenge and includes the key stakeholders who should be partners in the design and delivery of the solution. Just as the problems that need to be addressed have cross-sectional origins and implications, then the solution itself should be transactional and integrative in nature and designed to meet the needs of society, the profession and the third level sector.

Nursing in the third-level sector needs visionary leadership tempered by pragmatic management. If it is to be relevant, it needs to develop capacity by acknowledging, developing and promoting expertise, while remaining grounded in an ethos of service and care. In this respect, nursing departments must 'future proof' programmes. As a sector, it must prepare practitioners for current and future practice. As with all third-level education, it should develop critical thinking and questioning practitioners. Nursing programmes should prepare practitioners for higher-order practice.

Clearly, while difficult to predict the precise numbers, there is a strong potential base for nurse education in the third-level sector into the future, and there are benefits for both nursing and the third-level sector. One of the current areas of emphasis within the third-level setting is the notion of quality assured initiatives in education. In this respect, nursing and nurse education has a longer tradition of quality assurance in practice as well as nursing education than the higher education institutions (Hogston et al, 2006), having been participants in such systems through professional accreditation of programmes and settings. In Ireland, such external scrutiny dates from at least the mid-1980s.

Autonomy and integration; concerns and challenges

The autonomy of third-level institutions is highly valued by academics. One of the ongoing challenges internally relates to the auditing processes required by professional bodies, such as An Bord Altranais (the Irish Nursing Board). Sharing responsibility for ensuring quality programmes must be one of the areas of accommodation that the third-level sector

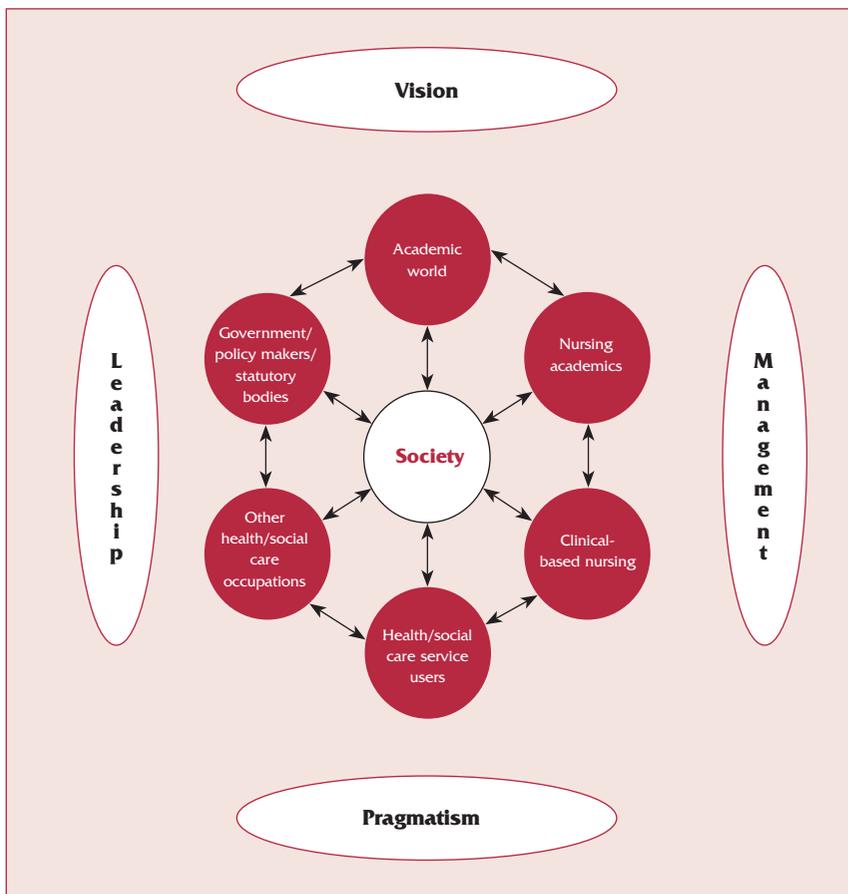


Figure 2. An integrative solution (facets and stakeholders).

must address. The principal challenge is to find a means of working in partnership with regulatory authorities. This will mean acknowledging the autonomy of all partners as well as respecting and valuing differences, while simultaneously ensuring standards, rather than standardization.

The principal mission of third-level education is to generate, test and disseminate knowledge. Transferring nursing to the third-level sector means that nursing academics are mandated to meet that mission in relation to their own professional practice. Nursing education has a long tradition of disseminating knowledge directly to students or the profession through its teaching endeavour. However, it has a less well-established tradition in the generation or testing of knowledge or in research. Indeed, its tradition of dissemination of knowledge through publication or to the wider community is also less well established than other professions and academic disciplines. This situation urgently needs to be addressed.

While dividing the areas where there are challenges for nursing education in the third-level sector into discreet domains makes some sense, as indicated previously, the division is somewhat artificial as there is almost a symbiotic relationship between them. For example, changes and trends in the healthcare sector impact on the education sector and visa versa (Gillespie and McFetridge, 2006). Knowledge generation and research are perfect examples of this. One of the key challenges identified for nursing has been the provision of evidence and research-based care (DoHC, 2003a; 2003b). Nursing departments in the third-level sector need to be prepared to provide leadership and support for the profession in this function. In addition, they need to be identified and accepted experts in this domain among their professional colleagues.

One of the key challenges for nurse education in the third-level sector has to be the building of research capacity. Nursing brings with it a proud tradition of teaching. It is in the field of knowledge generation and testing that one of its greatest challenges lies in the immediate future. It should be remembered that Ireland has a total of 13 nursing departments throughout the country. It is arguable that the level of research activity within a country of Ireland's size would mean that a collegial approach to research should be encouraged. This may and should be addressed both within individual institutions and across institutions nationally, and internationally through such means as the establishment of research centers and collaborations. Within individual departments, the identification of relevant research expertise and a programmatic approach to research is one means of progressing this agenda. In doing so, it is also important to recognize that research should, either directly or indirectly, bring added benefit to care and society.

One of the main concerns among nurses relating to the transfer of nurse education to the third-level sector has been expression of a desire that nurse education would not become separated from practice (Castledine, 2000; Wakefield, 2000). Many of the claims of an increasing dichotomy between these domains of nursing emanate from within practice settings and are at least potentially related to fears among traditionally trained/educated nurses

that they will be disadvantaged by virtue of their lower level of educational award (certificate level versus primary degree) (Gillespie and McFetridge, 2006). This raises the issue of integration versus segregation among and between the higher educational sector and practice, and the related issue of remaining relevant to the profession.

The report of the Nurse Education Forum (Government of Ireland, 2000) also raised this issue and suggested that clinical competence and relevance should be maintained through scheduled contact time within healthcare services. While this is one means of maintaining contact with services, a more relevant and individually negotiated arrangement needs to be developed. Service sites need to identify the optimal contribution and arrangement that can be made by nursing academics, and likewise academics need to negotiate relevant access to clinical sites to meet their own needs. This cannot and should not be prescribed. To do so leads to the potential of tokenism rather than maintaining clinical relevance.

Understanding the impetus for such recommendations, however, is perhaps more important than the substance of the recommendation itself. The key need as far as such recommendations are concerned relates to a strong desire to maintain links between education and practice. If such arrangements are to be realized, then it also means understanding that such contact forms a structured element of the workload of nursing academics, rather than an additional voluntary element. Realistically there needs to be formal recognition of the practice base of nursing within the third-level sector and an understanding of the need to balance links with and support for the clinical base. In any event, the links need to be logical and mutually beneficial.

Remaining relevant or credible does not necessarily rely solely on direct contact. It should primarily rely on the utility of the services of nursing academics to health service providers. In this respect, nursing departments should work collaboratively with health service providers to identify need and respond to it with appropriate educational or research initiative. To meet the core mission of the third-level sector and remain relevant to practice, it is vital that nursing academics produce and test evidence to support practice. In order to do so, it is essential that those undertaking and managing research activities must be appointed at the correct level and with the correct expertise, including an appreciation of the Irish context.

There is some evidence that this is happening nationally. Based on an examination of the websites of nursing departments, there were 41 doctoral faculty identified nationally, as of August 2006. By October 2008, this had increased to 64 doctoral level members of nursing departments among those departments that identified academic qualifications of staff. It should be noted that this number is probably higher as six departments did not identify staff and/or their academic qualifications. It is important to note that in virtually all the third level colleges that identify promotional grades and academic qualifications in Ireland, senior appointments require academic and research credibility. For example, while all professorial appointments require doctoral level academic

standing, there is increasing evidence that this is also the minimum level for other promotional positions.

In October 2008, six of the Irish universities offering nursing programmes identified senior lectureships in their departmental websites – with a total of 14 post-holders. The websites indicate that 11 of these post-holders are at doctoral level and one with a doctorate in progress. While this is undoubtedly a rather crude indicator, it has been used previously by Treacy and Hyde (1999) who reported that there were six doctoral nursing academics in post in Ireland in 1997. The increase in the overall level of nurse academics at doctoral level, as well as those in promotional positions in the university sector, suggests that the challenge of making academic nursing relevant through the recognition and use of appropriate expertise is being taken seriously. Clearly this needs to be continued into the future.

Research and academic training – the future

While nursing is a neophyte academic discipline and the numbers of nurses with appropriate research and academic training have been low, this is changing. It is important that nursing departments develop and promote themselves as centres of research excellence. It is important that academic leaders in nursing departments ensure that the research capacity is developed and managed by appropriately qualified and experienced faculty members.

No challenges can be addressed adequately without reference to resources and funding. It is estimated that under the National Development Plan (NDP) (2000–2006) approximately €240 million of capital funding has been provided to higher education institutes to fund building projects associated with the transfer of nurse education to the third level sector (NDP/CSF Information Office, 2006). In addition, the DoHC, in keeping with the recommendations of the Commission on Nursing (Government of Ireland, 1998) funded nursing places since the commencement of the undergraduate pre-registration degree programmes in 2002, but there is no guarantee that this commitment to funding will continue in the future (Malone et al, 2004). Indeed, there is some recent evidence that it will not be continued or will at least be modified.

It was announced in October 2008 that nursing places on undergraduate programmes in Ireland would decrease by 310 and support for qualified nurses seeking to move to degree level would cease from 2009 (Ó Fátharta, 2008). Nursing departments and higher education institutes need to be prepared for this changing reality.

Both the profession and the higher education institutes need to be conscious of internal and external competition for course places as much as research activity (as previously discussed). The attractiveness of courses to students is a relevant issue that needs to be considered. Within such a competitive environment one of the key challenges will be to ensure the attractiveness of courses to students while remaining true to the demands for the highest standards of preparation for professional practice.

One of the key driving forces for the transition to the third-level sector was a desire to ensure that student nurses enjoyed exposure to broader educational experiences

and that they were treated like all other students. While students are exposed to the broader ethos of the third-level environment, it is also true that there have been considerable challenges in relation to meeting the clinical placement requirements of programmes. In at least some instances, placements must be undertaken when most other students are on holiday breaks. While this is a legitimate requirement for future practice, it should be remembered that many third-level students partly support their studies through earnings during holiday periods. Where holiday time placements are not possible or perceived by potential applicants not to be possible, it may act as a deterrent to applicants. Likewise, funding for programmes needs to be considered in relation to the colleges in Northern Ireland, where all student nurses are grant assisted (Northern Ireland Executive, 2007).

Undergraduate nursing programmes, however, are only one facet of the challenge. This is partly because, to date, they have been the principal focus of transition and these challenges have largely been addressed, or are in the process of being addressed. Nursing has successfully integrated at undergraduate level within the higher education sector in Ireland. From the perspective of current need or issues that nursing departments will face in the future, it is arguable that the greatest areas of need in terms of programme development and delivery will lie within postgraduate education. There is a demand within the profession for high quality, relevant, accessible, dynamic and flexible postgraduate education programmes (Peelo-Kilroe, 2003) that needs to be met.

It is key that the third-level sector and health service agencies work collaboratively to address the career and educational development requirements of a graduate profession, while also managing the transition for those nurses who are not at graduate level currently, but who have valuable professional experience. This need must be mediated by the ability to respond to current healthcare needs during the transitional phase nursing is in. Additionally, it must predict the future needs of a graduate profession, in the context of a reforming health service and a changing society. It must be understood that nursing education is currently in transition and that many nurses, who are already professionally qualified and vastly experienced, have a legitimate concern that their experience will be appropriately accredited as a recognized form of learning.

These local demands must also be understood in a more global context. Recognition of prior and varied forms of learning is developing as an accepted and necessary trend in third level education throughout Europe (Lueddeke, 1997) and will be expected within the context of the Bologna Agreement. The requirements of the Bologna agreement will impact on nursing programmes as much as others, and nursing departments must prepare for the full implementation of the agreement. Higher education institutions need to consider non-traditional alternatives to programme access and delivery, while simultaneously resisting any temptation to diminish standards.

Conclusion

Managing the transfer and integration process has generally been very successful to date. However, managing the

challenge to truly embed nursing as an academic discipline will require continuing skill, understanding and patience at all levels between and across the health and academic sectors. Nursing education in the third level sector has achieved a lot in terms of its relocation and integration. The single biggest challenge is to become truly embedded as an academic discipline, so that the mission of providing the highest standard of professional care within society can be fully realized.

It may be appropriate to paraphrase a well known Irish political slogan: it is perhaps a case of 'much done, more to do'! In order to serve society and the professional development needs of nursing, priorities must be identified and choices must be made. The author's belief is that the primary and logical choice is for nursing to be truly embedded within the third-level sector as an academic discipline. However, the embedding of nursing as an academic discipline must be real; it must involve a transformation from an essentially teaching tradition to academic activity. This will be aided considerably through shared or collaborative work, which can be achieved through a variety of models, both within and between departments and across institutions nationally and internationally.

Nursing in the third-level sector must, as a priority, encourage this development through a combination of visionary leadership and pragmatic management and in doing so it must canvass the support of clinically-based colleagues and academic peers to progress this agenda in partnership. It is through this framework (Figure 2) that it will develop judicious and mutually beneficial partnerships with clinical practice and collaborative links with key stakeholders to realize its full potential.

Ultimately, the desire for recognition as a discipline with full academic professional status lies in ensuring that nurse education is embedded in the third level sector. However, the review of the Irish experience argues that it is important to base future developments in nurse education on a synergistic process, drawing on shared traditions between the health and education sectors. Clearly, there are lessons to be learned from the Irish situation that can be applied internationally, just as Ireland has much to learn from international experience. There is little to be gained from replicating the mistakes of others or failing to learn from experience. BJN

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KEY POINTS

- Nursing education in Ireland is probably unique internationally in that entry to any branch of the discipline requires an honours degree. As such it provides a special opportunity for learning from the experience of such an approach, which may be beneficial for other jurisdictions.
- Undergraduate programmes are now well integrated in the higher education sector, the challenge for nursing as an academic discipline is to become truly embedded within the structures and ethos of third-level educational structures, without losing its identity.
- Future development of nursing needs to be synergistic in nature, drawing on the best elements of the traditions of both nursing and academia.
- The key challenge for nursing academics and clinicians is to generate test and disseminate knowledge to inform best practice for the benefit of society and the profession.