

The nursing week In my view

Jessica Corner



“Degrees will build in values to underpin and ensure good care”

I was proud to announce that the University of Southampton was the first to have its degree programmes approved by the Nursing and Midwifery Council. We will become “all graduate” from September, two years ahead of the deadline. We were closely followed by York and all other universities will soon follow suit.

This is a historic moment and one that we should rightly mark with celebration. But we still have many sceptics to convince that this is right and necessary for nursing.

We have called for this change over decades. Even though we are the birthplace of modern, evidence-based and data-informed nursing, England has lagged behind Scotland, Wales and many other countries, despite there being strong evidence to indicate that nurses prepared to degree level enhance the quality of care and are associated with better outcomes.

All other health professions study to degree level, but with nurses there is deep ambivalence over accepting that managing care and providing treatment in modern health systems requires extensive knowledge and skills. Nurses today do many of the tasks doctors performed 25 years ago when I was training to be a nurse.

The Health Service Ombudsman’s report that revealed shocking stories of neglect and poor care by nurses and other staff came close on the heels of reports from the Mid Staffordshire inquiry; these are an indictment of some nursing care in the NHS. It feels as if there may be a crisis in confidence over the quality of care provided by nurses in acute hospitals. We have heard a range of explanations into why such poor care is happening, what has gone wrong and what we should do. We have heard a lot about whether we should train nurses differently, concentrate on the basics of care or stop nursing becoming

too academic. This is precisely the wrong approach.

What we need are high-calibre, highly trained nurses who are supported and well prepared to uphold person-centred care, attending to the basics of what people need when they are ill, especially those who are vulnerable, such as frail older people.

We need to detail the science behind what creates the circumstances to get care right – leadership, organisational climate and context, a skill mix that includes expert clinical leaders and effective teams, and adequate staffing levels. Critical is an organisational culture that upholds and supports the delivery of such care.

Our degree curriculum is designed to inculcate clear values from day one. Values-based enquiry is core. Students will be supported to develop care and compassion, which will be underpinned by evidence-based knowledge and the confidence to recognise and speak out against situations where care is not of an acceptable quality.

We believe, in developing the Southampton values-based curriculum, that we have a response to some fundamental issues relating to the quality of care in the NHS and are passionate about instilling the values that are fundamental to putting poor care right. This involves working closely with local hospital and community trusts, auditing clinical placements, participating in quality monitoring, supporting students to speak out when they see unacceptable practice and developing students to have the expertise, skills and values to uphold and deliver high-quality care.

So, let’s stop debating whether an all-graduate profession is necessary and embrace the opportunity to work collectively to address the challenges that currently face the profession and ensure that system failure in delivering quality care is an unheard of, rather than a trend towards the norm.

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club

receiving metronidazole as part of routine care. The spots were dried and the results used to develop dosage guidance for doctors.

Better communication wanted in paramedics

Emergency Medicine Journal (2011) 28: 283-286

More than half of care home nurses want better communication and cooperation from paramedics, Austrian researchers have found. They surveyed nurses, doctors and patients about 152 geriatric emergency cases in nursing homes. Nearly all nurses were content with the quality of emergency care.

Caring attitude makes ICU stay less traumatic

Intensive and Critical Care Nursing (2011) 27: 76-84

Support and a caring attitude are important in making an intensive care stay less stressful and may balance distressing memories. Swedish researchers studied 250 mechanically ventilated adults admitted for more than 24 hours to ICU who were interviewed five days after discharge. They found 81% remembered the ICU stay. Of all patients, 71% described unpleasant memories and 59% pleasant.

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