

This article reflects on how nurse education moved away from the traditional 'hospital-based' schools of nursing to a system of universal degree-level education for all nurses in higher education.

### Background

With 2021 designated as the Year of the Nurse and Midwife, it is timely to examine where nurse education has come from and how it will meet healthcare challenges in the future. Few would argue that nurses do not require an education, particularly given the vital role that nurses have had in patient care throughout the Covid-19 global pandemic.

Yet twenty-five years ago, the suggestion that nurses should receive a degree-level education was met with incredulity and hostility. I recall receiving letters from members of the public expressing concerns that nurses would become uncaring if they received a degree. There were also media articles querying why nurses needed a degree since they mainly did washing and toileting. It is striking that there was so much open hostility to nurses being educated, since they provide 24/7 care, they make up 50% of the health workforce, and better-educated nurses contribute to better patient outcomes (Aiken et al., 2017).

Nearly two decades ago, Ireland moved away from the traditional 'hospital-based' schools of nursing to a system of universal degree-level education for all nurses in higher education. How this all came about can be traced back to 1994, when the system of nurse training underwent considerable change with the establishment of links with higher education and the introduction of a pilot scheme for a Diploma in Nursing (An Bord Altranais, 1994).

Following this, the Commission on Nursing resulted in the introduction of a four-year degree as the sole route of entry to practice (Government of Ireland, 1998). Although nursing sought entry to higher education on educational grounds, the driving force behind the move was pragmatic and fiscal, as the Commission report emerged from an industrial-relations conflict that involved direct strike action by nurses (Fealy and McNamara, 2007).

# Nurse Education Over the Years

Reflecting on the past and meeting the challenges of the future



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The move to degree-level nursing education in 2002 was an exciting but also challenging time for nurse education, as it involved significant disruption for nurse teachers employed in schools in the hospitals. I remember this time vividly, as I helped lead the integration of six schools of nursing into higher education at Dublin City University and the accreditation of the curriculum for this new four-year degree programme. In 2006, after extensive consultation, a new direct-entry undergraduate children's and general integrated nursing degree programme also began, which put the education of children's nurses on equal footing with that of nurses from other disciplines.

Approval of third-level status for nursing programmes moved nursing to an all-graduate profession, which signalled far-reaching changes for nurses and nursing. In the past, student nurses functioned as 'workers', whose learning needs were subservient to organisational needs (Fallon et al., 2018). In contrast, the degree programme combines theory with clinical practice placements in each year, and students are supernumerary till the final internship in fourth year.

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Nurses are educated to be critical thinkers and lifelong learners and are now on equal standing in interdisciplinary teams. Although differing models of nurse preparation exist internationally, in Ireland it continues to be a graduate qualification preparing nurses to work in many settings and to be leaders. For example, many nurses in the role of clinical nurse specialists and advanced nurse practitioners lead in specialist areas of healthcare, contribute to better patient care, and improve patient satisfaction (Coyne et al., 2016).

### Impact on patient care and outcomes

Ensuring that nursing is an all-graduate level of education is essential, because empirical research shows that direct patient care delivered by nurses with bachelor degrees leads to improved patient outcomes and less morbidity (Aiken et al., 2017). The association between higher registered nurses (RN) staffing (educational level and number) and better patient and nurse outcomes is well documented. Having nurses with degree-level education in a 1:6 patient ratio will prevent approximately 3,500 deaths per year (Bruyneel et al., 2015; Ball et al., 2018; Harrison et al., 2019).

Improvements to work environments, nurse staffing ratios, and the educational composition of nurses have been shown to lead to improved quality of care and patient safety (Sloane et al., 2018). Furthermore, when healthcare organisations reduce the number of graduate nurses by adding other categories of assistive personnel, this may contribute to preventable deaths, erode quality and safety of hospital care, and contribute to hospital nurse shortages (Aiken et al., 2017). There is considerable evidence of the benefits to patients of deploying well-educated nurses to provide care in adequately staffed units, yet much of this evidence is not being implemented (Rafferty, 2018).

### Workforce challenges

With healthcare changing rapidly worldwide, it is timely to consider the key challenges that face nursing and the healthcare and education system. The future will pose new global challenges that will affect health and healthcare, potentially including further infections of pandemic proportions like Covid-19. According to Catton (2020), 'The future resilience of healthcare services will depend on having sufficient numbers of nurses who are adequately resourced to face the coming challenges.' So adequate numbers of skilled nurses will be critical to successfully tackling healthcare challenges, but currently there is an estimated global shortage of nearly 6 million nurses (WHO, 2020).

This problem is projected to only get worse with an ageing workforce and challenges in recruiting and retaining nurses (WHO, 2016; Van den Heede et al., 2020). Without enough nurses, healthcare procedures and operations will be restricted, and hospital units may have to close. This is a recognised global challenge that will have a profound impact on future healthcare. The three key areas to address nursing shortages are recruitment, retention, and redesign.

### Way forward

Society is changing and becoming more diverse, with many different cultures, ethnicities, traditions, and family configurations. The pace of technological advancement is unprecedented and has the potential to transform how the health services and people manage their health and wellbeing. In relation to redesign, the Department of Health's (2019) Sláintecare report recognises the huge role that nurses play in health promotion and disease prevention. The action plan includes expanding nursing roles, moving care to community where possible, a new nurses contract, and the development and introduction of a new model of nursing and midwifery. Nursing education is constantly adapting and innovating so that nurses have the competence, skill, and knowledge that they use every day to provide patient-centred care and to save lives.

“The future resilience of healthcare services will depend on having sufficient numbers of nurses who are adequately resourced to face the coming challenges.”

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### REFERENCES

- Aiken, L.H., Sloane, D., Griffiths, P., et al. (2017) 'Nursing skill mix in European hospitals: Cross-sectional study of the association with mortality, patient ratings, and quality of care', *BMJ Quality & Safety*, 26(7), 559–568.
- An Bord Altranais (1994) *The Future of Nurse Education and Training in Ireland*. Dublin: An Bord Altranais.
- Ball, J.E., Bruyneel, L., Aiken, L.H., et al. (2018) 'Post-operative mortality, missed care and nurse staffing in nine countries: A cross-sectional study', *International Journal of Nursing Studies*, 78, 10–15.
- Bruyneel, L., Li, B., Ausserhofer, D., Lesaffre, E., Dumitrescu, I., Smith, H.L., Sloane, D.M., Aiken, L.H., and Sermeus, W. (2015) 'Organization of hospital nursing, provision of nursing care, and patient experiences with care in Europe', *Medical Care Research and Review*, 72(6), 643–664.

Catton, H. (2020) 'Global challenges in health and health care for nurses and midwives everywhere', *International Nursing Review*, 67(1), 4–6.

Coyne, I., Comiskey, C.M., Lalor, J.G., Higgins, A., Elliott, N., and Begley, C. (2016) 'An exploration of clinical practice in sites with and without clinical nurse or midwife specialists or advanced nurse practitioners, in Ireland', *BMC Health Services Research*, 16, 151.

Department of Health (2019) *Sláintecare Action Plan*. Dublin: The Stationery Office.

Fallon, A., Chiardha, T.U., Meaney, T., Van der Putten, D., Brennan, M., Uí Chionna, J., Bradley, S., McNicholas, M., and Smyth, S. (2018) 'Revisiting task-orientated care: Oral histories of former student nurses in Ireland (1960–2001)', *Nurse Education in Practice*, 29, 48–52.

Fealy, G.M. and McNamara, M.S. (2007) 'A discourse analysis of debates surrounding the entry of nursing into higher education in Ireland', *International Journal of Nursing Studies*, 44(7), 1187–1195.

Government of Ireland (1998) *Report of the Commission on Nursing: A Blueprint for the Future*. Dublin: Stationery Office.

Harrison, J.M., Aiken, L.H., Sloane, D.M., Brooks Carthon, J.M., Merchant, R.M., Berg, R.A., and McHugh, M.D. (2019) 'In hospitals with more nurses who have baccalaureate degrees, better outcomes for patients after cardiac arrest', *Health Affairs (Millwood)*, 38(7), 1087–1094.

Rafferty, A.M. (2018) 'Nurses as change agents for a better future in health care: The politics of drift and dilution', *Health Economics, Policy and Law*, 13(3–4), 475–491.

Sloane, D.M., Smith, H.L., McHugh, M.D., and Aiken, L.H. (2018) 'Effect of changes in hospital nursing resources on improvements in patient safety and quality of care: A panel study', *Medical Care*, 56(12), 1001–1008.

Van den Heede, K., Cornelis, J., Bouckaert, N., Bruyneel, L., Van de Voorde, C., and Sermeus, W. (2020) 'Safe nurse staffing policies for hospitals in England, Ireland, California, Victoria and Queensland: A discussion paper', *Health Policy*, 124(10), 1064–1073.

World Health Organization (WHO) (2016) *Global strategy on human resources for health: Workforce 2030*. Geneva: WHO.

World Health Organization (WHO) (2020) *State of the world's nursing 2020: Investing in education, jobs and leadership*. Geneva: WHO.

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