Celebrating 30 years of integrated undergraduate nursing at The University of Southampton: Diane Carpenter, Alan Glasper, Rosalynd Jowett, Peter Nicholls

Abstract

This paper describes the evolution of undergraduate nurse education within the University of Southampton and highlights the continuing responsiveness of the University to the rapidly changing policy initiatives and landscape of health care delivery with subsequent workforce needs.

Introduction

Nursing as a profession and in particular nurse education, has undergone a radical change during the last 30 years in the way the profession is perceived by the public and other contemporary health care disciplines. Traditionally the profession was seen as a predominantly female occupation with a strong vocational element with limited academic value. The phrase nurse training was commonly used and in itself depicts a preparation which was more focused on skills acquisition rather than critical thinking, problem solving and acquisition of analytical skills making informed, evidence based assessments relating patient care.

Initially student nurse training leading to registration did not attract academic credit and it was only subsequent to the introduction of Project 2000 that a SRN or RGN qualification was nominally awarded certificate level academic credits. Entry to a certificate level RGN programme prior to Project 2000 required, in some cases, as few as three G.C.E. O levels or the successful completion of the General Nursing Council entry test, one of which was known after its author Dennis Child and called the DC Test. As the healthcare agenda adapted to accommodate the changing health needs of individuals, the methods and contents of preparation programmes for nurse registration continued to develop innovative, effective and relevant student learning pathways.

Whereas entry to the first nursing degree courses required three A levels, recruitment criteria for non-degree nursing accepted non-traditional qualifications e.g. DC entry test, Access Courses. Changes spanning fifty years, aimed at improving nurse education, culminated in Project 2000 in the late 1980s becoming fully operational by 1993. Nurse training had until then been two-tiered with enrolled nurse and registered nurse training, but this policy change took nurse ‘training’ into higher education and phased out enrolled nurse provision. This perpetuated a dichotomy where the majority of initial nurse training courses were studied at diploma level, a lower of educational attainment than medicine and many other allied health professions. Where occupational therapists, physiotherapists and doctors were educated, nurses were trained and the stereotypical differences maintained. Recent policy change has now put nurse education on a more equal footing with other health related professions in that it too has become a graduate only profession where nurses must be educated to degree level, although it’s entry requirements are still lower than for other professional groups.

Some Higher Educational Institutions, however, were already offering undergraduate and higher degree courses for nurses before more recent policy changes.

The Willis Commission report (RCN 2012) provides an historical overview of nursing education. The University of Edinburgh was the 1st UK higher education institution to offer a pre-registration bachelor’s degree in nursing in 1960 and in 1973 introduced its master’s degree. The University of Wales, Cardiff introduced its own nursing degree in 1972. (Bircumshaw and Chapman 1988) followed by the University of Manchester in 1974 who were the 1st to introduce a degree course in England. Subsequently in 1976 the University of Ulster commenced undergraduate nursing for Northern Ireland. A number of English universities subsequently introduced nursing degrees throughout the 1980s.

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The development of the Bachelor of Nursing programme at the University of Southampton

Pre-registration nurse education at the University is currently ranked amongst the top three institutions in the UK. The Faculty of Health Sciences is committed to shaping the future of healthcare, locally, nationally and further afield. The educational provision is predicated on the belief that health outcomes and healthcare delivery can continually improve by using evidence to inform practice and clinical research. The Faculty’s research academics have a solid reputation for collaborating with other faculties, other universities, the NHS and charities to generate the evidence which informs practice delivery. The education philosophy is one which encourages students to evaluate procedures, challenge practice and analyse results.

The Faculty of Health Sciences is an established national and increasingly an international, provider of high quality, innovative healthcare education of which nursing continues to play an important part. The nursing element of the Faculty has developed from a sound, robust foundation of education and practice focused philosophy and it is this foundation which is the focus of this paper.

Primarily this paper considers the evolution of undergraduate nursing at the University of Southampton which has been associated with the education of nurses since 1948 when a course for Health Visitors was set up within the Faculty of Sociology and Social Policy. In 1957, the University established an experimental four and a half year combined course leading to registration as a trained nurse and Health Visitor. Later, the course was linked to an undergraduate degree in Social Science and the University admitted its first undergraduate nurses in 1970. Approval was subsequently withdrawn by the English National Board for Nurses, Midwives and Health Visitors (E.N.B) specifically because the move in nurse education was towards integrated programmes offering academic qualifications alongside nurse registration and the last intakes for this course commenced in 1990.

The Faculty of Medicine was established in 1972 and offered an innovatory Bachelor of Medicine (BM) degree programme which unlike other existing courses uniquely offered patient contact from day one. The demise of the nursing programme within the Faculty of Social Science created an opportunity for the Faculty of Medicine to develop a parallel integrated bachelor’s degree programme in nursing (BN).

The Faculty of Medicine housed within the curtilage of Southampton’s large District General Hospital (now University Hospital Southampton NHS Foundation Trust) established close links with the adjacent Southampton School of Nursing, later to become the College of Nursing. The Director of Nurse Education, Mr Tony Smith, later to become the chief executive of the ENBand Donald Acheson (the first Dean of medicine – later to become Sir Donald Acheson – the English Department of Health’s Chief Medical Officer) collaborated with Miss Sheila Quinn the Wessex Regional Nursing Officer (later Dame Sheila Quinn) to plan the development of the Faculty of Medicine’ Nursing Studies Department. This was inaugurated in November 1980 with the appointment of Miss Lyn Martin, the first senior lecturer in nursing studies. As one of only four nursing departments situated within UK medical schools, this initiative was believed to augment the increasingly multi-disciplinary approach to health care, a tradition which remains to this day. Hence from day 1 undergraduate nursing student shared clinical learning experiences initially within primary health care.

Nearly two decades later the University of Southampton formally introduced the New Generation Project which was an ambitious inter professional education programme for health and social care professions that reinforced the clinical benefits of inter professional learning. (O’Halloran et al 2006). The Nursing and Midwifery council now expect all approved nursing programmes to embrace inter professional learning.

Lyn Martin Designs First Undergraduate Nursing Curriculum

Lyn Martin and Departmental staff 1983.
Working Papers in Health Sciences 1:2 ISSN 2051-6266 / 20120000

Lyn Martin spent two years working with nursing, medical and science staff within the Faculty and colleagues from the Faculty of Social Science in developing the new integrated degree in nursing. The raison d’être of the new curriculum was to ensure that graduate nurses acquired problem-solving skills as an approach to providing nursing care orientated towards meeting individual patients’ special needs. A key component of the degree was to give the students research skills to prepare them for their role as scientifically inquisitive nurses able to base their nursing care on best evidence. To foster these skills a research-based dissertation was included as part of the overall assessment strategy. The initial unclassified degree curriculum design was configured as a double-wedge design ensuring that over the four years of the programme students spent increasingly more time in clinical practice with diminishing amounts of time spent in the classroom situation. The double-wedge curriculum gave equal weighting to three distinct stands of study – biomedical sciences, social sciences and nursing theory and practice. The development of the integrated degree in nursing also coincided with an explosion of new nursing knowledge emanating initially from the USA where theoretical models of nursing were beginning to be linked with the Nursing process as distinct from the medical process. The curriculum was approved by the ENB and funding was confirmed by the University Funding Council (now HEFCE) for 10 places commencing in October 1982. Subsequently, Martin (1988) gave a succinct account of the first 5 cohorts of nursing students who enrolled for the integrated BN degree.

The first professor appointed

In 1987 Dr Lyn Martin took up a position as Director of Nurse Education in a large London teaching hospital. Alan Glasper the joint-appointee lecturer in children’s nursing became the head of the nursing studies department and was subsequently inaugurated as the foundation professor of nursing in April 1991. The nursing studies department continued to grow and in 1992 offered an integrated degree in children’s nursing. In 1995 the department continued to expand and offered an integrated degree in midwifery.

The Emergence of Project 2000

The arrival of the Project 2000 initiative which was approved by the Secretary of State or Health Sir William Waldegrave at the Royal College of Nursing congress in Brighton in 1988 finally paved the way for the transfer of all nursing education into higher education institutions. From that time the Nursing Studies Department and the then College of Nursing began to operate in shadow form as a single educational unit. The formal amalgamation of the Faculty of Medicine Nursing Studies Department and the National Health Service College of Nursing took place in 1995. Mrs Barbara Smith accepted the position of Head of School with Professor Glasper acting as Deputy Head of School. The new University School of Nursing and Midwifery continued to be located within the the general hospital. However, in 1997, the School was offered the Health Authority contract to provide nurse education for the whole of Hampshire and the Isle of Wight. With an annual intake of over 800 pre-registration nursing students plans were made to relocate the School, soon to become part of a new Faculty of Medicine, Health and life Sciences in a specially designed new-building named the Nightingale Building within the main University of Southampton campus.
Post Project 2000

Following the retirement of Mrs Barbara Smith the first Head of School, Professor Dame Jill MacLeod Clark was appointed as Head of School and Deputy Dean of the Faculty. An integrated degree in Mental Health Nursing was launched in 2002 with Learning Disabilities Nursing in 2007. In 2008, following Professor Dame Jill MacLeod Clark’s retirement Professor Jessica Corner was appointed as Head of the School of Health Sciences a new entity bringing together Nursing, Midwifery and Allied Health Professions. Following the restructuring of the University the School became an independent Faculty and Professor Corner was appointed as Dean. The Professoriate has continued to expand and the Faculty now has 16 professors in post.

Public perception of nursing is a facing a further challenge. When the NMC announced that student nurses would pursue a degree programme the media responded with stories of nurses becoming remote from patients and ‘too posh to wash’ (Scott, 2004). The profession still has some distance to travel to reassure the public that it is fit for purpose in an increasingly technical, scientific and education-focussed society, but educated nurses are sufficiently poised for the challenge.

Figure 1 shows the rise in graduate nurses over a 30 year period. N.B. prior to the introduction of the 2011/2012 all graduate nursing curriculum student nurses undertaking an enhanced diploma course were offered the opportunity to transfer to the degree pathway. This explains the variability of the graduate output in the academic year 2011/12. Since then the commissions for undergraduate nurses have stabilised and expected to remain so for the foreseeable future.

![Number of graduate nurses by year 1986/87 to 2012/13](image)
**Degree programme Alumni**

Although early cohorts were small, many alumni have gone on to achieve positions of influence within healthcare. These include academic positions within other universities, senior management positions within NHS Trusts and similar professional organizations.

**Conclusion**

Importantly for the profession the Willis commission found no impediments in the current system of educating nurses that could be implicated in the recent media reports of poor practice and a decline in standards of care. Additionally the commission did not uncover any evidence that degree-level registration was in any way undermining standards of patient care. To reinforce this Lord Willis’s commission believes that graduate nurses have played and will continue to play a key role in driving up standards and preparing a nursing workforce fit for future working in a variety of roles across many health care settings. Importantly he believes that Universities should further value the contribution of nursing research and nursing as a research based discipline and graduate nurse education is fundamental to achieve this.

After thirty years of preparing nurses to degree level the University of Southampton now has a thriving educational and research culture which is pivotally positioned to endow tomorrow’s nursing workforce with the skills, knowledge and attitudes necessary to work with patients in a wide variety of clinical settings. The University is keenly aware that the care patients receive in contemporary health care may only ever be as good as the nurse who delivers it. The Faculty of Health Sciences remains committed to the promotion of evidence and values-based health care delivered by highly educated, skilled and competent nurses. Furthermore the numbers of graduate nurses undertaking masters and doctoral preparation are growing year on year and the Faculty is playing a leading national role in introducing clinical academic career structures for nurses working in the NHS especially in the fields of cancer care, long term conditions and the organization and delivery of care.

The Faculty of Health Sciences now leads the preparation for all non-medical health professionals within the University of Southampton. It enjoys the position as one of the leading health sciences centres in the UK as evidenced through achieving first rank status in England in the Good University Guide for 2013 for Nursing and Midwifery.

Nursing will continue to thrive as a discipline in the Faculty which in turn is developing as a world leading environment in which to study and as a place to work. The Faculty’s vision captures the aspiration for the future for all the current health care education programmes, and after 30 years of undergraduate nursing the faculty is poised to help:

“To build a world leading environment that fosters improvement in health outcomes and transformation of healthcare through developing future healthcare practitioners, who have the potential to be leaders in their respective fields, and through research which will increasingly seek to deliver innovative solutions for challenging health and care problems. The Faculty will also build its capacity and reputation as an organisation that is influential to national and international health policy.”

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Reference


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