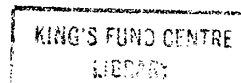


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(29 Sept 1978)

RESEARCH AND NURSING EDUCATION PROGRAMME

STUDY DAY

at the King's Fund Centre

29 September, 1978

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## NOTES ON THE MORNING SESSION

### 1. INTRODUCTION (Caroline Cox, Chairman)

The introduction was intended to serve three purposes:

1. To clarify the purpose of the meeting;
2. To explain why the programme was different from that which had originally been envisaged;
3. To outline the plans for the day.

#### Re. 1

At the last meeting of the Research and Nursing Education Programme there had been a request for its continuation - possibly in the form of a Workshop. However, considerable time had elapsed since then; also, in the meantime, the staff of the Nursing Education Research Unit at Chelsea College had been asked whether they would be willing to assist with any developments of the Programme, should there still be a demand for them - an invitation which they had readily accepted. It was therefore felt that it would be desirable to have a 'bridging day' where participants could make their views known as to whether the programme should continue, and, if it should, what form it might take.

#### Re. 2

As already mentioned, the participants at the previous meeting had expressed a wish for a workshop, with particular reference to the organisers of tutors' courses. It was with this in mind that a questionnaire had been circulated with the original notification of the Study Day. However, only 9 completed questionnaires had been returned, and of those who had completed them, about half had said that they would be unable to attend the day. Moreover, a significant number of other people expressed an interest in the meeting. Thus the organisers of the day were in a dilemma; a decision had to be made whether to abandon the idea of the meeting in its original form replacing it with something rather different, or whether to cancel it altogether. As such widespread interest had been shown, it was felt that it would be a pity not to take the opportunity to meet, and consequently the plans for the Study Day went ahead with an amended programme. A brief resume of the collated results of the questionnaire was given, and copies of the findings made available. In essence, it was felt by those who had completed the questionnaires that considerable progress was being made in the development of the teaching of various aspects of the research process on tutors' courses, and in the stimulation of 'research-mindedness', although there were still problems - especially of time and time-tabling, and of transposing interest in research into the teaching of student nurses.

Re.3

The rationale for the day's programme was described: Miss A Lancaster would open the discussion with an overview of the development of the Research and Nursing Education Programme to date and would also indicate the significance of Mr Pyne's contribution in this context.

Mr R Pyne, Deputy Registrar of the General Nursing Council for England and Wales, would be speaking on Recent Disciplinary Figures and Their Implications for Nurse Education.

Dr K Wilson would be opening the afternoon session with a discussion on the possible future developments of the Programme, and the Study Day would close with an attempt to formulate some specific decisions and proposals. If this was achieved, the day would have achieved its purpose.

## NOTES ON THE MORNING SESSION

### 2. REVIEW OF THE PROGRAMME'S DEVELOPMENT 1974-1978, AND SOME CURRENT ISSUES (A Lancaster)

- a. A statement of the programme's original objectives and a summary of the developments to date was circulated at the meeting (see Appendix A)
- b. Issues with which nurses are currently concerned: it was suggested that consideration should be given to their implications for education and, in particular, the relevance of research and the extent of the need for research education in relation to:
  - i. inclusion of research in nursing and midwifery syllabuses and in the policy document of the GNC for England and Wales;
  - ii. the need for nurse teachers to have a better understanding of research to enable them to deal effectively with the research component in their curricula;
  - iii. the need for 'better' factual information to provide a more reliable basis for nursing practice and teaching - the legal vulnerability of nurses who are required to function without such information;
  - iv. the apparently increasing tendency of 'the public' i.e. our clients to question the service they receive, encouraged by bodies such as CHCs set up under the reorganised health services;
  - v. the apparently increasing willingness of nurses to accept a decision-making role as independent practitioners, e.g. the interest in the 'nursing process' with its implications for increased professional and individual responsibility;
  - vi. the extended role of the nurse - the need for nurses to understand fully the implications of the duties which they undertake and the theoretical background derived from medical research;
  - vii. the setting up of a new statutory framework - the bodies responsible for deciding the future pattern of professional education will need accurate information, some of it derived from research, on which to base their decisions.

The acceptance of increased autonomous professional responsibility is one factor which appears to be inherent in all the above issues, and was the main topic for the morning session.

In order to obtain factual information as a basis for discussion, and the views of someone intimately concerned with professional responsibility, Mr Pyne, Deputy Registrar of the GNC for England and Wales, had been invited to speak on the disciplinary activities of the Council.

It was emphasised that Mr Pyne only represented one statutory body in the UK. The contributions of participants representing the other bodies were an integral part of the study day, and essential to decisions regarding the future of the Research and Nursing Education Programme.

### 3. RECENT DISCIPLINARY FIGURES AND THEIR IMPLICATIONS FOR NURSE EDUCATION

(Mr R H Pyne)

Examples were given of disciplinary cases dealt with by the General Nursing Council for England and Wales, and the circumstances in which they arose. Many cases were the result of nurses not being fully aware of the implications of professional responsibility. Nurses in management positions often failed to appreciate the consequences of their actions.

Mr Pyne suggested nine conclusions which could be drawn from the situations which he described, and supplied the following summary:

Nine Conclusions - many of these conclusions will overlap.

1. "That we often fail to educate nurses to understand what it means to be a member of a profession"

Recently at the Disciplinary Committee a 24 year old registered nurse who had been convicted of a drug offence was asked how he viewed the offence in retrospect, and his answer was all too typical of the answers received to such a question. "Well, I was foolish really. I had a fairly good job, near home, not bad pay, and now I have lost it". It seems to occur to only a very few people that when they enter training as a nurse they subject themselves to the constraints of another piece of the law of the land called the Nurses Act, and thus become a rather special person with responsibility over and above those of the average citizen.

2. "That we fail to educate nurses to understand what professional responsibility

means".

I consider this to be particularly well illustrated by our figures concerning drugs, in respect of which all too many members of our profession (young and old) have a rather cavalier attitude. But that attitude also applies to a lesser degree to patients property, and to an even greater degree to hospital property.

3. "That we fail to educate nurses to accept that their responsibilities include caring for and about their colleagues".

We see this manifested in various ways. Let me give you some examples of what I mean:

- a. The nurses who feel or know that a colleague is dabbling with drugs, or surreptitiously drinking on duty, but feel that it is right to look the other way, perhaps because they think that is the loyal thing to do, or perhaps because they believe the professional disciplinary process to be only punitive. I could give many examples.
  - b. The nurse managers who find it difficult if not impossible to come to terms with their often ambivalent position where their responsibility to take action against a nurse conflicts with their responsibility to assist her. Too often the former wins to the total neglect of the latter, but happily there are nurse managers who see these things as part of the same responsibility rather than conflicting responsibilities, and manage the situation well, and with complete professional integrity.
  - c. The nurse managers who fail to realise the risks to which they subject their most reliable staff.
  - d. The nurse managers who are willing to barter a resignation in return for silence, seeking a short term solution to their local problem, rather than a long term solution to the total problem.
4. "That we either fail to prepare enrolled nurses for the responsibilities they are to bear, or expect them to bear responsibilities for which their training was not intended to prepare them"
- Examples of this emerge particularly through these categories labelled 'Patient Abuse'.
5. "That we fail to educate nurses to understand that they not only have a responsibility for their patients, but for the setting in which those patients are cared for"

All too often we see situations in which the nurses who are the subjects of reports to the Council are themselves victims of totally inadequate working situations, and perhaps of the inadequacy of their managers. It is for this reason that so many 'No action' or 'Not proven' decisions are to be found against the entries 'Other professional misconduct'. If one nurse enrolled by experience, and one auxiliary, are left to care for 40 disturbed and potentially violent patients, is it really surprising if in the eighth hour of a shift a patient is treated roughly?

Perhaps the most responsible industrial action yet to be observed in the health service was that which forced the closure of certain wards because the manning levels were not such that patients could be safely cared for. Moving just a short step on from there, I think it will not be too long before someone, somewhere, will bring to the Council allegations of misconduct against a District Nursing Officer for allowing a ward to remain open while inadequately staffed.

6. "That some members of the profession, even some in quite senior positions, seem all too willing to abrogate their personal professional responsibilities to others with no thought for the long term consequences".

Against that can be set some good examples of professional integrity and determination. We really must not let others make our professional decisions.

7. "That the present industrial relations law and the industrial relations climate that results from it, has increased the degree to which professionalism is under attack, and increased the importance of the law by which the profession substantially regulates itself".

(I don't think I need illustrate that !)

8. "That unless we pay heed to the lessons that are there to be learnt, and accept the challenge that presents, things can only get worse".

Either we do something about it now with those entering the profession or we might as well discard any right we may have to the very word profession.

9. And finally, an important conclusion that emerges for me is:

"That we must stop behaving as if nursing education is an end in itself, and accept that it is but a means to a very honourable end". Last week the new appointees to Council joined the elected members who still have two years to serve. And as so often in the past, I again observed the rush to join the

list of those aspiring to be members of the Education Committee, while I had to cajole and persuade members to serve on the committees that have responsibility for the regulation of the profession through the professional disciplinary process. I hope to see the day when the profession will grow up and recognise its responsibilities and accept them. I believe that the professional disciplinary work of the statutory bodies should be observed, and lessons drawn from that observation. And I believe that those lessons must be applied to the process of nursing education if we are to survive as a profession against the developing forces that are all around us.

## NOTES ON THE AFTERNOON SESSION

### 4. 'WHAT IS THE NEED?' Discussion led by Dr Kathleen Wilson

Wide ranging discussion took place during which issues raised in the morning were related to the general question of how the research and education programme might now develop. The following topics were discussed:

#### 1. Research Workshop:

The possibility of arranging a workshop for organisers of tutors' courses was discussed and seemed to meet with general approval amongst those concerned.

#### 2. Refresher Courses:

It was suggested that refresher courses were one means by which both midwives and teachers of nurses and midwives could acquire or develop an understanding of research and that consideration might be given to increasing their research content.

#### 3. Research Teaching Package:

Arnold Lancaster and Kathleen Wilson are considering preparing one, but it will not be available in the immediate future.

#### 4. JBCNS Course on Research:

This would be valuable, but the extent of its availability and impact is difficult to gauge at this time.

#### 5. 'Standards of Nursing Care' - CNO Letters:

It was suggested that the Chief Nursing Officer should be asked to consider issuing a 'Standards of Nursing Care' letter, drawing attention to the need for Health Authorities to encourage and facilitate the development of an understanding of research by nurses and midwives. This would seem to be appropriate in view of the extent to which research material has been cited in previous letters.

#### 6. Expectations of Staff Appointments Committees in selecting nurses for senior posts:

It was suggested that the National Staff Committee for Nurses and Midwives should be asked to encourage members of Appointments Committees to make research awareness one of the criteria for selection of candidates for senior posts.

#### 7. Appointment of Research Advisors by Statutory Bodies:

The possibility was discussed concerning the appointment to be made, whereby the General Nursing Councils and Central Midwives Boards might each appoint a person with a background in education and research, to operate as peripatetic advisor. He/She would be available to schools of nursing and midwifery to

help tutors to find and to brief people in their own localities who could contribute to the research aspect of their educational needs.

8. Study Day for GNC Inspectors and their counterparts in the CMB, CETHV and JBCNS: With regard to the Study Day provisionally arranged for November 13th, it was felt that since only about 50% of the GNC Inspectors would be available to attend, and since many educational advisors from all the statutory bodies were already doing effective work in fostering research awareness, the study day should be cancelled.

Action to taken as a result of the above discussion:

- a. Inform the statutory bodies whose staff would have been involved in the study day arranged for the 13th November that the meeting has been cancelled.
- b. Plan the workshop for organisers of tutors' courses. (It was suggested afterwards, informally, that it might be preferable to hold this outside London, and Mr Hussey has kindly offered to accomodate the workshop at Wolverhampton).
- c. Write to the appropriate bodies or institutions, putting forward the suggestion outlined in paragraph 2 above.
- d. Write to Miss Friend along the lines suggested in paragraph 5 above.
- e. Write to Mr B Hambleton, Nursing Officer/Secretary, National Staff Committee for Nurses and Midwives, along the lines suggested in paragraph 6 above.
- f. Write to the statutory bodies putting forward the suggestion outlined in paragraph 7 above.

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RESEARCH AND NURSING EDUCATION PROGRAMME  
as organised by the Nursing Research Liaison Officers, 1973-77.

Purpose: to assist the implementation of the 'Briggs' recommendations regarding research and nursing.

PARTICIPANTS

PLANNING GROUP

DHSS - Principal Nursing Officers (Education and Research);  
 Statutory bodies - Chief Officers  
 NRLOs.

GROUP I

DHSS, WO, SHHD - Nursing Officers (Education and Research)  
 Statutory bodies - Chief Education Officers  
 Prof. Advisor to Panel of Assessors for District Nurse Training.  
 Tutors' Course Organisers  
 NRLOs.

GROUP II

Statutory bodies - Inspectors/Educational Advisors  
 Representatives of JBCNS and CCNS  
 NRLOs.

MEETINGS AND DEVELOPMENTS

November 1974

Agreed:

- a. attempts should be made to implement the 'Briggs' recommendations
- b. the most effective action would initially be through tutors' courses.

April 1975

Discussion: the implications of the 'Briggs' recommendations in relation to nursing education and practice.

Agreed:

- a. participants who were organisers of tutors' courses would review the research content of their programmes
- b. NRLOs should arrange meetings with inspectors/educational advisors of statutory bodies .....

November 1975

Discussion: what should be the research component of tutors' courses, and how should it be introduced?

Main problem - TIME. So:

- a. <sup>research</sup> educational objectives were defined
- b. methods of teaching and learning were discussed
- c. the required teaching and learning resources were enumerated.

December 1975

Discussion: the need for research to be used as a means of providing a reliable, factual basis for nursing practice and education - the legal implications of not having such a basis.

Agreed: inspectors were in a position to encourage a research approach.

List of 'indicators' was drawn up, for practical use during visits.

(Report of the Programme so far: see NURSING TIMES, 22 and 29 April 1976.  
Copies were circulated to all Regional Nurse Training Committees and  
Regional Nursing Officers, asking for comments.)

#### PLANNING GROUP

#### GROUP I

#### GROUP II

In September 1976 questionnaires were sent to all Tutors' Course Organisers asking for information about the research content of their courses and the problems encountered.

#### November 1976

Discussion of questionnaire replies -  
main problem emerging:

- the need for people who plan the research component of tutors' courses to have a better understanding of research themselves.

- \* Agreed: that the NRLOs should be asked to arrange a 3-day research workshop for organisers of tutors' courses.

Question: what are the responsibilities of Government Departments and statutory bodies for the development of research education and research based practice?

- \* Workshop could <sup>not</sup> be arranged because it was not possible to find dates suitable to those wishing to take part.

#### October 1977

Planning Group re-convened, plus Chief Officer of JBCNS.

Suggestion:

- JBCNS framework, with additional resources, might be used to develop a national research educational programme.

Agreed:

- that the above suggestion should be pursued.

In December 1976 questionnaires were sent to Group II participants, asking the results from use of the checklist of 'Indicators'.

#### February 1977

Discussion of questionnaire replies and clarification of 'Indicators'.

Agreed:

- a. checklist of 'Indicators' was useful would continue to be used
- b. it would be helpful if 'someone' would produce a research teaching package for use in nursing schools
- c. GNC should finance research education for Directors of Nurse Education.



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