

WHAT'S WRONG WITH NURSE EDUCATION?

A Personal View
by Alex Chew

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Nurse education perpetuates society's image of women being submissive to men, nurses dependent on physicians. Being denied real power, schools of nursing tend to put students in submissive roles and manipulate them to retain authority. They do not foster independence, creativity, sensitivity or self-motivated learning.

This autocratic approach to nurse education causes students to feel powerless, resulting in a lack of mutually established learning goals. To survive, students learn to acquiesce to their tutors' covert expectations, seeing the tutorial staff as the opposition who can retaliate with criticism or failing grades. They acquire the attitude that they must demonstrate their knowledge and clinical skills without error, which leads to anxiety and reduced ability to learn.

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- text books and lecturing.

The teacher maintains his status through classroom control; he is the arbiter of knowledge and does not encourage questioning during lectures. The deliberate maintenance of formality and social distance by nurse teachers is a means of control over students, and traditional methods create 'acceptable knowledge', 'superficial learning' and 'appropriate language'. Such methods call for little or no creativity, and the medical model detracts from the knowledge base necessary for individualised nursing care, concentrating on the illness while the thinking, feeling person behind it is barely recognised.

Traditional nurse education is teacher-centred, relying on the medical model - 'a recipe approach'. The recipe (a list of medical instructions) is applied to analogous bedside situations. Teaching involves the imparting of these recipes, which the student uses for examinations and patients. The medical model is also seen in the main teaching methods used

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One stated goal of nurse education is to teach effective inter-personal skills. The success of this rests on the relationship between facilitator and student, and the therapeutic relationship between nurse and patient has similar principles. These principles are unlikely to be understood or applied by nurses who have not experienced such a relationship themselves in their learning. In practice, teacher-centred learning is normally a role-based, asymmetrical power relationship between teacher and student which provides a poor model for empathic nurse/patient inter-action.

Treating students as a passive homogeneous group conflicts with the philosophy of individualisation inherent in the nursing process. Investigations into the ideal clinical learning environment for nursing students have highlighted the importance of an empathic, helping relationship between supervisor and students. The greater the experience of student-centred facilitation by the nurse, the greater the likelihood of the nurse fostering the autonomy of the patient.

We receive so much spoon-feeding in our society in "how to do it" instructions that most of us lack the opportunity to be creative. There is evidence that nurse education not only fails to stimulate critical thinking but actually stifles originality and creativity of thinking in students. Nurse education has a right to engage in creativity - it is the nurse's most valuable resource in coping with the demands of patient care.

This spoon-feeding may be a factor in the difficulties that students experience in transferring classroom teaching into practice. Nurses often find the inhibition of personal development and depersonalisation hard to cope with, feeling that they cease to be human when they put on their uniforms. Some nurses practise 'detached concern' - a psychological withdrawal from patients and colleagues, and attempt to deal with situations intellectually. They believe that by not becoming 'over-involved' with patients they avoid emotional harm to themselves.

Many nurses try to retain distance without losing their concern for their patients, but the correct distance is difficult to establish and they resort to forms of distancing that may be harmful both to their patients and themselves. The nurse hides her real self from herself and others, and patients are exposed to nurses who have expertise but are dehumanised and dehumanising.

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Note : References to the literature on nursing and training may be obtained from the author. Alex Chew, Education Centre, Shenley Hospital, Shenley, Radlett, WD7 9HB.