

A PERSONAL ANECDOTAL REFLECTION ON THE ONGOING DEVELOPMENT OF NURSING EDUCATION AND PRACTICE

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ABSTRACT

This article is a brief personal reflection on the ongoing development of professional education and practice in nursing. The reflection and its narratives are anecdotal and are based on the author's recent experience of teaching and working with fellow nursing lecturers in Malaysia in a nursing faculty within a local University. The author has almost 40 years career in nursing, nurse education and curriculum planning in the United Kingdom before her retirement. The study reflects on the key aspects of nursing and nurse education from her wealth of experiences while in the UK, and also highlights some positive and valuable insights gained from her brief experience in Malaysia. She also provides some reflections of the challenges that lie ahead, specifically, the emphasis on feelings and emotions in nursing, that provide the inspiration to continue with passion, dedication, and determination in our ongoing quest in the pursuit of nursing excellence for all the nurses, in practice and in education. This will hopefully and ultimately lead to a higher standard of nursing care for all patients, and continue the long journey towards the unique professional identity that we have been seeking, and that we can all proudly claim to be our own.

Keywords: *Nursing Education, Nursing Practice, Nursing Lecturers*

INTRODUCTION

The author was a Principal Lecturer in both preregistration and post-registration nursing education and curriculum development for over 30 years with one of the local universities in London, United Kingdom. She is a Registered General Nurse as well as a Registered Mental Nurse with the UK Nursing and Midwifery Council, UK for more than 40 years.

This personal reflective article has arisen from the author's recent experience and involvement with a local University College in Malaysia, during which she has had the opportunity to teach a group of post registration students, as well as working with fellow nursing lecturers in some aspects of education and curriculum development. She has found this experience to be both invaluable and illuminating for her. The initial insights gained have enabled her to reflect and draw together pertinent aspects of her past experiences in the UK. This has in turn triggered a desire in her to disseminate

and share some of these reflections with her fellow nurses and nurse educationalists in Malaysia. It is her fervent hope that, in this way, it may provide a spark of inspiration for nurses and nurse educationalists everywhere in Malaysia to steadfastly continue in their pursuit of excellence in their profession with zest, dedication and determination. More importantly, it is hoped that this will ultimately lead to the highest possible standard of nursing care for all patients.

BACKGROUND

While browsing through articles in various nursing journals and books during her brief recent teaching experience with a local university in Malaysia, she came across a nursing article in the Malaysian Journal of Nursing that immediately caught her interest. The article is entitled, "Adaptation of a UK Nursing Curriculum for International 'In Country' Delivery" written by Professor Godfrey Mazhindu, published in

the September 2009 issue. In comparing the approaches to nursing education in the UK and Malaysia, in their ongoing collaborative work and partnership, Professor Mazhindu advocates that:

“It is important to maintain an open mind and appreciate the fact that a one size fits all approach does not suffice since there are different approaches that may be adopted to achieve similar or better outcomes. In this regard, there is much to be gained from sharing experiences and expertise, which may be achieved through a variety of means, including informal networking and structured seminars, workshops, conferences and publications. Successful implementation leads to broadening horizons and insights, and provides opportunities for the achievement of both professional and personal growth for students and staff in their respective communities, through mutual sharing of experiences and learning from cultural differences thereof. The benefits associated with cultural exposition, interaction and exchange within the global context, and positive influences that may be achieved towards the development of a society that is enriched by a mutual learning culture may be encouraged”.

The challenges and lessons learnt from this ongoing initiative highlighted some key issues relating to resources, including fiscal viability and legal and regulatory frameworks, suitable and appropriate personnel working in close collaboration and partnership with one another, and meaningful and mutual exchange processes. The author is able to resonate with many of these issues, as many of the ongoing challenges within nursing and nurse education in the UK which have always been along similar lines. For example, Malaysia, like the UK, has invested hugely in their healthcare workforce, including nursing. Collaborative and developmental partnerships are actively promoted and encouraged in both countries, both within nursing and with other health disciplines. There is a requirement for full compliance with relevant legal and regulatory frameworks. In terms of professional practice and education, standards are continually monitored and reviewed through ongoing quality assurance enhancements, along the need for ongoing research and evidence based practice. In a climate, where economics has an ever increasing importance, and the pressure to articulate clinical outcomes are growing, the need for empirical evidence to support practice is evident in both countries.

The author would like to echo much of the views of Professor Mazhindu, advocated from his collaborative and partnership work and experience. She concurs with the premise that a 'one size fits all' approach does not suffice in the planning of a nursing education curriculum. It goes without saying that a desirable approach would be one that embraces all the necessary elements to ensure that the areas of the required knowledge, skills and attitudes are adequately addressed in order to achieve the desired outcomes. The obvious contention here would not only be what these necessary elements are and how they can be best achieved, but also how best they can be taught and delivered.

While the author feels very heartened and encouraged by the ongoing collaborative work and partnership of this nature and the benefits it has generated for students and staff alike, what is of particular interest to her is the opportunities it provides for the “achievement of both professional and personal growth for students and staff”. Amongst the many facets and tenets of her nursing experiences in the UK, it is the author's belief that the bedrock of this experience centres on personal growth and learning, which she has personally found to be so central to the philosophy of nursing. For the purpose of this brief reflection, it is this specific area of her nursing experience that will form the basis and focus of the narratives.

PERSONAL PERSPECTIVES

The UK Experience

For as long as she can remember, throughout her many years of nursing experience in the UK, nursing has always been evolving, and is continuing to evolve. This evolution process is a strife that has essentially been driven by the need for an identity that is unique to nursing, and that will provide nursing with its own unique professional status and position. Modern nursing seen today has arguably emerged largely as a result of this evolutionary process.

From being the doctor's hand maiden for many years ago to its current status of a 'Nurse Consultant' title (which is a concept widely adopted throughout the current National Health Service in the UK), the varying roles of the professional nurse have seemingly emerged from the many changes that have

taken place throughout the evolution process. In the context of this brief personal reflection, only the key pertinent features and changes would be highlighted. Firstly, the shift of role from being a task allocator towards an individualised patient centred care was a very significant step in the evolution process. It provided nursing with a strong philosophical base that centred on people as opposed to tasks or jobs that needed physical labour. Secondly, the development and adoption of the nursing process model provided nursing with a clear, systematic and objective approach to care delivery. The use of a nursing model such as Roper, Logan and Tierney's Activities of Living (1996), alongside the nursing process appeared to have added to this objectivity. Other key features of the evolution process include the adoption of the primary care system that has led to minimum standards, such as patient/staff ratios, and the named nurse system whereby every patient has a named nurse of their own. The named nurse is responsible for the care of the patient during his/her stay in hospital. The emphasis on evidence based practice in nursing has also led to the emergence of nursing research in its own right that is carried out by nurses.

In terms of nurse education, there has been a move from the apprentice style training in the 1970s, where each hospital had its own School of Nursing, to Project 2000 Diploma Programme to the current University based degree course with its focus on education as opposed to training in the UK (NMC, 2010). Research is seen as an essential and vital component of the course. Alongside this, there has also been a gradual shift from the conventional model of learning (didactic) to a more adult and self-directed style of learning, with a strong emphasis on the individual taking responsibility for their own learning. The teacher is being seen primarily as a facilitator of learning, as well as being a teaching and imparting knowledge (Quinn & Hughes, 2007). Students are now supernumerary as opposed to 'paid workers' when they were students on the wards. Their role on the wards primarily is to observe and learn with the guidance and support of their mentors (qualified nurses) as opposed to working alongside their qualified colleagues. There is now a stronger emphasis on the link between theory and practice, leading to the concept of work based learning, which most of the current post registration courses now embrace.

The Malaysian Experience

As mentioned earlier the author has had the opportunity of having some recent experience of teaching on a nursing programme with a local university. She is very grateful for this and also for the privilege of working with fellow teaching colleagues within the local university in terms of some curriculum work. Although brief, the experience has given her some invaluable initial insights into some aspects of nursing education here in Malaysia. She looks forward to advance opportunities to gain more experience and to learn more about the nursing situation in Malaysia by being involved with teaching students and working with colleagues in nursing development and curriculum work.

Students are the same everywhere, they want to learn, to develop, to pass their assessments and to gain the paper qualification at the end of the programme, helping them to further their careers. Malaysian students are no exceptions. They are enthusiastic and determined in the pursuit of their learning and their dreams, reflected by their keen sense of punctuality and active participation in class. The desire to achieve is there to be seen. They were also keen to hear and learn about aspects of nursing education and practice in the UK, typified by their questions and curiosity whenever the opportunity for such discussions arose.

Being Malaysian, the author is familiar with the norms and cultural practices here. It came as no surprise as she established and build on the rapport with the students. Despite the fact that most of the students had not had any experience outside of Malaysia, they appeared quite open and susceptible to new and fresh ideas. They showed much enthusiasm to discuss debate and learn about practices outside of their comfort zone. It is the assertion of the author that, in order to fulfil the role of a facilitator of learning, it is vital that a good rapport between teacher and students is established and built on. The significance of this rapport to help in unlocking and opening up the full potential of the learning opportunities for students cannot be overstated. This assertion is aptly supported by one of the pertinent feedback from students about their learning experiences. Students felt that their learning experience was greatly enhanced when communications, expressions and understanding were made easier if both students and teacher possessed similar cultural backgrounds. They felt that this helped them to be more open

and confident in expressing themselves including asking questions and participating, sharing and discussing views, thoughts and feelings. It was also felt that the sessions on self-awareness and reflection were very helpful in this process of openness, confidence building, expression and learning.

Working with teaching colleagues was an enriching experience. The author found it very easy to settle in and work with her colleagues, as they were very genuine and welcoming. They were also very obliging and extremely helpful, always showing a willingness to share and discuss. They were diligent, enthusiastic and fully committed towards their work. While all these characteristics were all very nice, delightful and desirable, the author had a sense that the teachers were generally a little somewhat reticent with their own ideas and views, which was reflected in their interpersonal communications with the author. This was a key observation and difference that stood out for the author when comparing with her experience in the UK.

One of the most positive striking features of both the students and the teaching staff was their openness to new ideas and their keen willingness to learn and develop. The author found this particularly encouraging, as it augured well for the future in terms of their personal growth and learning. This would be greatly enhanced with good and appropriate guidance, support and education (Fabricius, 1991). This aspect of education and development is central to the continuing professional progress of nurses and nursing, and is also pivotal to ensure the highest standard of nursing care for patients. This will in turn greatly enhance the professional identity and status of nursing. The incorporation of a psychological module with a psychodynamic emphasis in the curriculum of all nursing programmes would be a big leap in meeting this challenge.

The Case for a Psychodynamic Nursing Module

“Nothing is static, everything changes with time”. These were the words from the mouth of one of the author's favorite tutors when she was a student nurse many years ago. Again another of her tutors in the later years said that “The more things change, the more they stay the same. There is nothing new under the sun”. The author has always remembered these words because of

their apparent contradiction on one hand and on the other hand they have both proved to be so true in their own way in nursing (Ho, 2007).

Nursing has changed so much over the last 40 years. The author has highlighted some of these key changes earlier in the nursing evolutionary process. However, some of the more obvious changes can also be seen in the use of technology in nursing. For example, in the taking of patient temperature and blood pressure, nurses now make use of modern electronic devices such tympanic thermometers and digital automatic blood pressure monitors. Mechanical hoists have taken over the need for manual lifting of patients. The use of computers for keeping patient records and electronic means of communication among health professionals is becoming more and more widespread.

On another level, it can be argued that nursing has hardly changed at all over the years. Despite all the organizational, structural and professional changes that have come and gone, nursing has largely remained the same in its philosophy and purpose. Nursing has always been and continues to be about caring and compassion and showing concern, kindness and empathy for patients. At its core, it is essentially about feelings and emotions that includes understanding and listening to and helping patients with their problems and difficulties, at a time when they are at their lowest ebb. This philosophy strikes at the very heart of nursing.

In our pursuit of nursing excellence, it is the author's belief that a nursing psychodynamic module will offer a model of thinking about nursing professional work and puts reflection at the center of practice. Reflection has been recognized as an essential component of improving standards of care and encouraging a culture of continuous learning in nursing (Johns, 2004). This involves a large component of the nurse/patient relationship and interaction. This model will provide a way of understanding and reflecting in professional nursing work that embraces the use of the 'therapeutic self' in professional practice.

The 'therapeutic relationship' between nurse and patient is one of the main vehicles of treatment and care in nursing (Evans and Franks, 1997). It requires the nurse to be 'emotionally available' to the patient, while not being overwhelmed by the emotions. Good practice depends upon the nurse's ability to use themselves and

their own experience as a practice tool. Like other care professionals, nurses need structures within the system that they would work on, to support them in this demanding work. Psychodynamic understanding has also much to contribute in this regard, for example, the use of a work discussion group in clinical supervision (Ho, 2002). Nurses are in constant contact with patients and are, therefore, in a central and unique position to determine every patient's experience while they are in hospital.

Powerful emotions such as anxiety and frustrations in care settings are often blamed for professionals turning into procedural techniques and opting for rigid ways of thinking and working. When this happens, staffs are often unconsciously led into behaving in ways which are designed to reduce disturbance and anxiety rather than think about their experiences. This, in turn, can lead professionals to become 'emotionally unavailable' and detached from their patients and themselves, which in turn leads to 'thoughtless' patterns of behaviour, which hinders the development of understanding or meaning (Hinshelwood and Skogstad, 2000). Such ritualised behaviour in professional practice can often leave the patient feeling isolated and the professional feeling demoralized. This is aptly demonstrated in the classic nursing study of Menzies Lyth many years ago in 1959. The implications of which appear still very much relevant today. At this point the nurses are helped to reflect on their experiences in a flexible but disciplined and meaningful way so that they can re-establish a relationship with themselves and their patients, which leads to feelings of pride and satisfaction in their work.

Psycho dynamic understanding can provide the key to unlock the pressures and barriers to thinking and reflection. At its best, it can create a space in the organisation in which we can stand back and think about the emotional processes in which we are involved, in ways that reduce stress and conflict, and this can inform change and development. It can lead to more meaningful relationships, better team cohesion and ultimately, better patient care.

CONCLUSION

Nursing has always played a central role in the care of patients. Despite all the changes that have come and gone, some for the better and some for worse, it is the author's belief that this role has largely persisted. As the only profession within the multidisciplinary team, spending 24 hour span everyday with patients, nurses and nursing have always been at the forefront of many of the changes and pressures. The central role of nursing in the provision of quality care to patients/carers in improving the patient journey and experience is a very precious and endearing. The author feels very blessed to have had a career in nursing, which has given her so much to evolve as an individual. Above all else, it has been a wonderful, learning and humbling journey and experience. It is based on this wealth of invaluable experience that she believes that the use of the 'therapeutic self' is a key resource at the heart and core of nursing. Feelings and emotions are central components in this regard. The recognition, acknowledgement, acceptance and processing of these components in professional nursing practice are absolutely crucial for not only enhancing patient care, but also lends tremendous weight to the professional identity of nursing.

It is her fervent hope that sharing her experiences through this brief personal reflective anecdote will serve as a small contribution towards the ongoing development of nursing and the many challenges it faces. In particular, she hopes that this will help to encourage nurses everywhere to disseminate and share their own valuable experiences in the pursuit of nursing excellence.

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