Essay: Nursing example

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Sample essay
Here is a sample essay written by a first year student. The student who allowed us to publish her essay wishes to remain anonymous. She gained a Distinction for the essay at first year level.

Essay question
‘Discuss critically the impact of university education on nursing in the workplace’. (Length: 1500 words).
Nurse educational pedagogy experienced a significant change in the 1980’s. This was a result of the switch from hospital-based training to university-based education. This change has had many impacts on the way nurses operate in the workforce. Since the introduction of university education, the power and authority of nurses has increased. This is one of the most important impacts on the nursing workplace as it has had an influence in shaping and improving nurses’ roles, images, working conditions, and wages. When considering the standards of patient care, there have been both positive and negative impacts resulting from the switch to university-based education. While patient assessment and evaluation have improved, nurses’ empathy has been lacking in many instances.

With the introduction of university education, there has been an improvement in the ability of nurses to assess and evaluate patients. Throughout the university curriculum, nurses are trained to apply research based techniques to diagnosis (Rolfe 1996). The university model emphasizes a systematic knowledge base from which nurses can draw when assessing and diagnosing patients. This also means that nurses are better equipped to report accurately to other members of the health team. They can critically discuss aspects of patients’ care with other health professionals and then formulate an appropriate patient care plan (Wilkes & Batts 1992). While teaching nurses how to analyse and apply data, universities also develop the skills of observation, measurement and interaction in nurses (Wilkes & Batts 1992). Nurses have also been encouraged to explore the different facets of ill health. The biological, psychological, sociocultural, spiritual, and environmental factors that affect health are examples of these facets (Duffy, Milton & Seymon 1989). By equipping nurses with these wide ranging skills, they are able to provide holistic patient care. Nurses also gain a greater appreciation of the diversity of the perceptions of health (Duffy et al. 1989). This enables nurses to tackle complex social and health problems in much more systematic and thorough ways (Kitson 1999). It also helps nurses to have an increased awareness of the patient as part of a community as well as an appreciation of the diversity of health and a foundation on which to base nursing practice (Duffy et al. 1989). By teaching nurses these skills and showing them how to assess the state of community health, they are able to operate in a holistic manner in the work place. This skill based university teaching has also equipped and prepared nurses for teaching responsibilities in the work place. The hospital-based training was quite different from this. Previously the emphasis on institutional care created a lack of nurses with the skills for involvement in health promotion.

Consequently, nurses have needed higher levels of critical thinking and problem solving skills (Beatie 2001). The World Health Organisation recognised this need when it stated in 1985 “Teaching and learning must be adapted so that graduates of basic nursing programmes acquire the knowledge and skills most relevant to the health care needs of the community as a whole (Duffy et al. 1989, p.41).”
Although many standards of patient care have improved, the empathy and understanding of nurses towards their patients has decreased with the arrival of university-trained nurses to the workforce. Many nurses are not able to provide appropriate and effective interventions on a micro scale (Rolfe 1996). Many patients feel that nurses do not really have an interest in them as a person. This is mainly due to the separation between theory and practice that occurs with university education. University training does not reflect the true nature of professional knowledge and action and it cannot satisfy the needs of the nurse practitioner (Rolfe 1996). These deficiencies in the university system were all summed up by Schon in 1987 with the statement that 'what aspiring practitioners most need to learn, professional schools seem least able to teach' (Rolfe 1986, p. 89). An example of this is the simulated laboratory where a true practitioner is hard to construct. As a result, student nurses tend to learn ideals rather than learning to be flexible and able to provide adequate patient care while there is increasing pressure in the workplace to do more with less. Hence the introduction of university education has had both positive and negative impacts on patient care.

The introduction of university education has also had a major impact on nurses' power and authority within the workplace. As nurses have been able to develop and expand on a body of knowledge whilst being free from the worries of the work environment, they have become empowered (Stevens 1992). They have been seen in a more professional standing and have become more powerful within the occupational system. This has meant that nurses have greater control over their working conditions, and the occupation's density within the health care setting (Stevens 1992). As nurses have been seen in this more professional standing, they have also experienced wage rises, which have further empowered them. This is a change from the hospital base educated nurses who were well trained but powerless. Deference to authority, particularly in relation to the doctors, was stressed throughout their training and compared with other professionals, nurses were ignorant and unable to keep up with rapid advances in health care (Stevens 1992). University education has therefore led to an improvement of nurses' conditions within the workplace. However, because university education does not reflect the true nature of the working environment, students often have difficulty adjusting to the routine of shift work that is required of nurses. As a result it can take a significant period of time before university graduates are able to effectively operate with confidence in the workplace.

Nurses' roles and images have changed within society since the introduction of university based education. Nurses have been better prepared for a changing role and function in society because the content and structure of the nursing course can be critically evaluated (Duffy 1989). Nurses now have a more autonomous part to play in health promotion, and education, research, diagnosis, treatment, and prevention. They now have a degree, opening up other avenues of study.
This means that more students have pursued other professions and developed specialist knowledge (Beattie 2001). It has also led to an increase in the amount of research in which nurses are involved. The strong biochemistry foundation nurses are given through university has enabled them to explain the results of their findings and research using scientific and nursing terminology (Wilkes & Batts 1992). Acquiring more specialized knowledge has also led to an increase in health promotion schemes that are instigated and developed by nurses. As nurses have had more to do with the wider community outside the hospital, there has been a move from the hospitals to the community where they now function as educators (Duffy et al. 1989). “Nurses will become resources to the community rather than resources to the physician” (Duffy et al. 1989, p.50). Thus it is evident that the role of nurses as educators in the community is developing as a result of university education.

This changing role has had an impact on the image of nurses. Previously they were seen as the doctor’s helper. “A good nurse was disciplined, sober, humble, obedient and never complained about her work” (Stevens 1992, p.202). The roles of nurses as part of a team of health professionals have also expanded as a result of university education. Nurses have been required to explore the different facets of ill health and develop more specialized knowledge, giving them the ability to collaborate effectively (Duffy et al. 1989). As nurses’ roles have changed in the above ways, they have had a more influential role in diagnosis, treatment and prevention. This is due to the stronger theory base that is taught through universities. University education has consequently changed the roles of nurses and their images meaning that nurses are now seen in a more professional standing.

The introduction of university education for nurses has enabled nurses to keep up to date with medical advances. It has changed their roles both in the hospital and community settings and has led to the increase in power they now enjoy. Their working conditions and wages have improved as they have been seen in this more professional standing. Nurses’ ability to assess and evaluate patients has also improved but their ability to provide empathetic and understanding care has diminished as a result to the strong theory base that university education is centred on.
Important note: In the interests of space and the layout of this book, this essay has been presented as single-spaced, 9-point text—whereas your essays must be presented in double-spaced 10 point (Arial) or 12-point (Times)

Note: with some assignments you may be asked to provide a bibliography as well as a reference list.

If this happens, you provide your reference list in the usual way and then you add the bibliography, which lists all the sources you read for the assignment.

Note: the bibliography has all entries on the reference list plus others that you read but did not refer to directly in your assignment.

Bibliographies are not always required, but reference lists are always required.