

## *From hospital to university – the transfer of nurse education*

A system of training nurses, based on the Nightingale system imported from the United Kingdom, rapidly spread across Australia in the late 1800's to early 1900's. It was a vocational training which included a theory and clinical component during which trainee nurses would be provided with board, lodging and uniforms, often without charge. They also received a minimal wage. In return for this vocational training, students were expected to provide for the service needs of the hospital.

During this training, the nurses were rotated through specific clinical areas within the hospital to gain experience under the direct supervision of a registered nurse in each area. It was considered essential that the ward sister should themselves be trained nurses who were well qualified and both able and willing to teach and supervise the trainee nurses. This arrangement is similar to an apprenticeship system, in which the artisan or master craftsman teaches the apprentice a trade or craft.

Trainee nurses resided in the nurses' home during the training period, where they were under the control of the home sister, who was herself a trained nurse. This 'Living-in' was seen as an essential component of nurse training.

When the Nightingale system of nurse training was introduced into Australia, it was considered to be the most advanced scheme in the world with Florence Nightingale an ultimate authority in nursing matters. The Nightingale system was, in fact, so successful in improving the quality of nursing services that any attempt to change the system was, and still is, strongly resisted. As a result, this method of training remained substantially unchanged in Australia for some 100 years and provided a cheap, and very heavily disciplined, workforce for hospitals.

It is a given that, in this type of system, the educational needs of the trainee nurse took second place to the service needs of the hospital. This was well demonstrated by the quality and type of education provided, in particular, the provision of much that is taken for granted today such as well stocked and up-to-date libraries, classrooms and qualified teachers in their own discipline, nursing. The limited theory component of the course was given by doctors, other health care workers or the Matron, in classes that had to fit around the needs of the hospital. Within the health care sector, there was no separate budget for the education of nurses and hospitals, which varied from the small, country hospital to the major, inner city teaching hospitals, were all offering nurse training courses.

The major learning environment for these trainee nurses was actually the clinical setting itself and articulation between theory and clinical components of the courses was, on the whole, incidental. The theory component of the course was always seen as less important than the actual clinical component, the doing, and so, learning by doing and learning by trial and error became features of these courses.

Standardized government control of nurse training gradually spread across Australia with the establishment of the equivalent of statutory authorities in each state and territory. These authorities introduced minimum standards for both the theory and clinical components of nurse training, by setting the age of entry, the education standard of entrants and the period of training, and by accrediting training schools for

general nurses. These authorities also maintained a register of those who had met these standards and were eligible to practice as registered nurses. At the same time, state wide examinations were also introduced near the completion of the trainee period to admit nurses to this register.

From the early 1960's, considerable concern began to be voiced about nursing - there were problems with recruitment into nurse training; there was poor retention of trainees with these programs associated with high attrition rates. On completion of training, many who were eligible to practice as registered nurses did not enter the nursing workforce. In addition there were ongoing problems with maintaining registered nurses within the workforce when they did enter it.

Many strategies were introduced in an effort to improve this ongoing problem with recruitment and retention of both trainee and registered nurses with very little success, including for example, the introduction of a second tier of nurses, the enrolled nurses.

The many problems besetting nursing became so acute that, throughout the 1960-1970's, the nursing profession in Australia was bombarded by a plethora of expert committee and workshops investigating a number of aspects of nursing, including its educational preparation, but little immediate action resulted from this. These reports were widely circulated and discussed both inside and outside of the nursing profession.

Although there were many areas of disagreement in the recommendations as set out in these reports, there was, however, considerable agreement about the actual problems besetting nursing education. The committees were unanimous that, in order to overcome these problems, a number of changes were essential. Although there was some consensus about the form that these changes should take, some proposals were in direct conflict. Areas of agreement included the need to re-consider what the appropriate venue for nurse education was, the need to move away from an apprenticeship type of system in which the educational needs of the student nurses were secondary to the service needs of the hospital, the continuation of two levels of basic nurse education (registered and enrolled nurses), changes to the required entry standard, and the need for urgent changes to the existing curricula for general nursing registration programs. Areas of disagreement included whether the venue for the pre-registration program should be within the higher education sector or remain within the health care sector; and whether the responsibility for this program should be the responsibility of the Minister for Education or continue as the responsibility of the Minister for Health.

As a result of these reports and their varied recommendations, nurse education became a major issue for discussion both within and outside the nursing profession. This helped to create a climate of change.

It was also during this period that many alternative patterns of pre registration nursing education began to be introduced, for example, group and/or regional hospital-based schools of nursing with or without affiliation to parts of the higher education sector; regional schools of nursing situated with the Department of Technical and Further Education with hospital affiliations; combined nursing/arts/science degrees within

Universities; and undergraduate two and three year programs within Colleges of Advanced Education. Many of these programs were 'pilot' in nature and meant as trials of a variety of alternatives for the education of the registered nurse.

It should also be noted that throughout this period there was also considerable unrest within the nursing profession, both industrially and professionally, leading to an increased militancy of nurses. From the early 1960s, nurses became increasingly dissatisfied with the prevailing wages and conditions, as was clearly demonstrated by their ever-increasing industrial actions. This widespread discontent led to industrial action in a number of states on a scale unprecedented in the history of the nursing profession in Australia.

It was also during this period that the role of the nurse became increasingly complex as a result of rapid social and technological changes. As science and medical technology developed, doctors became more involved with the complex problems and diagnosis and treatment, and nurses began to assume greater responsibility for many of the new technical procedures. As hospitals adopted new technology, nurses became more and more concerned with machines, equipment and other such devices. As a result, there was a demand for highly skilled nurses with in depth knowledge that extended beyond mere technical competence. New approaches to the delivery of patient care were also being developed by the nursing profession, in an attempt to provide for all the needs of the patient rather than simply to meet a few basic needs. These and other changes to the role of the nurses and changes in the complexity of health care delivery also contributed to the need for change in the education of nurses.

The many different nursing organizations in Australia frequently failed to present a united front on important issues and, on a number of occasions, put forward conflicting views on the future for nursing and its educational preparation. This changed with the establishment, in 1973, of a working party with representatives from all major nursing organizations across Australia. The aim of this committee was to develop clear goals for nurse education in Australia leading to the publication of the *Goals in nursing education: Part II* document in 1975. This document included a well thought through program of positive action aimed at achieving change in nurse education throughout Australia. The document was widely discussed within the nursing profession throughout Australia leading to a revised policy statement on nurse education and a plan for the implementation of this policy which was then widely distributed to nurses, health authorities and governments. This process was to prove highly influential as the way in which the goals were developed, and discussion helped to lead to the formation, at a national level, of a consensus amongst the profession about the education of the registered nurse. This was that this education should be at the undergraduate two (UG2) level with the Colleges of Advanced Education Sector throughout Australia.

A further watershed in the long road to the transfer of nurse education was the publication of the only Federal report on nurse education during this period, the Sax Report (named after the Chairman of this committee Dr Sidney Sax) in 1978. The recommendations of this Committee were closely studied by the nursing profession, which was profoundly disappointed at the proposed slowness of the transfer of nursing education into the tertiary sector, a transfer to which the majority of the profession had, by then, become totally committed.

On the 7<sup>th</sup> November, 1983 a surprise announcement was made by the then Minister for Health in New South Wales – a decision to transfer all basic nurse education into the higher education sector by January 1985. This education was to be a comprehensive UG2 level, that is, it would prepare nurses to practise in all major discipline areas including general, medical/surgical, psychiatric and developmental disability nursing. At the same time, the current, separate, specialist nursing registers were to be deleted.

In 1985, in NSW alone, 12 CAE and one university offered the Diploma of Applied Science (Nursing) course for the first time with a further two Colleges of Advanced Education (Cumberland College of Health Sciences and Riverina-Murray Institute of Higher Education) dramatically increasing their course intakes. From this time, there was a gradual increase across other states and territories of the number of places available for students in similar undergraduate programs within the Colleges of Advanced Education sector, although no decision was taken for a complete transfer of nurse education at this time.

On 24th August 1984, the Federal government made a historic announcement when it gave its in-principle support for the full transfer of nurse education into the tertiary sector. The last intakes into hospital-based courses in Australia were to occur in 1990 and the full transfer of nurse education into the tertiary sector was to be completed by 1993. The transfer of all pre-registration nursing programs into the higher education sector across Australia had been achieved.

The decision of the Federal government to support, in principle, the full transfer of nurse education into the tertiary sector was received with jubilation by the nursing organizations who had worked so hard and long to achieve a national decision. These organizations included the then Royal Australian Nursing Federation, The College of Nursing, Australia, the NSW College of Nursing and the NSW Nurses' Association.

The original courses were introduced at the undergraduate two level (UG2) and called the Diploma of Applied Science (Nursing) as there was no accepted separate 'nursing' nomenclature available within the higher education sector awards. Changes gradually occurred until, in 1992, the decision was taken that the undergraduate, pre-registration programs for nurses across Australia would be the Bachelor of Nursing – another milestone within nursing in Australia.

These changes resulted, in part, from the introduction of the Unified National System across the higher education sector in Australia in 1990 and the demise of the then college of advanced education sector.

With the decision to transfer nurse education into the tertiary sector, the demise of the Nightingale model of general nurse training, a model first introduced first in 1868, was assured. A new era of nurse education had began – an era in which nurses would have access to education in their own discipline at all levels, from undergraduate to post-graduate, within tertiary institution throughout Australia.

Since this transfer, there have been many changes to the name and level of the undergraduate qualification, initially the Diploma of Applied Science (Nursing), it is now the Bachelor of Nursing (1992). There has also been a rapid growth of offerings at the post-graduate level, from Graduate Diplomas, to Masters, and PhD introduced across Australia specifically within the discipline of nursing. At the same time, there has been a rapid growth of a new category of nurse – the nurse academic. This group has made, and will continue to make a major impact not only on their students but upon the health care sector itself through their involvement in furthering the discipline of nursing and in undertaking nursing research into many aspects of nursing and health care.

(This brief summary of the transfer of nurse education, at the pre-registration level, into the higher education sector across Australia has been taken from R Lynette Russell *From Nightingale to Now: Nurse Education in Australia*, Churchill Livingstone, Sydney, 1990. Supporting references have not been included although they are readily available from the above source or from R Lynette Russell. This summary has been specifically prepared for the Council of Deans of Nursing and Midwifery Anniversary Dinner to celebrate this transfer.)

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