

The importance to cardiac nursing of promoting and protecting nurse education.

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A recent series of debates on social media has prompted us to write this editorial to state our position regarding the importance to cardiac nursing of promoting and protecting nurse education. In so doing we hope to persuade our colleagues, policy makers and professional body that the phrase nurse training is outdated and inappropriate for describing nurse education in the 21st century and should be banished from our vocabulary. Within the United Kingdom the professional body: the Nursing and Midwifery Council (NMC) has recently conducted a review of nurse education and therefore it is perhaps timely that we consider the current and future preparation of the nursing workforce and the potential impact, particularly on cardiac patients. From a personal perspective we find it frustrating and disappointing that many of our colleagues within Higher Education and indeed many senior nurses, the DoH and secretary of state for Health (England) continue to refer to nurse training, training numbers and to individuals being a trained nurse. Within the current review, the NMC sets out what is referred to as enhanced knowledge and skills that people can expect from nurses in the future' (NMC, 2018) therefore we contest that training is not enough.

Training versus education: more than semantics.

The use of language associated with the process of preparing the future nursing workforce is more than one of semantics. It is not just a matter of being pedantic that we urge our colleagues to abandon the language of training; it is simply not appropriate. Nursing education has been undertaken in University settings for over 70 years, but despite commitments by successive governments to secure an all-graduate nursing workforce, nursing's place in higher education will remain insecure if we continue to perpetuate the notion of training rather than education. In a recent review of U.K. University websites, we were disappointed to discover that over a third (25/72) of Schools/departments of nursing used the word training when advertising their nursing programmes. This finding supports Thompson and Watson's (2006) long held belief that there is a 'dumbing down' and 'an anti-intellectual ethos pervading nursing' (p124). It seems that this anti-intellectual attitude, which, Thompson and Watson alluded to over a decade ago, has mutated into a pervasive internal culture that does not value education. Reinforcing this model strengthens the stereotype of nursing being a vocational calling rather than a profession requiring highly educated and skilled practitioners.

The nursing role has evolved exponentially over the last two decades with cardiac patients benefitting more than most from this evolution. However, we contend that these roles and the improvements to patient care that have resulted would not have been possible within a nurse-training model. Such

roles require nurses who are able to demonstrate sophisticated cognitive abilities, integration of knowledge, complex problem solving, critical opinion and lateral thinking combined with compassionate action; in order to do so, the cardiac nurse requires a robust period of preparation where far more than training is required. Academic education for nursing has merged into higher education in order to be more closely oriented towards understanding, application of ideas, and experimentation. Professional training on the other hand emphasises technical mastery and suggests the ability to replicate skills faithfully but fails to deliver the highly critical nurse able to modify and justify decision making according to best evidence or patient preference as the complex picture of for example, managing a patient with chronic heart failure or acute coronary syndrome is revealed. According to Biggs (1999) when students really understand they act differently, indicating that they are able to apply theoretical elements of their learning to practical situations with which they are faced. Learning to be a nurse takes place across both institutes of higher education and clinical practice in order for students to transfer their learning into practice. If we were to adopt the position of merely training nurses there would be little need for any high level theoretical preparation at all. Whilst we accept that knowledge and understanding is embedded in competent practice; we assert that competent practice is characterised by far more.

We have no doubt, that some, will consider our views to be the ramblings of academic elites whose wish to secure the future of nurse education in Higher Education is nothing more than self-interest. However, we direct these critics to the evidence that underpins our argument. Gkantaras and colleagues (2016) identified 13 studies that demonstrated a positive relationship between gradueness and patient mortality. (Gradueness is explained as the proportion of Baccalaureate or degree prepared nurses within the workforce.) More importantly, their work examines the positive impact of graduate nurses on individual patient outcome. The paper makes a compelling contribution to the body of knowledge in that the work establishes a link between individual nurses and patient mortality and by doing so strengthens the belief that a reduction in graduate level nurses will result in poorer clinical outcome. Nevertheless, we also acknowledge that in addition to the educational preparation of the nursing workforce the volume of nurse to patient ratio is also fundamental to maintain patient safety. In a recent systematic review and meta-analysis of the effect of nurse-to-patient ratios on nurse-sensitive patient outcomes in acute specialist units, an association between a higher level of nurse staffing and improved patient outcome was noted. For every additional nurse, patients were 14% less likely to die in hospital (Driscoll, Grant, Carroll et al 2018). We have no doubt that as healthcare systems experience difficulty in recruiting and retaining nurses there will be calls to reduce the educational preparation for nurses in an attempt to boost the numbers of nurses in clinical practice. However, nursing often considered a safety critical profession, is unlike other such professions in that it is plagued by a constant debate about the merit of its educational preparation, somehow linking increased knowledge with reduced compassion and by association outcome. With many championing a return to a bygone era. Nevertheless, it is our belief that these two papers illustrate that patient outcomes are enhanced when care is organised and delivered by sufficient numbers of graduate educated Registered Nurses and that we should strive to achieve both, rather than trade one off against the other, if we are serious about providing a health service fit for the 21st Century.

In conclusion, we contend that the term training does not reflect the educational preparation that 21st century Registered Nurses undertake and by advocating its use, we do our profession a disservice and allow others to trivialise our role. At a time when the number of applications to study for a nursing

degree are decreasing and the introduction of a new registrant that will follow a traditional training model has been introduced, it is vital that we recognise and value the educational preparation necessary for Registered Nurses to deliver high quality cardiac care both now and in the future.

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