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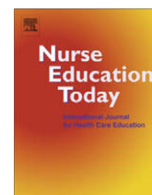

# Creating a 21st century nursing work force: Designing a Bachelor of Nursing program in response to the health reform agenda

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SUMMARY

This paper demonstrates the processes of designing a nursing curriculum that integrates health care and educational reforms, regulatory requirements and the needs of a modern nursing workforce. In particular, the paper illustrates the application of a curriculum design process. In 2008, the School of Nursing and Midwifery at the University of South Australia completed the challenging task of designing and implementing a Bachelor of Nursing curriculum to ensure that nursing graduates meet projected health care delivery needs within the Australian context. Creating an educational experience necessary to support Graduates to attend to priorities associated with the projected Australian health demographic was challenging. Through the use of integrating themes, domains of nursing practice and attention to the health care needs and priorities of the population, the curriculum has been designed to produce nurses with the knowledge, understanding and skills necessary to contribute to new and innovative health care delivery in Australia.

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## Introduction

The decision to redesign the Bachelor of Nursing curriculum was as a consequence of concerns about projected changes to the Australian health profile and the healthcare industry's capacity to attend to this in a socially and financially sustainable way. In particular, the previous Bachelor of Nursing program had no clear content or teaching approach that prepared students in the nursing management of clients with chronic illness and the impact of the social determinants of health (Bachelor of Nursing Redevelopment Group, 2005). Further, sufficient acute clinical placements for students necessary for the previous curriculum design, were becoming increasingly difficult to secure, resulting in a shortfall of suitable student practicum places and a reduction in the quality of practice-based experiential learning. Of equal concern, according to the survey undertaken by the Graduate Careers Australia the overall student satisfaction was at an unhealthy 50%, a concerning statistic given that the national average was 61% (Graduate Careers Australia – Course Experience Questionnaire). Course and program evaluation data collected by the University revealed that this was partly as a consequence of students' concern about inconsistencies and overlaps between courses and difficulties in placement arrangements.

As has been identified by Forbes and Hickey (2009), though the need for curriculum reform to attend to changing health demographics is reported in the literature, a majority of programs in the United States, and arguably elsewhere, remains unchanged. The objective of this paper is to situate the need to reform the Bachelor of Nursing curriculum in the Australian context, while also describing the process undertaken to achieve curriculum redevelopment.

## Curriculum reform: setting the scene

### *Changing health care needs*

As the 21st century began the health care needs of people were changing. In 2002 chronic conditions were responsible for 60% of the global disease burden, this is expected to rise to 80% by the year 2020 (World Health Organisation, 2002). Chronic disease is therefore one of the greatest challenges facing health care systems throughout the world.

By 2020 more than half the population in Australia will be over 50 years of age. In addition to this, as in most countries, many inequities exist between the health status of certain population groups of Australians due to their cultural background, socioeconomic status and geographical location (Government of South Australia, 2003). Indigenous Australians suffer the worst health status in the world on some indicators, particularly diabetes and renal disease (Edwards and Madden, 2001). Those in lower socioeconomic groups and in rural and remote areas are more likely to die earlier

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and have less access to, and satisfaction with, affordable and appropriate health care (Mathers et al., 2000; Blendon et al., 2002; Smith, 2004; Smith et al., 2008).

In addition to this, people are more extensively informed as a result of the media and the Internet, resulting in an increase in health literacy across the community (Eysenback and Jadad, 2001). Advanced surgical practices and increased community care have resulted in shorter-term acute care hospital stays for tertiary related care. This has placed a greater emphasis on the provision of home and community care, and programs to address the needs of the population. A nursing workforce that is equipped with the requisite knowledge, attributes and skills to work in varied contexts is essential to meet these needs.

### *The health workforce*

Historically in Australia, and in much of the western world, the health workforce has been educated for an acute care model, based on dealing with infectious and episodic disease, which addresses the client's immediate and urgent health concerns (World Health Organisation, 2002). With an increase in ageing and chronic conditions the workforce must work in an organised, systematic, knowledgeable and ongoing way across the population to prevent illness, improve health and practice within a community based Nursing workforce.

In addition, in Australia, the National Review of Nurse Education found that there was an extremely high attrition rate for nurses within 5 years of graduation (DEST, 2002). The implications and recommendations from this review echoed many that had been made in previous reviews and research. In essence, nurses were dissatisfied with their conditions of practice in acute care hospitals and wanted change (Clare et al., 2003). Another major study found that nursing graduates were leaving as a result of their perceived lack of confidence in career opportunities for fields other than hospital based medicine and surgery, or in locations other than city or regional hospitals (Duffield et al. cited DEST, 2002). In addition, student evaluations, undertaken as part of the National Review of Nurse Education, identified a need for fully integrated programs, with consistent course content that presented cohesive images of nursing, with practical field experience securely embedded within the program to ensure graduate and student retention (Hollander and Saltmarsh, 2000; DEST, 2002).

Many human tragedies have resulted from poor coordination between services and health professionals, with poor communication identified as the primary cause. This raises the need for improved teamwork across the professions and many universities are now seeing interdisciplinary education and practice as critical for students to develop these inter-professional skills at undergraduate level (Humphris, 2007). Inter-professional teamwork is an important tool for efficient, cost effective health care (Armitage et al., 2008).

### *Nurse curricula regulation in Australia*

Although currently working toward implementing a national regulatory system for nurses in 2010, at present each State in Australia has a statutory authority established to regulate nursing and midwifery. Each regulatory authority accredits higher education sector courses and approves the curriculum that prepares individuals for nursing registration and enrolment (ANMC, http://www.anmc.org.au). Accreditation of education courses for registration with the Nurses Board of South Australia is based on meeting a range of broad standards (NBSA, http://www.nmbsa.sa.gov.au/stan_nbsa.html). The accreditation process requires the education provider to demonstrate how the course will achieve a range of performance outcomes such as "graduates who can practise safely competently and ethically..." (Nurses Board of South Australia, 2005, p. 12). It is therefore the task of those submitting a program for accreditation to provide an argument and evidence that addresses these broad criteria. As a consequence there are few pre-prescribed details required to meet accreditation, such as the number of clinical hours. Rather it is the responsibility of the educational provider to develop an argument using contemporary literature and evidence to substantiate performance outcome claims.

### *Educational context*

Unlike many other health professional programs, which have a minimum of 4 years of university education followed by a compulsory 1-year internship, nursing in Australia is a 3-year bachelor level degree, and has no compulsory intern year, though most graduating nurses enrol in employer supported transition programs. The Transition to Professional Practice Report of South Australia (Nursing and Midwifery Office, 2005) identified a need to extend the current focus of transition 'to include a collaborative transition model with the community setting within a primary health care context', to ensure it is appropriate for the future needs of the health care system (Nursing and Midwifery Office, 2005, p. 4). This change in focus thus allows educational programs to extend on previous obligations to have graduates 'work ready' for the acute care environment, as there was no longer the expectation that all new graduates would undertake employer supported transition programs within the acute health care setting. In addition to transition programs now available in the primary health care settings, several primary health care employers interviewed as part of the curriculum development initiatives, indicated that they were prepared to employ suitably prepared new graduates without a transition program.

Within the University context, all curricula are required to adhere to the pedagogical principles articulated within the Leaning and Teaching Framework (University of South Australia, 2009a) as it is this framework that informs the development of learning resources and in-service education expertise. As a consequence the pedagogical principles of enquiry based learning were well supported in the University.

## Gaining support and developing structures

It is commonly accepted that broad faculty support is an essential component for successful curriculum and cultural change to occur (Iwasiw et al., 2008). However as Forbes and Hickey (2009) have identified, faculty resistance has been attributed as an impediment to the curricula reforms necessary to prepare the future nursing workforce. Hence, as with any level of successful reform, leadership and resourcing from senior management is an important component of successful change. All too often curriculum redesign is attempted in amongst already heavy staff workloads. To support the redesign process an external consultant was employed and another staff member given work release. This level of dedicated project management support was essential to achieving the depth of change required in this initiative.

The broader and progressive support from faculty, industry partners and students is also an essential element. The integration of informative and consultative activities needs to run alongside the design process requiring strong leadership to address potentially contentious issues. Essentially curriculum development is a progressive incremental process that requires administrative and management support towards a curriculum that is 'context relevant, responsive to learners' and 'consistent with the goals and philosophy of the educational institution' (Iwasiw et al., 2008, p. 1).

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