

Editorial: Educating the good for nothing student

The past several years have seen a series of catastrophic failings in health care in the UK, with a great deal of attention from the press, from professional bodies and from patients' and carers' organizations being directed particularly at nursing and nurse education. The Royal College of Nursing significantly understated the situation in their observation that 'Nurse education and the quality of its "product" has recently been the subject of public and professional comment' (RCN 2013), particularly in relation to graduate nurses. Newspaper headlines such as 'Nurse refused to clean up vomit... because she went to university' and 'Nurses told, "you're not too posh to wash a patient"' (both from the UK newspaper *The Daily Mail*) continue to find their way into national consciousness, despite the conclusion of the *Willis Commission on Nurse Education* that:

The commission found no major shortcomings in nursing education that could be held directly responsible for poor practice or the perceived decline in standards of care. (Willis 2012)

The so-called 'too posh to wash' argument referred to above runs as follows:

1 The mid-Staffordshire enquiry (Francis 2013) and other similar analyses of the recent 'crisis in care' suggest that nurses are neglecting the basics in caring for their patients and that the profession needs to review its commitment to what the chief nurse for England has called the 5Cs of caring – compassion, competence,

communication, courage and commitment (Cummings 2012).

2 Part of the reason for this gross dereliction of duty is that nurses are overeducated; that they do not need a degree to give a bed bath or feed a patient. Indeed, that being in possession of an education and a degree encourages nurses to believe that their rightful place is in the office behind a computer rather than beside a bed tending to the needs of patients.

3 Therefore, the profession of nursing should end its flirtation with higher education and return to a clinically based apprenticeship method of teaching.

I would like to make a counter-intuitive suggestion: rather than overeducating our students, I would like to suggest that they are woefully undereducated and that many of them are, in fact, hardly educated at all. I am not denying that they are well trained. Some are very well trained indeed, not only in the skills required to be a safe and competent nurse, but also in how to write essays, how to pass examinations and even how to think critically. But most are not well educated, at least not in the sense that anyone who studied at university prior to the 1980s would understand the term.

We know that having the skills to do a particular job and being motivated to do it are two quite different things. The motivation to care for sick and vulnerable people, particularly when the care involved is hard, messy and exhausting work, derives in large part from caring about them. And caring

about people, particularly those to whom we are not particularly close, attracted or related, is largely a matter of empathy and imagination. I care *about* my children because I love them and because they are my children, which motivates me to care *for* them. I care about strangers whom I encounter in hospital because I am able to imagine myself or my children in their situation. Without this empathic imagination, we have only our training and our duty to fall back on. And as the Francis report (Francis 2013) suggested, when times are tough, for example when the ward is short-staffed or when we feel exhausted at the end of a long and tiring day, it is too easy to look the other way when we see a stranger in distress. What is lacking is not training and not the ability to perform technical skills, but the empathy and imagination that a broad and well-rounded education provides.

So how can we educate our students to care *about* as well as *for* their patients? How can we help them to imagine and identify with the suffering of others to the extent that they are motivated to respond to that suffering? Richard Rorty referred to this ability as 'solidarity', which he believed could be enhanced through the arts, particularly through reading novels and other fictionalised accounts of the pain and suffering of others. Solidarity cannot be taught, it can only be learnt; 'it is to be achieved not by inquiry but by imagination, the imaginative ability to see strange people as fellow sufferers' (Rorty 1989, p. xvi).

Solidarity with those we care for can also be increased through the study of the humanities (history, social geography, the classics), through anthropology

and through philosophy (hermeneutics, phenomenology, existential ethics). The study of these subjects is not a distraction from the business of learning to be a nurse, but a real and genuine attempt to understand the suffering of others to place ourselves in their position. And whilst this might come relatively easy to some, many of us require an education in the humanity of others that extends far beyond an understanding of their biology, their physiology and their behaviour. I am not talking here about an objective intellectual understanding of people in general (although this too is important), but a direct subjective empathic engagement with individual persons. And for those of us for whom this does not come naturally, what is needed is a broad educational experience that extends well beyond the skills of nursing, well beyond the theory and research underpinning those skills, and well beyond meeting prescribed learning outcomes and demonstrating safe and effective practice. I suspect that all of the nurses and most of the care assistants who contributed to the failure of care at mid-Staffordshire and elsewhere could, if pushed to do so, demonstrate safe and effective care. What was missing was the imagination and the empathic understanding to see the need for it. And as numerous psychological experiments have demonstrated, we are all capable of a dereliction of our duty of care which at times borders on the murderous, so there is no room for smugness or denial.

I believe that education is our last great hope, and that means the study of issues and subjects that appear to have little or no relevance to the theory and practice of nursing, such as literature and the arts, the humanities, the classics, philosophy, anthropology, the

list is endless. And if there is no time and space in the current curriculum, we must find the time and space, even if it means extending our nurse education courses to four or five years. After all, it takes seven years to qualify fully as a doctor, so why not also as a nurse?

I began this editorial by supporting the 5Cs of caring: compassion, competence, communication, courage and commitment. Of these, competence and communication can be taught; perhaps they can be taught more effectively in a clinical setting than in the university. However, compassion, courage and commitment cannot be taught, they cannot be translated into learning outcomes and they cannot be measured by written assignments. They are means rather than ends; they are moral qualities or virtues related to that old-fashioned concept of 'the good'. If we are serious about producing a generation of nurses who are compassionate, courageous and committed, we must educate them in what it means to be good. As the moral philosopher and novelist Iris Murdoch tells us, good is concerned with means rather than ends, with how we act rather than simply with the technical aspects of what we do: 'The Good has nothing to do with purpose, indeed it excludes the idea of purpose... The only genuine way to be good is to be *good for nothing...*' (Murdoch 1970, p. 69, my emphasis).

That is to say, being a good nurse is not simply a matter of being good *at* nursing. Being a good nurse includes being technically competent, but it entails far more. How and why we are good are just as important as what we are good at, and part of the how and why is concerned with the capacity to understand, imagine and respond to the suffering of others. So, more educa-

tion rather than less, and education that addresses the means as well as the ends of nursing, the values as well as the science, the imagination as well as the facts. The challenge for our universities is to educate our students to be good for nothing.

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