QUALITY IN UNDERGRADUATE NURSING PROGRAMMES : THE ROLE OF NURSING COUNCIL

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Abstract

This paper looks broadly at issues to do with quality monitoring in higher education and considers the role and focus of the Nursing Council of New Zealand in the approval of and ongoing monitoring of undergraduate nursing degree programmes. It is suggested that the approach taken by the Nursing Council is accountability-led where minimal attention is given to teaching and learning and actual graduate outcomes. This may lead to a mistaken belief that Nursing Council's monitoring focuses on quality or that the outcomes of their monitoring might contribute to programme enhancement. A shift to emphasise learning processes, students and continual improvement in order to enhance programme quality is proposed.

Key Words: Quality, curriculum, course approval

Introduction

This paper looks at issues to do with quality and quality monitoring and considers critically the focus which the New Zealand Nursing Council adopts with respect to monitoring nursing programmes. Quality has many aspects. Hence with respect to any organisation there is a range of activities and evaluation (internal and external) which can be subsumed under what is broadly termed quality monitoring. Because of these different conceptions of what constitutes quality in higher education, quality monitoring may in the end achieve little in the way of enhancing an educational programme (Horsburgh, 1998). Commonly quality monitoring is directed towards high standards, zero defects, value for money and fitness for purpose (Harvey & Knight, 1996). It is contended here that none of these definitions directly encompass the core activities of education which are associated with teaching and learning and which enhance the student learning experience and graduate outcomes.

While the Nursing Council (Nursing Council of New Zealand, 1999) make minimal reference to quality, the processes Council has in place for approving new programmes fit within a broad definition of quality monitoring. The stated policies indicate an inherent interest in quality and reference is made to some of the established processes: approval, accreditation and ongoing monitoring by external quality agencies, in particular those of the New Zealand

Qualifications Authority (NZQA). Also, although not referring directly to quality, they do focus on standards, and a brief consideration of the literature shows that many quality monitoring initiatives link quality and standards.

Quality and standards

Quality

An investigation of quality in higher education based in Birmingham, England (Harvey, 1993) looked at the nature of quality as a concept, ways of thinking about quality, and interrelationships between the various conceptual approaches. The widely differing conceptualisations of quality in education identified in the project were grouped into five discrete but interrelated ways of thinking. The first approach views quality in terms of 'exceptionally high standards'. This is the traditional notion of quality as being associated with distinctiveness, something special or high class, whether exceeding high standards or passing a set of required or minimum standards. These standards may be explicit and measurable or sometimes remain implicit.

In the second approach quality is seen in terms of 'consistency' and the focus is on processes and sets specifications to be met. Quality is summed up in the interrelated goals of zero defects and getting things right the first time. In this view a quality product is one, which conforms exactly to a specification and a quality producer, or service, is one whose output is consistently free of defects. 'Fitness for purpose' is the meaning given to quality in the third approach described in Harvey's report. Here quality is judged in terms of the extent to which a product or service meets its stated purpose. Consequently issues arise about whose purpose, and how fitness is assessed. There are two alternative ways of specifying purpose. The first is fitting the customer's specification or requirements. The issue of who is the customer - the service user (student), the professional body, or those who pay for the service (government, employers etc.) then becomes a problem, and the question of who should define the purpose remains open.

The fourth approach which sees quality as 'value for money' is directly linked to accountability and a market view of quality. Input and output measures or performance measures, and customer charters seek to legitimate this notion of quality. The fifth definition views education as a transformative process in which the student is an active participant. In short, the educational process may transform by enhancing and empowering the student. Enhancement is reflected through the acquisition of knowledge and skills. Empowerment comes from the development of students' critical abilities, that is to say their ability to 'think and act in a way that transcends taken-for-granted preconceptions, prejudices and frames of reference' (Harvey & Knight, 1996, p.4). At its core, transformation refers to the evolution of the way students approach the acquisition of knowledge and skills and relate them to the wider context.

Standards

Standard is a word that can mean both excellent (high standard) and ordinary (standard procedure) thereby being both an identification of uniqueness and a measure by which conformity can be judged. In education, the term usually relates to three areas of activity: academic standards, standards of competence and service standards. Academic standards measure the student's ability to meet generally specified levels of academic attainment. A single level of attainment may be set (pass or fail) or a graded set of levels identified, against which to measure a degree of excellence.

Standards of competence are often expressed in terms of threshold minimums rather than in degrees of excellence. Standards of competence are intended to measure specified levels of ability on a range of competencies. These may be general transferable skills required by employers and the skills required for induction into a profession. There may of course be overlaps between academic standards and standards of competence when, for example, higher level skills and abilities are explicitly identified as intrinsic to competence. Where reflection and critique are elements in the attainment of an award there is overlap between academic standards and competence. The third area of standards refer to service standards which are devised to assess identified elements of the service or facilities provided by a higher education institution.

Interrelationship between quality and standards

The interrelationship between quality and standards depends on both the approach and understanding of quality and the particular notion of standard that is adopted (Harvey & Knight, 1996). When the 'exceptional' approach to quality guides quality monitoring, the maintenance of academic standards through the summative assessment of knowledge is emphasised. It is also assumed in this approach that service standards are dependent on inputs such as qualified staff, well-stocked libraries, well-equipped laboratories and students with 'good' entrance qualifications. Exposing teaching competence to scrutiny is less common. The 'perfection' approach to quality provides an emphasis for external quality monitoring to consider consistency of academic, competence and service standards.

A 'fitness for purpose' approach to quality monitoring means that standards are related to specified purpose related objectives. This view tends towards explicit specification of skills and abilities and requires evidence by which to identify achievement of threshold standards. Professional competence is primarily assessed in terms of threshold minimums set against what are often professional body requirements for practice. The 'fitness for purpose' approach also usually specifies or implies minimum service standards for such things as standards of competence of the education providers, support for students, (both academic and pastoral) and sometimes the interrelationship of teaching, scholarship and research.

The value for money approach tries to emphasise a 'good deal' for the customer, usually the government, employer or student. It requires the maintenance or improvement of academic standards of both graduate abilities and research outputs with respect to a specified unit of resource. This approach anticipates that a supply of competent and suitably skilled graduates ready for employment will be maintained. Difficulties arise with these later approaches which are inconsistent with the exploratory nature of learning.

Quality and standards as transformation

In contrast to most of what has been discussed so far, the transformative approach to quality uses standards to assess the enhancement of students both in terms of their knowledge and the acquisition of a broader set of transformative skills such as analysis, critique, lateral thinking, innovation and communication. Service standards in this approach emphasise facilities that enable the processes of student learning to be enhanced and students to acquire transformative abilities.

While the various definitions of quality are not mutually exclusive, nor are standards for quality monitoring interpreted in a singular way, it can be argued that the most meaningful approach to quality is that where transformation is central. Understanding quality as transformation means that quality monitoring and standards must be concerned with learning, teaching and the outcomes of higher education - the graduates. Transformation depends on a learning cycle which includes both assimilation, where new information is added into existing mental structures and accommodation, where base ideas are changed in response to new information, together with a recognition that the person must also be transformed. This includes facilitating the acquisition of appropriate personal and social skills, a positive self-image, confidence, and life-long learning ability. The development of transformative skills is an evolving participatory process which focuses on change.

A recent study (Harvey, Moon & Geall, 1997) showed that in a changing world, employers (including nurse employers) need graduates who not only have the higher level academic abilities of analysis, synthesis and critique, but are also adaptable, flexible, self-motivated, self-assured, able to interact effectively in teams and have good interpersonal skills. Graduates need to have a range of personal attributes, including knowledge, intellect, willingness to learn, flexibility and adaptability, self-regulatory skills, self-motivation and self-assurance. They also require interactive attributes such as interpersonal skills, team work and communication skills. Employers want people who can go forward, who see change as an opportunity not a threat. In short they want transformative agents.

It is transparent that nursing graduates must have the above attributes if they are to be equal team members in a multidisciplinary health

care team working in increasingly complex health care settings. In this sense 'quality' needs to be understood as a transformative process, which cannot be separated from learning, teaching, assessment, institutional practices and structures and the institutional, departmental and faculty culture and climate. Standards and quality monitoring must recognise this interdependence. Unfortunately to date the predominant concern of quality monitoring has been with inputs, outputs and systems, rather than processes and learning outcomes, and may have little to do with learning and teaching. A compliance culture amongst academic staff is a possible outcome, rather than a culture valuing improvement and innovation in teaching which will lead to transformation of students.

Systems of quality monitoring

Before examining how the Nursing Council approaches quality monitoring it is useful to broadly consider overall systems of quality monitoring. Many types of external quality monitoring systems are reported in the literature. Dill, Massy, Williams and Cook (1996) group the various international systems into accreditation, assessment or audit. 'Accreditation' is generally associated with processes to determine whether an institution, faculty or programme meets certain threshold criteria (Massy, 1997). Frequently accreditation criteria are pre-set and evaluation is then made against these. Typical questions asked by accreditation evaluation panels include consideration of whether resources are sufficient to meet objectives, or whether systems are fit for purpose. Systems are frequently emphasised. At issue here is that while there is no doubt that where they can be defined, systems are useful and appropriate tools, rarely do systems focus on processes. As Massy points out it is much easier to develop systems, which determine what teachers do and how they do it, than it is to assess the actual outcomes of learning and teaching.

In New Zealand accreditation is generally associated with evaluation of quality management systems and determining their fitness for purpose. The term 'approval' is used with respect to programme accreditation. However the two concepts are similar, with programme approval emphasising whether resources, content and so on fit well with the purpose. A number of professional bodies take this approach to quality monitoring. In effect these bodies accredit programmes of study in a very input-oriented manner, which may not involve monitoring how a programme is delivered. The focus is on what is offered, the course content, amount of teaching, length and type of work placement, qualifications of staff, level of proposed resourcing and so on (Harvey & Mason, 1995).

'Assessment' is the term used to refer to evaluation of specific education activities. Quality assessment at a subject level has been a feature of both teaching and research in the UK. Quality is defined strictly as 'fitness for purpose', or fitness of a given programme of teaching and learning to deliver the aims and objectives as specified by the academic staff

responsible for a course or programme (Clark, 1997). The process does not concern itself with the monitoring of standards of achievement, or the standards of graduates, it is concerned only with 'fitness for purpose' in respect of intention determined by academic staff.

The third grouping 'academic audit' (Dill et al., 1996) is not concerned directly with evaluating quality, rather audit focuses on the processes that are believed to produce quality, or the methods that an institution has for assuring itself that quality has been attained. The principal task is to audit the systems each institution or programme has in place for quality assurance. In effect audit checks that quality assurance processes work, for example audit panels might explore how external examiners' comments are dealt with and lead to changes in particular programmes.

In keeping with other 'quality' activities the monitoring approaches generally involve self-assessment followed by peer review, with the focus on systems and processes as being 'fit for purpose'. Whilst the intrinsic value of self-assessment seems to be generally accepted, the degree of change actually resulting from such assessments is questionable unless there is external audit to monitor that management actions follow. It is usual for the different forms of external quality monitoring to involve an evaluation visit. Frequently these are carried out as a single 'quality' event, such as a visit by an accreditation or audit panel. However one-off visits by evaluation panels are not likely to be meaningful if the focus of quality is an evolving process such as transformation (Harvey & Knight, 1996). Learning and teaching is a continually evolving participatory process and inspection at a single point in time is of dubious value. Visits can only capture a fraction of what contributes to student life and higher education within an institution (Trow, 1996). The over-reliance on input measures generally reported to panels may distort the view of quality (Zemsky & Massy, 1995). The overall effect achieved with external assessments is likely to be no more than simply to alert institutions to what must be done to maintain acceptable programmes (Donald, 1997). Certainly institutional assessments may indicate where improvement is needed, but they do not supply the definition or analysis of good practice needed to achieve that improvement.

A further focus of quality monitoring is on performance indicators. These almost universally emphasise inputs, processes and outputs, having limited concern with the outcomes of learning processes or what students know or can do (Harvey & Knight, 1996). Typical indicators relate to student admission rates, class sizes, value of research grants, percentage costs for library and other services and so on. As yet no outcome measures have been reported although it has been proposed in Canada and the UK that 'employability' should be developed as an indicator. Donald (1997) points out that most indicators have more to do with students than teaching, except perhaps for staff student ratios which may be such as to help or hinder student learning. In fact Terenzini and

Pascarella (1994) argue that based upon a comprehensive review of the research on teaching and learning, that there are only trivial relationships between such measures as student staff ratios, percentage of staff with higher qualifications, size of library, research productivity and so on. Rather they found that student learning was most closely associated with the cohesiveness of curricula, quality of teaching, the nature of students' non-classroom interactions with teaching staff, as well as the nature of peer group interactions and extra-curricular activities.

Nursing Council of New Zealand

The document, *Nursing department/ schools handbook for tertiary education institutions offering pre-registration nursing programmes* (Nursing Council of New Zealand, 1999) outlines the requirements for educational institutions aiming to prepare nurses for registration. These policies indicate the orientation Nursing Council has towards quality monitoring. Nursing Council is a regulatory body and as such is responsible to the 'public of New Zealand' for the registration of nurses. Council sets and monitors 'standards' for registration of nurses. In this way it exercises control over the nursing profession as a whole and, to some extent the contributing educational institutions by:

- specifying the knowledge and competence required for entry to the profession;
- maintaining a register of nurses;
- enforcing a code of practice determined to be in the public interest.

Statutory powers provide the public guarantee that the professional title of nurse is an adequate indicator of competence. Nursing Council's power lies in legislation, whereas in practice it provides a range of advisory and policy documents. Although the guidelines and policies are not legal documents in their own right, they have the power of the law, given that they arise from the law. Nursing Council is therefore able to specify the length and level of a programme, and indicate content, intended outcomes and so on. A new undergraduate nursing programme may not commence until Nursing Council has approved the curriculum. Any changes to the curriculum must be notified to Nursing Council and re-approval is required where a 'major' change is made. Further quality monitoring is extensive with an annual requirement for 'a detailed programme report', which includes 'a copy of the monitor's report and any external advisory committee reports' (Nursing Council of New Zealand, 1999, p.9). Programmes are audited every three years, with audit based on 'Standards for registration of comprehensive nurses' (Nursing Council of New Zealand, 1999), and in addition the curriculum is re-approved every five years.

Instructions around approval of the curriculum simply specify that 'copies of the curriculum that meet 'Standards for registration of comprehensive nurses' must be received six months before the proposed commencement date of the programme' (Nursing Council of New Zealand, 1999, p.8). Requirements for approval are based on the 'standards'

which are stated to be 'structure, process and outcome standards'. Audit requires a self-assessment of 'the programme'. 'Evidence of how the standards are met must be listed on the evaluation and the evidence made available to the auditors if requested at the visit' (Nursing Council of New Zealand, 1999, p.14). The documentation does not indicate who the auditors are, their background or qualifications, and how many there will be, but does state, 'the audit visit will be completed within two days. Auditors will identify the documentation they wish to examine, the staff they wish to meet and which clinical areas they wish to visit' (Nursing Council of New Zealand, 1999, p.14).

While a glossary is included this does not include some key terms, for example standard; structure, process and outcome standard; approval; audit; accreditation; major change; programme report and monitor are not defined. It seems that an assumption is made that these concepts will have translated from the external quality monitoring agency, the New Zealand Qualifications Authority (NZQA) who must also approve degree programmes for polytechnics although not for universities. While the NZQA and Nursing Council are seeking to align processes it is beyond the scope of this paper to also consider NZQA's processes or how the two separate processes (NZQA and Nursing Council) might align. In any event not all programmes are approved by NZQA, the universities have a different set of processes and there are some clear differences between NZQA and the university perceptions of quality and quality monitoring. All this adds to confusion around exact requirements of Nursing Council and a lack of clarity of the purpose of their processes.

It would certainly be helpful to have Nursing Council's interpretation of the many and various terms they use and how these relate to other external agency processes and definitions. Standards form the basis for Nursing Council approval and auditing of curriculum. The focus is clearly on the curriculum as being 'fit for purpose', with a 'need (for) quality assurance and accreditation processes to approve people for registration' (as stated in Appendix 2, Nursing Council of New Zealand, 1999, p.3). The Nursing Council has defined the purpose, and accountability rather than quality or programme enhancement is the focus. It is this author's belief that in general terms quality monitoring has become the vehicle through which accountability is addressed (Horsburgh, 1998) although accountability here has little to do with quality or programme enhancement. Rather accountability is the obligation to report to others, to explain, to justify and answer questions about how resources have been used and to what effect (Trow, 1996). Accountability is an obligation to conform, and it is very clearly linked to efficiency and effectiveness rather than enhancement of programmes.

Nursing Council sets out 'Standards for registration of comprehensive nurses' (Nursing Council of New Zealand, 1999). Of these the first eight relate to structures or systems.

Standard nine is concerned with both academic standards (a pass in the Nursing Council's examinations) and outcomes in terms of the 'applicant for registration' having completed the curriculum requirements and being judged safe and competent to practise as a comprehensive nurse. In order to see what Nursing Council considers graduate outcomes to be (or what safe and competent to practise as a comprehensive nurse means), it is necessary to look at Standard ten which specifies competencies required for safe nursing practice.

The standards emphasise inputs: structure of the curriculum, content, facilities and resources, and the process of student assessment. Standard seven, 'The environment is conducive to the teaching-learning process' (as stated in Appendix 2, Nursing Council of New Zealand, 1999, p.11) relates to teaching and learning. Here the focus is on independent student learning, student feedback and individual learning styles. This is where there is some confusion between what seems to be a focus on accountability yet some aspects of learning important to transformation are also considered. There is obvious tension between notions of quality monitoring where accountability is the focus and those where quality is associated with improvement of learning or transformation of the student. If achieving quality in higher education requires a focus on developing transformative graduates, then a focus on learning and the total learning environment is important. In nursing education a focus on the clinical learning environment must be included.

'Quality' in nursing education needs to be understood as a transformative process, it cannot be separated from learning, teaching, assessment, institutional practices and structures, all within the context of an institutional, departmental and faculty culture, the context of clinical health services and the socio-economic and political context of education and health care. An improvement–led focus for quality monitoring can concentrate on these factors, whereas an accountability focus generally ignores them. Nursing Council's current approach is confusing. It would be helpful if Nursing Council could clarify the intent and purpose of their processes together with their policies and guidelines. At present some of the factors associated with transformation are considered but only in the context of a curriculum as being fit for the purpose of students achieving competencies required for safe nursing practice. It gives no attention to improvement.

Competencies

Competencies and how these are used is an area where the notion of transformative graduates is pertinent. Gonczi (1995) describes three major conceptions of the nature of competence. The first and most widely seen concept is a task-based or behaviourist approach. Competence is conceptualised in terms of discrete behaviours associated with the completion of particular tasks, and connections between tasks are of no concern. The

second conception of competence concentrates on general personal attributes that are taken to underlie competent performance of a wide range of tasks. General attributes typically include knowledge, communication skills, and analysis. The assumption is that a person with these general capacities will be able to apply them appropriately in a variety of contexts and to a range of tasks. An integrated approach is the third conception, where 'competence is conceptualised in terms of knowledge, abilities, skills and attitudes displayed in the context of a carefully chosen set of realistic professional tasks which are at an appropriate level of generality' (Hager, 1994, p.31). The same author holds that when this approach is taken, and when assessment is 'holistic', that the 'richness' and integrated nature of professional practice is captured (Hager). The integrated approach to competencies is in keeping with developing transformative graduates.

In their *Nursing department/schools handbook for tertiary education institutions offering pre-registration nursing programmes,* the Nursing Council defines competency as, 'the demonstrated ability to apply the knowledge, skills and attitudes and to exercise the professional judgement which can reasonably be expected of a nurse or midwife in a practice context, commensurate with their qualifications and experience' Nursing Council of New Zealand, 1999, Appendix 2, p.15). In the previous edition (1998) of the handbook cited above competence is defined in a behavioral sense as, 'a skilled area of performance' (as stated in the Section, Competencies for entry to register of comprehensive nurses, Nursing Council of New Zealand, 1998, p.36). Although the definition has now changed the competencies listed under Standard ten have not changed and still focus on general attributes rather than the integrated nature of nursing practice. While individual programmes may seek to utilise an integrated approach to competencies, Nursing Council does not appear to promote innovative curricula that recognise the complexity and integrated nature of nursing practice.

In a recent study Horsburgh (1998) looked at the impact of quality monitoring on student learning and found that these processes had a narrow impact on student learning and outcomes and were not concerned with the complexity of a whole teaching programme or issues such as leadership or the culture in which students learn. The most direct impacts on student learning came from the teachers, their teaching practices, how they helped the students learn and the assessment practices they adopted. The curriculum, (overall intent, purpose and structure) also impacted, with particular significance depending on the curriculum development and subsequent implementation resulting from the leadership provided by academic staff. Resources to support learning were significant, however any impact of quality monitoring leading to resolution of issues was not seen and did not eventuate from monitoring reports or recommendations.

A WAY FORWARD

Rather than prescriptive approval and audit criteria being used for Nursing Council to make judgments about whether minimum thresholds are being met on the basis of input data and past actions, an approach is suggested which fosters colleagiality and enables teachers to engage in a dialogical process with colleagues (in particular clinicians and the professional organisations). This would shift the emphasis from an accountability approach to actual enhancement of our nursing programmes, and may be more appropriate given the increasingly complex health care environment in which graduates now practice. The focus should not be on systems, but on aspects of the curriculum that impact directly or indirectly on student learning. Five aspects are important for curriculum: curriculum design and overall intent, learning, teaching and assessment strategies (including strategies for clinical learning), strategies for ongoing improvement and enhancement, evaluation of outcomes, and provision of resources.

The proposal is that these five aspects of curriculum and appropriate trigger questions would form the focus for a curriculum 'approval' panel. The panel would include academic staff external to the programme team or teaching unit, employers, clinicians or professional representatives or graduates, and if possible students. An exchange of ideas would be emphasised between both panel members and the programme team. A report on the readiness of a new programme to be introduced would be the formal outcome. This would allow the institution, professional body or other external agency to judge what needed to be in place before a new programme could commence.

Unfortunately while there are, as the previous discussion shows, sound reasons for advocating change in the way Nursing Council approaches programme approval and audit there is at present no impetus for adoption of a monitoring approach which is other than accountability-led. Yet the danger remains that accountability-led quality monitoring too often results in tokenism or ritualism with participants engaged in learning to play the game (Newton, 1997). Massy, Wilger and Colbeck (1994, p.23) describe a 'culture of compliance' resulting from time and energy being '...dissipated in gathering information, ... and sometimes in staging presentations designed to mislead external reviewers'. In similar vein Trow (1996, p.314) refers to '... the anxious rehearsals for a forthcoming visit ... choreographed for fullest effect'. These views have much in common with those of Harvey and Knight (1996) who consider that educators, when faced with a monitoring system that demands accountability, simply comply in such a way as to minimise disruption to their existing practices.

The documentation requirements of Nursing Council are very extensive; the focus for approval is on the structure and content of the curriculum, resources, facilities and systems. The requirement for an annual programme report, for re-approval and audit all operate through reports on past actions. None of these consider strategies for improvement of

curriculum, learning and teaching. While this might not be Nursing Council's role, the question needs to be raised as to what the present very prescriptive criteria and the extensive requirements are actually achieving.

CONCLUSION

It is the author's belief that it would be timely for Nursing Council to clarify the intent of their policies and practices and review requirements for quality monitoring. The present accountability orientation of Nursing Council pays minimal attention to learning and teaching and actual graduate outcomes. An alternative approach has been suggested on the grounds that confidence in the Council's monitoring to achieve an outcome of quality maybe misplaced.

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