# ACCREDITATION OF UNIVERSITY NURSING PROGRAMMES IN CANADA

## Barbara Thomas, Anne-Marie Arseneault, Jeannette Bouchard, Edith Coté and Sheila Stanton

Educational programmes for health professionals, including nurses, have been established in response to the need for health services in a particular society (French, 1978). Governments and professional groups have made considerable effort to ensure that educational programmes are preparing the appropriate number of well-qualified practitioners needed to address current and future health needs of Canadians effectively (CAUSN, 1984). Accreditation of educational programmes in university schools of nursing is seen as a mechanism of external regulation to ensure standards of nursing practice and promote programmes that are responsive to societal needs (CAUSN, 1984; French, 1978). Nursing education in Canada has evolved to the extent that accreditation of schools of nursing in universities is now regularly carried out. To appreciate the current level of activities, it is important to place the origins of nursing education in Canada in perspective.

## Overview of Nursing Education in Canada

Nursing education in Canada began in 1874 with the establishment of the first nursing school at the General and Marine Hospital in St. Catharines,

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Ontario. By 1900, twenty training schools had been established in hospitals across Canada. The training schools did not generally offer a systematic programme of study and rarely employed a full-time instructor (Coburn, 1974). Apprenticeship training was the model used to teach nursing. Such personal qualities as dedication and womanly devotion were emphasized, rather than educational values such as knowledge acquisition and the development of critical thinking. The number of hospital training schools grew rapidly as hospitals realized the economic advantages of staffing their institutions with cheap labour provided by student nurses.

In 1914, the President of the University of Toronto headed a special committee on nursing education; it concluded that the hospital training programmes were unnecessarily arduous and recommended that nurses' training should take place within the educational system (Gibbon & Mathewson, 1947). The first university-based programme in nursing in Canada was started at the University of British Columbia in 1919, under the direction of Ethel Johns. This non-integrated degree programme became the prototype for the development of university nursing programmes over a number of years (King, 1970). It has been described as the "sandwich model" of nursing education, with the university providing the academic courses in the first and final years and the hospital school responsible for the nursing component in the middle years. Little, if any, coordination occurred between the two components of the nursing baccalaureate programme (Kergin, 1968; King, 1970). It was not until 1942 that the first four- year integrated nursing programme leading to a degree was begun at the University of Toronto. As Director of the programme, Miss Kathleen Russell required that all nursing courses meet university standards and that candidates for a degree in nursing meet admission requirements of the university. Four years later a second basic degree programme, under the direction of Miss Gladys Sharpe, was developed at McMaster University, in Hamilton (Kerr, 1988). University authority and responsibility for basic nursing education had been initiated.

It is interesting to note that the university schools of nursing formed a national association that was the predecessor to the Canadian Association of University Schools of Nursing (CAUSN) in 1942, despite the vast majority of basic nursing education continuing to be controlled by hospitals (CAUSN, 1984). Integration of nursing education into the general system of higher education had not occurred in any province and hospital schools functioned

as adjuncts to hospital nursing service (Hill & Kirkwood, 1991). Although Russell has been credited with providing early leadership in nursing education in Canada, baccalaureate nursing education spread slowly. Rovers and Bajnok (1988) suggest that on-going problems in the educational preparation of nurses led to Mussallem's review of nursing schools, which was sponsored by the Canadian Nurses' Association (CNA) in the late 1950s. This review recommended that a process of accreditation of nursing schools was necessary if standards were to be improved. Control of nursing schools by hospitals where the primary focus was service, not education, appeared to be the major cause of weaknesses found in nursing schools.

The Report of the Royal Commission on Health Services (Government of Canada, 1964) was critical of the existing system. It recommended the expansion of nursing education in universities, the transfer of diploma schools from hospitals to post-secondary institutions and movement away from non-integrated degree programmes for nurses. In Ontario, the provincial government announced the move to place all diploma schools under the Colleges of Applied Arts and Technology in 1973 (Rovers & Bajnok, 1988). A similar process occurred in Quebec from 1967 - 1972 with the closure of hospital schools and nursing programmes moving to the community colleges (CEGEPs), (Association of Nurses of the Province of Quebec, 1972). Other provinces followed this move, with nursing education being taught in a diversity of settings. The monitoring mechanism for these programmes was provincially regulated.

Baumgart and Kirkwood (1990) suggest that the admission of nursing to the university was not originally based on developing a unique body of scientific nursing knowledge, but rather was based on a need for public service. They also indicate that there was much disagreement about including nursing among the professional schools seeking university affiliation. In the male-dominated realm of university education and scholarship, nursing was considered marginal. The ratio of diploma to baccalaureate- prepared nurses has increased since 1965 to approximately one in ten nationally (Kerr, 1988). Enrolments in university schools are, however, still low in comparison to those in diploma programmes. Recent efforts at collaboration and articulation between universities and institutions offering diploma nursing programmes have sought to increase the accessibility of baccalaureate programmes and respond to the need for more highly educated nurses in the complex Canadian health care system.

# Historical Perspectives on Accreditation

CAUSN, as the organized body speaking on behalf of university nursing education, had, in 1957, established *Desirable Standards for Canadian University Schools of Nursing* (CAUSN, 1984). These standards, which were revised in 1962, provided a guide for developing university schools of nursing and focused on such issues as preparation of faculty, administrative organization and resources. Other early work on the development of criteria for university nursing programmes included *Guidelines for Baccalaureate Programmes in Ontario* by the Ontario Region of CAUSN in 1970 and the McGill University document in 1971 entitled *Criteria for University Schools of Nursing*. Developments in health services and education and the interest of government in accreditation prompted CAUSN to establish an ad hoc committee on evaluation in 1971 (CAUSN, 1984). CAUSN appreciated the work of regional organizations in developing criteria for university nursing, but identified the need for a national approach to evaluation. In 1972, the ad hoc committee submitted a report entitled *Tentative Statement for Functions of the Baccalaureate Nurse - Evaluation of Baccalaureate Schools of Nursing*. This document cited the critical functions of the baccalaureate nurse and stated the criteria of relevance, accountability, relatedness and uniqueness for use in the evaluation of schools of nursing. At this stage, CAUSN recognized the need for evaluation of its educational programmes, and the value of developing a national accreditation process. In 1972, CAUSN was designated as the accrediting body for university nursing programmes in Canada and the CAUSN Committee on Accreditation was subsequently established to develop the accreditation programme (CAUSN, 1984; Curran, 1984). The first meeting of this Committee was held in 1974.

Accreditation of nursing programmes is a mechanism of external regulation used to promote the development of education programmes or services that are responsive to present and future health situations, to encourage individuality and diversity and to stimulate innovation and change (CAUSN, 1984). External regulation has evolved to ensure that the public's interests are protected. Nahm (1971) indicated that accreditation encouraged nursing schools to improve their programmes to obtain accreditation and helped in raising standards of the profession.

In developing a process of accreditation for Canadian university nursing programmes, the following assumptions (CAUSN, 1984) were made.

1. Nursing, as a profession, is accountable to the public and has a responsibility to ensure the quality of the educational preparation of its members.

2. Nursing has the major responsibility for establishing, developing and monitoring standards for educational programmes in nursing.

3. Essential qualities having attributes of change and development can be identified.

4. The qualities or criteria are amenable to measurement.

5. Standards can be developed that will promote change, innovation, diversity within and among programmes and responsiveness to societal needs now and in the future.

At the June 1974 CAUSN conference, Dr. Nahm, who had been actively involved in the American accreditation process for nursing education programmes, encouraged CAUSN to use criteria that were dynamic and would stimulate innovation in the development of programmes relevant to society (CAUSN, 1984). Later that year, the Committee on Accreditation was asked to proceed with assessing the criteria and developing methods to evaluate undergraduate programmes in nursing. The Committee was cognizant of the need to develop an accreditation system that would take into consideration the teaching of nursing as well as the practice and study of nursing within the overall administrative organization. The teaching of nursing emerged as a very complex component and was identified as the primary source of data relating to the criterion of accountability.

In June 1975, the Committee submitted a report to CAUSN Council outlining the indicators of the criteria, time frame and methods of data collection and analysis, for use in assessing baccalaureate nursing programmes: it recommended that the criteria of relevance, accountability, relatedness and uniqueness form the basis of this process (CAUSN, 1984).

As French (1978) indicated, the CAUSN accreditation programme was innovative in design as it focused on how students learn to nurse as the most important factor in predicting the future direction of nursing services. Assessment of budget, faculty and other resources that may form the basis of traditional approaches to accreditation would be judged in relation to the impact they have on the teaching of nursing in the CAUSN process. The criteria also addressed whether the programme was responding to society's changing needs and fostered the continued development and individuality of schools. Since its inception, the Committee on Accreditation has considered

many important issues (CAUSN, 1991). Much time was devoted to developing methods for data collection and analysis, identifying indicators of the various criteria and developing instruments to measure the teaching of nursing. Funding issues related to the costs of accreditation have also been discussed.

In 1981, a workshop on accreditation was held at the CAUSN conference to further understanding of the criteria and of the process of accreditation. Two baccalaureate programmes were visited to gather data for isolating significant indicators of the criteria and providing selective evidence of the indicators. The tools for data collection and analyses were subsequently refined.

Curran and Bouchard (1987) reported a number of important milestones. In 1983, CAUSN Council received the draft document *Accreditation: Criteria and Process for Baccalaureate Programmes in Nursing* which had been prepared by the CAUSN Accreditation Committee. The next year, CAUSN Council approved the establishment of a Board of Accreditation for Baccalaureate Programmes in Nursing to administer the CAUSN accreditation programme. It also approved the appointment of an Executive Secretary to assist the Board of Accreditation and the Committee on Accreditation. The development of a pool of nurse educators to serve on review teams was also approved. The Committee on Accreditation continued as a Standing Committee of CAUSN, having the responsibility of recommending to Council, on an on-going basis, policy, norms and standards for the programme of accreditation. In 1985, Council accepted the framework for the Accreditation process, which included the weighting of criteria, the use of a self-evaluation questionnaire and the philosophy of nursing education, as well as a numerical rating system for use in determining the accredited status of a programme. Procedures for new programmes to apply for candidacy status were included in the accreditation documents. In 1986 Council approved the Self-Evaluation Guide and the Nursing Education Data Base. CAUSN was designated to implement the Accreditation programme and charged with undertaking an on-going formal evaluation of the accreditation process. The evaluation task was delegated to the Committee on Accreditation, to be reported to Council following the first five years of implementation.

A meeting of the Accreditation Committee and the Executive was held in 1986 to discuss the implementation of the accreditation process. Issues dis-

cussed included the financial aspect of the process; the mandate of the Committee on Accreditation; selection and orientation of Review Teams; relationships with Provincial Associations; and, the arm's length relationship between the Council, the Board of Accreditation and the Committee on Accreditation. The Board of Accreditation met in Montreal to review and implement the process. The document Relationships, Checks and Balances was reviewed and recommendations were presented. Requests for review from two universities were accepted and the selection of review team members was initiated. Later that year, Council gave approval for the Dean/Director of the programme under review to be present at the discussion of the report by the Board prior to the decision on accreditation status. In May, 1987 the first review of an organizational unit was completed and the CAUSN accreditation process was launched. The accreditation process has now become well established, with ten programmes having been reviewed for accreditation and one programme having been admitted to the candidacy process for new programmes. As more programmes are reviewed and as review teams become increasingly representative of the various regions, the process has become more national in character.

## Evaluation of the Accreditation Process

The task of evaluating the accreditation process was delegated to the Committee on Accreditation. It began in 1986 with a review of the literature and CAUSN accreditation documents. Five evaluation criteria were developed and reported to Council (Table 1). The Committee identified sources of data for each criterion, which included all documents and all bodies or groups involved in the process (Committee on Accreditation, June, 1987), and then developed and refined six evaluation tools. Evaluation tools were approved, translated and utilized to collect data from schools, review team members, members of the Board of Accreditation, members of the Committee on Accreditation and the Executive Director. The orientation programmes for the review teams were also evaluated.

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**Table 1**

*Criteria for Evaluation of the Accreditation Programme*

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| 1. | Growth Promotion | the Accreditation process fosters self-development and innovation; |
| 2. | Internal Validity | the process provides for measurement of the quality of educational programmes; the process discriminates among programmes; |
| 3. | External Validity | the Accreditation status of educational programmes is credible in the nursing community, the university community and the public sector; the Accreditation criteria and measures are relevant to changing societal needs for educational programmes; |
| 4. | Reliability | the process provides for unbiased measurement; the process assures a balance of scope and depth in data collection that is representative of the educational programme; the checks and balances assure integrity in the system; |
| 5. | Feasibility | the structure facilitates the process (for example, preparation, timing, streamlining); the programme is financially feasible; benefits outweigh costs. |

# Evaluation Data

The evaluation data were summarized and presented by source (CAUSN, 1991).

## *Response from schools*

Six schools that completed the evaluation tool indicated that the accreditation process fostered self-development in a positive manner and helped faculty see their programmes in the context of contemporary society and health services. The process reinforced and validated issues already known to faculty and increased their cohesion and solidarity. Recommendations from the accreditation report often became priorities for programme development and change. The self-study process was found to be very time consuming and redundancy of certain indicators was noted. It did, however, increase awareness and stimulate discussion about the programme among faculty and students. A need to have experienced reviewers with complementary backgrounds, including some with doctoral preparation, was particularly identified in relation to the site visit. The impact of the report on the schools varied; some found it was useful for reflection and planning improvements, while others indicated that it did not provide new insights or clear suggestions for change. In general, the report reflected the school's views on the quality of the programme. From the schools' perspectives, the unplanned effects of the process were overwhelmingly positive in increasing credibility and confidence in their programmes. Support from within the university and local professional groups was also noted.

## *Response from review team members*

The feedback obtained from the members of the review teams indicated that an orientation programme for review teams was an important component of the accreditation process at this stage of development. The orientation kits and preparatory materials have been well received. The importance of having experienced team members was emphasized. Most team members found that time management was very important for an efficient site visit and repetitive experiences should be avoided. Validating each indicator from the school's self-evaluation was identified as being unnecessarily time consuming. This validation plus the fact that some indicators are unclear, repetitious

or difficult to ascertain took time that could be better used to write the summary report.

Teams composed of a mix of new and experienced members seemed to work well. A member with administrative experience, such as a dean or director, was considered desirable. The members of the review team generally agreed that the accreditation process fostered growth and development and it seemed to be as objective as possible. Preparatory materials had to be complete but kept to a manageable minimum. A French version of the tool was necessary. Time for orientation appeared to be sufficient. Some teams had to discuss how to resolve in-group differences. Site visit expectations of team members were generally similar, but some teams felt that the time frame (generally three days) did not allow for in-depth study of the programme. Most review team members felt that their summary report was written by consensus. Side effects experienced by review team members were generally positive but the process was found to be very intensive and onerous.

## Response from members of the Committee on Accreditation

Responses gathered from the members of the Committee on Accreditation indicated that the linguistic and regional representation of the committee was effective and necessary, and that there should be some system to ensure at least one bilingual member. To date there has been a good mixture of experience among members and previous review team experience is valuable at the committee level. Members expressed concern about a lack of clarity with respect to roles and responsibilities of different groups i.e. Board and Council and Executive. The structure seems cumbersome with respect to these bodies as the Committee deals with policy in an advisory, not decision-making role. The Committee has monitored many aspects of the accreditation process for undergraduate programmes and developed policy for consideration by Council. Recently, committee activities have focused on analyzing the evaluation data and developing recommendations to improve the process as more experience is obtained.

## Response from members of the Board of Accreditation

Board members noted the contributions of AUCC and community representatives to the Board activities. Linguistic and regional representation have

not been criteria for appointment, but were considered important and should be monitored. Board members observed that they require knowledge in the following areas: health care system, educational institutions, curriculum process and structure, conceptual models of nursing, clinical teaching approaches and the accreditation process. Communication skills and the ability to work in a group were also considered important as was the ability to read rapidly and synthesize large amounts of information. Concerning the composition of the review team, the Board members stated that they required more information about potential members' familiarity with the accreditation process. Academic preparation and qualifications for membership on review teams should be similar to those required for the Board of Accreditation. The availability of French language reviewers was considered important. The role of the Executive Director as a link for communications was seen as critical and positive at this time. No consensus exists on the usefulness of numerical ratings or on the appointment of deans or directors and board members to review teams.

### Response from the Executive Director

The Executive Director functions in a key role in the accreditation process. Accreditation activities include providing on-going information on the process and organizing and coordinating the on site visits of the review teams, as well as providing the orientation for the review teams. The Executive Director also acts as resource person and secretary to both the Board and the Committee of Accreditation. Communication of current issues from the Executive to the Council is helpful in relaying current concerns and the latest policy and procedure changes.

### Analysis and Discussion of Data

Using the five criteria for evaluation (Table 1), it was clear from the data received that the accreditation process fosters growth promotion and self-development (CAUSN, 1991). The feedback obtained from the review teams and the schools supported this view. It will be interesting to see if a subsequent accreditation review of the programmes will confirm these impressions. The fact that the Board of Accreditation can render a decision based on the data provided by the process and has allowed for different decisions is an indication that the process has internal validity and the capacity to discriminate among programmes. The evaluations by review team members

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indicated that the accreditation process appears to be objective. The fact that there is unanimity about the redundancy of some indicators needs monitoring.

Although the evaluation process did not provide specific information on external validity, the indicators dealing with uniqueness and relevance allow for adaptation of programmes to accommodate changing societal needs. During its implementation there have been indications that the Accreditation programme has gained acceptance and credibility in the nursing community and support from the various universities. An increasing number of schools are seeking accreditation for the first time and several have expressed their intent for a second review. One school has been admitted to candidacy. Provincial nursing associations have inquired about the accreditation process. Educational institutions seeking membership in CAUSN have expressed interest in the accreditation service. The congruence noted between the schools' self-evaluations and the observation of the review teams, in several instances, is an indication of the reliability of the process. Data from schools and review teams indicate that there is a problem in the balancing of scope and depth in the accreditation process. Use of the 75 indicators provides a broad description of the programme, however, it requires review teams to validate each one may prevent an in-depth analysis of specific criteria. Two examples of checks and balances that assure integrity of the system are that three reviewers are selected by the Board and accepted by the school and that further clarification/validation is sought by the Board from the Dean/Director of the school and review team chair during the decision-making process. Two reviews have challenged the integrity of the system and have provided opportunities to test the capacity of the system to maintain its credibility.

Schools and review team members made suggestions to improve the feasibility of the process. The site visit was often considered unnecessarily arduous. The main criticisms related to tedious validation of each indicator, time management and preparation of the report to the Board. It is difficult at this time to evaluate the long term financial feasibility of the programme, given the variability in the number of programmes requesting reviews, particularly during times of budgetary constraint in post-secondary institutions. Financial viability must be monitored. The potential for multiple three-year reviews could affect the feasibility of the existing system.

## Evolution of the Accreditation Process

As the accreditation process was implemented certain changes were made to facilitate the process. For example, at Council's request, the dean or director is now invited to meet with the Board of Accreditation when the programme is being discussed. This provides the dean or director with the opportunity to clarify factual details or speak about the accreditation process. Another modification relates to the orientations that were originally done either by a member of the Committee on Accreditation or a former review team member. They are now done by the Executive Director. The names of university programmes that are accredited and admitted to candidacy are published in the CAUSN *Newsletter*. Clarification of decisional options means that accreditation status can be granted for a seven- or a three-year period or can be denied. The evaluation report entitled *Evaluation of the Accreditation Process: The first five years of implementation 1986-1991* was received by Council in November 1991. Two recommendations from the report were approved by Council. These were: that Council immediately establish mechanisms to enlarge the review team pool with highly qualified, regionally representative members and that the Board of Accreditation communicate to Review Team members, through the Executive Director, the desirability of using sampling strategies during site visits to ensure the validation of the self-evaluation report within a reasonable time frame. The third recommendation, that Council delegate within the next two years, responsibility for the revision and refinement of the monograph entitled *Accreditation Program* (1987), was referred to the Executive for future action. Council also recommended that evaluation data continue to be collected from schools and review teams for the next three years in order to increase the data base.

The origins nursing education in Canada are based in service to hospitals. Since then it has evolved through several phases of development and has been monitored at various levels. Nursing education is now well established within the Canadian university system and can no longer be considered marginal.

In 1972, CAUSN began the development of a national accreditation programme that sought to ensure that the public's interests were protected through a process of external evaluation. The first accreditation of a nursing programme in Canada was completed in 1987. As more schools request

reviews, the process is gaining acceptance and credibility. To date, the accreditation of university nursing programmes has indicated that the process promotes growth in the schools and that the programs are relevant and responsive to changing societal needs. As well, the process values uniqueness and encourages schools to develop individuality within their own contexts. With only ten reviews completed, the process is still young and needs continued monitoring. The challenge for the future is to ensure that the CAUSN accreditation process remains sufficiently flexible to address the rapid changes occurring in our health and education systems while, at the same time, maintaining its integrity.

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## RÉSUMÉ

### L'agrément des programmes universitaires
### de formation infirmière au Canada

Le but de cet article est de tracer l'évolution du processus d'agrément des programmes universitaires de formation en soins infirmiers et de décrire l'évaluation du processus d'agrément. L'agrément des programmes de formation est situé par rapport au développement historique de la formation infirmière en tenant compte du contexte social, de la santé de la population et des exigences de formation pour assurer des soins de qualité. Les rôles de l'ACEUN et de son Comité d'agrément sont décrits en ce qui concerne le développement des critères et des instruments de collecte de données. Cinq ans après l'implantation du programme d'agrément, le Comité d'agrément a procédé à son évaluation. Les instruments utilisés par les divers groupes impliqués sont présentés. Finalement les résultats de l'évaluation du programme sont exposés selon les critères suivants: la promotion du développement du programme, la validité interne et externe, la fiabilité et la faisabilité. Des recommandations sont proposées afin d'améliorer divers aspects du programme d'agrément.