

Baccalaureate Preparation for the Nurse Practitioner: When Will We Ever Learn?

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En février 1976, l'auteure du présent article était invitée à prendre la parole au congrès annuel de l'Association canadienne des écoles universitaires de nursing, section de l'Ouest. La conférence portait sur la question suivante : « Devrait-on considérer le programme du baccalauréat comme étant la formation de base pour "l'infirmier praticien" ? » Voici la réponse qu'elle y a apporté.

In February 1976 the author was invited to address the annual conference of the Western Region, Canadian Association of University Schools of Nursing, on the question "Should the baccalaureate program be the basic preparation for the 'nurse practitioner'?" Her response follows.

Why are we discussing this question in February 1976? Why is it still a question at all? A review of some of the statements, studies, and papers so very familiar to us now pinpoints the stalemate in our decision-making related to the "nurse practitioner." Recall the *Report of the Committee on Clinical Training for Medical Services in the North* (Canada, 1970); the *National Conference on Assistance to the Physician*, 1971 (Canada, 1972a); "The expanded role of the nurse: A joint statement of CNA/CMA" (Canadian Nurses Association & Canadian Medical Association, 1973); the Boudreau report (Canada, 1972b); and special issues of *Nursing Papers* (1974) and *Nursing Clinics of North America* (Huffman Splane [Ed.], 1975) on the subject.

Why are student nurses still asking what faculty believe about the "nurse practitioner," and asking whether they will be prepared as "nurse practitioners" when they graduate? "If not now, when?" they ask, "if not now, why not?" Can we expect our students to be committed when we cannot commit ourselves?

Can we blame governments and physicians for deciding for us when we have no strong position or no position at all from CAUSN on the issue?

How many university school of nursing faculties — entire faculties — have spent time accepting or rejecting the Boudreau report and its

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implications for baccalaureate nursing? How many have a clear statement of their beliefs on this issue with a clearly identifiable action plan? How many have identified faculty learning needs for the expanded role and taken action to have these needs met? Are most of us today still in the position described by one of our colleagues two years ago?

Although the faculty as a whole has not, as yet, taken a definitive stand on the role and preparation of the nurse in primary care, during the past few years individual faculty members been keeping a finger on the pulse of the local, provincial and national scenes as they relate to the nurse in primary care and the need for this role. (Brown, 1974)

I submit that six years is an incredibly long time to be observing. To be asking the question we are asking today is, to me, an indication we have failed to practise what we teach: problem-solving, decision-making, and carrying out a plan of action. Decisions such as this one confront us more and more, decisions which must be made if we as a profession are not to forfeit the opportunity to affect our future. Faculty must tear off their protective masks and engage in decision-making. They must be willing to say "I believe" or "I think" and to take strong positions on the issues at stake, such as the question before us.

The fact that this question is still being asked means, to me, that we are facing resistance. What *are* the commonly-held forms of resistance among nurse educators, against incorporating "nurse practitioner" functions into the baccalaureate program? Five major arguments come to mind, and I shall look at each in some detail.

Resistance I: *"The 'nurse practitioner' is a mini-doctor."*

I see this as the "What's-in-a-name-game" which we continue to perpetuate in an effort to avoid the task of critically examining the functions that the "nurse practitioner" can, will, and might carry out according to the dictates of the setting. Like the phrase "baccalaureate nurse" and the phrase "nurse practitioner" (at this point in time), "mini-doctor" may mean anything, everything, or next-to-nothing. Hence, to argue that the "nurse practitioner" is a mini-doctor is to waste time and energy. "Our real task is to develop understanding of the full capacity and contribution of nurses and thus to go beyond the debate on definitions..." (Kergin, 1975). Many faculty members who are proponents of the mini-doctor school do not speak from direct observation in the practice setting, but from academia. My experience has been that nurses functioning as "nurse practitioners" are more aware of their functions as nurses, more aware of the need for a different kind of nursing practice, and more aware of their capabilities to provide highly significant

contributions to help the patient cope with his problems, needs, or situations. Rather than "mini-doctoring," I believe a sector of nursing has finally "recognized the need for a different kind of nursing practice and moved forward to provide it" (*Nursing Outlook*, 1974). Though their numbers are small, their impact on patient care is considerable.

Resistance II: "There is no need for the 'nurse practitioner'."

How do we know?

Because of our confusion, we are not united and are thus in no position to sell the idea to the consumer. Again, we are our own worst enemies.

In Ontario the Pickering report (*Report of the Special Study Regarding the Medical Association in Ontario*, 1973, 1974) and other studies have given evidence that consumers are irate with the impersonality of care and irate with the lack of availability, continuity, and accessibility of health care — primary health care in particular. Why has nursing responded neither to consumers nor to government? How can we continue to believe that there is no need when "evidence at hand suggests a future strengthening of community health services and a gradual re-direction of resources from the tertiary health care sectors toward primary care sectors"? (Kergin, 1976). As educators for the 21st century, are we meeting our own needs or those of our learners? "We have somehow managed to persuade ourselves that we are too busy to think, too busy to read, too busy to look back, and too busy to look ahead" (Cousins, 1971).

Resistance III: "There is no time in the curriculum for anything more."

Too many nursing faculty members seem to hope the whole idea will go away; this attitude pervades entire faculties. They argue that there is no more time for any more knowledge, skill, or clinical experience within present programs. Time use must be re-examined in the light of the future. Some educational prescriptions for our learners are rooted in the past, not based in the present or planned for the future. Educational programs must be designed for the realities of practice. Re-evaluation of ourselves is imperative, keeping in mind that we have a strong tendency to meet our own personal needs in curriculum, and to believe these are the future needs of our graduates. Unless we are able to introspect, to help our learners move to the future, to prepare ourselves to meet the challenge of tomorrow both theoretically and clinically, I submit we should withdraw from the university. Faculty must

be expected and prepared to work in the community as well as in institutions. The time for theorizing is past. We must address ourselves to the realities of practice of tomorrow and make the time for the needed content and experience in our curricula. The complacency that exists among many faculty members within our schools is very dangerous.

Resistance IV: *"The baccalaureate nurse does not have the maturity and experience to perform the functions of a 'nurse practitioner'."*

Several thoughts come to mind in response to this statement. What do we mean by maturity, and by experience? Who says maturity comes with experience? What are we, as faculty, doing to facilitate growth, maturity, and independence throughout our programs? Are we fostering an adult climate for learning? How? We have spent years arguing the case of experience and maturity while addressing ourselves to the benefits of such moves as

- from the certification program for public health nursing to the incorporation of public health nursing into B.Sc.N. programs;
- from the "sandwich" approach to baccalaureate nursing to the integrated approach; and
- and from the three-year diploma program to the two-year program.

With all our concerns, no nursing studies have documented that specific amounts of either education or experience are necessary for a safe beginning practitioner to function effectively. We need to spend less time on these arguments and give more time to our quality of thought with regard to the functions of the "nurse practitioner."

Resistance V: *"All that is needed to prepare the B.Sc.N. student for the 'nurse practitioner' role is history-taking and physical assessment skills."*

One year ago, the CAUSN Committee Report on Accreditation was accepted. This implies our acceptance of the concept of program relevance — the degree to which baccalaureate programs are responding to the needs of the community. Relevance means more than the simple addition of history-taking and physical examination skills. If we say baccalaureate students are prepared to function as "nurse practitioners" can we say, for example, that they are prepared to handle the commonly-occurring undifferentiated acute and chronic problems in primary care? Has the pendulum swung too far? In preparation for the Ontario Region CAUSN June annual meeting, a questionnaire was sent

to each university school of nursing on the expanded role. One response to the question "What is your faculty's operational definition of the expanded role of the nurse?" (Roman & Steels, 1976) reads as follows:

The focus of his/her practice is client-centered in which he/she applies the nursing process for the promotion of health of individuals, families and communities, utilizing advanced theory skills in varied settings.

While I believe students must be prepared for health promotion and health maintenance, this must not be to the exclusion of having our graduates prepared to advise on and participate in the management of illness in primary care. It is easy to say that the addition of history-taking and physical assessment skills qualifies the B.Sc.N. graduate to be a competent "nurse practitioner." It is hard work for nursing education to critically examine its own presenting problems by asking such questions as the ones formulated by Roman and Steels (1976):

- What is our operational definition of the expanded role of the nurse?
- What are the roles and functions relevant to this definition?
- What specific knowledge, skills, and attitudes does the learner in our program require to perform the expanded role as defined?
- What opportunities are provided for learners to acquire knowledge, skills, and attitudes relating to the expanded role in each year of the program?
- What resources are used to facilitate learning in the expanded role?

I believe anything less than a good history and detailed examination of the curriculum in relation to this issue leads to the perpetuation of patchwork in the curriculum. This need for curriculum re-examination has definite implications for faculty members. We know that

one of the realities of life is that any major change constitutes a threat. Changes, or proposals to institute changes, suggest that what one has acquired or developed is somewhat imperfect. Renovations of basic programs and the incorporation of new knowledge, skills and attitudes is bound to create strong resistance within faculty members, especially faculty who are comfortable with the way things are done now and who are anxious about unknown products. (Kergin, 1976)

Many of us do not have all the skills, knowledge, and attitudes required to function in the expanded role. Can we continue to allow our deficits

to hamper our learners from becoming and remaining skilful? How can our deficits be made up now?

Government Policy — Some Implications

I would like to look at some implications arising out of our indecision with regard to the "nurse practitioner" for government policy in Ontario.

A number of community health centres have been opened in the province. The government — more than organized nursing — can see the value of the nursing service the "nurse practitioner" can provide. Little nursing input has been forthcoming as pertains to functions, contracts, and working conditions drawn up by the government. Organized nursing, knowing the situation, has made little effort to clarify the position or to speak on behalf of nursing.

At a meeting of the Ontario Council of Health (the senior recommending body to the Minister of Health) over a year ago, 60 health professionals met to discuss the role, need, educational preparation, legal status, and remuneration for the "nurse practitioner" in primary care. The government document arising out of this meeting has been available for well over six months. One of the statements pertinent to baccalaureate nursing refers to continuing education programs for nurse practitioners, and reads as follows:

For the time being, programs for the preparation of nurse practitioners should be placed in the health science complex. Since there appears to be no relationship between the nurse practitioners' effectiveness and whether their basic nursing education was a degree or a diploma, nurses with both qualifications should be accepted. (Ontario, 1975, p. 6)

No position statement from ORCAUSN was included with materials distributed before the conference. The meeting left the eight university schools of nursing in the usual position of having to respond to government statements rather than providing leadership in the development of policy. Lack of a clear position resulted in the statement that "in the future, the basic preparation of nurses, both at diploma and university levels, should be suitably modified to reflect this broadened concept of nursing" (Ontario, 1975, p. 5). I need not elaborate on the problems arising out of that remark, now written in the report. Claire Fagin expressed my feelings well when she said:

At Lehman College we participated in the preparation of videotapes on physical assessment. It strikes fear in my heart when I hear from our distributor that many community colleges are interested in purchasing the tapes so that they may include this kind of content in their associate degree programs in nursing. (Fagin, 1976)

The same situation is occurring here.

It is my sincere belief that this group can take the lead and make a worthwhile contribution to the CAUSN statement on the baccalaureate nurse if a Western Region decision is made to do so in these two days. I fear it will not be when I see the full agenda, and this disappoints me no end. Will we still be asking "Should the baccalaureate program be the basic preparation for the nurse practitioner?" in 1977? The longer we procrastinate, the sooner government and physicians will decide for us.

The College of Physicians and Surgeons of Ontario and the College of Nurses of Ontario have been meeting regarding procedures the College of Physicians and Surgeons would like to delegate to the "nurse practitioner." When health teaching comes up as one item they would like to delegate to us, I can only state that the voice of professional nursing has not made itself heard nearly enough. If we believe we have staked out a claim for assessment and promotion of health status, we have failed to communicate clearly.

These examples suffice to illustrate my grave concerns — concerns pointing rightly to us for our slowness, indecision, and passivity.

I believe there is no more time for indecision. I believe the baccalaureate program should be the basic preparation for the "nurse practitioner." I believe it is up to us to make the necessary curriculum changes now so that the knowledge, skills, and attitudes needed to function in the role under discussion are provided for us in our university schools of nursing.

I believe it is of the utmost urgency that we (1) answer the question "What is a baccalaureate nurse?" nationally; and (2) become vocal nationally about baccalaureate nursing before groups of consumers, government policy-makers, and allied health professionals.

We have graduates we believe in, nurses who are valuable, flexible, adaptable, reliable, and capable of rendering quality service. Let us commit ourselves now to describing these nurses clearly and to promoting them proudly and loudly.

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