

THE NATURE OF THE EDUCATIONAL EXPERIENCE FOR NURSING

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THIS topic suggests, first of all, that there is something we call "education experience". Further, it suggests that this experience is educational and hence involves a learning process in the preparation for the practice of nursing. Lastly, the topic implies that there is a nature to this experience. Which would mean, it has characteristic constituents or traits of origin. However, the word nature may also mean — the entire material universe and its phenomena(1). Our topic confronts us immediately with a search for meaning — the meaning of what? The meaning for whom? — the meaning of words which are the symbols of perceptions forming concepts that can be shared in their understanding.

What I really want to say is, look, the educational process is an extremely complex phenomenon and we must ask questions in order to gain an understanding of this process.

Only through careful analysis and a search for meaning can we gain the necessary insights which will allow us to take those actions which, to the best of our knowledge, will provide us with directives for the preparation of nurses. We need nurses who have personal strength and creativity and knowledge to cope with the complexities of the health care system of today and the inherent forces shaping its tomorrow.

We must ask, what do we mean by education and what is the meaning of experience? It seems that both of these words might mean an array of things, concepts to each one of us at different times and in different situations, depending on our encounters and our processes of internalization of the meaning of "education" and "experience" as they pertain to our life situation. We must reach con-

sensus on meaning, that is, beliefs and values, if we endeavor to construct a curriculum that has purpose in its entirety in preparing persons to practice a profession, this is nursing, in the context of a rapidly changing, highly organized, industrial commercial, technological society — the world we live in.

At this time, it is not possible to explore the meaning of essential concepts any further. There are, however, some basic premises which I must explore because what I have to say is based on my own perceptions of what nursing means to me and how I see the educational process. My perceptions might be shared or not shared by others. I, as anyone else, must be prepared to examine my beliefs and values in the changing context of nursing and society.

Nursing is one of the health professions that shares its concern and goals to some extent with the other health professions. The common concern is related to the health and well-being of mankind. Man is seen as a unique system within the context of the multiplicity of phenomena of his world engaged in a process of dynamic, continuous interaction, in shaping his world and being shaped by it. This view of man is further supported by a belief that man as a human being is progressively evolving, that is, he is in a process of becoming a more highly organized thinking, feeling acting entity with the potential for increasing comprehension of his own central position in and relatedness to the universe.

The unique contribution of nursing lies in its caring for and about man as a total being as he encounters stress, strain and threats to his health and happiness and his conditions for human growth in relation to time and space and the totality of his environment. More specifically, nursing concerns itself with nurturing, protecting and stimulating man's ability to cope with critical periods in his life so that his responses can be directed toward meeting his basic human needs thus leading to optimum health and continuing growth as a person. In a world characterized by technological progress and its effects of increasing mechanization, segregation, dehumanization and depersonalization, nursing as a profession endeavours to render a personal, humanizing service thus supporting and sustaining the evolution of the human race.

Education for nursing must be based on: first, a fundamental purpose, the beliefs and values which underlie professional practice; second, a theoretical, conceptual framework giving directives to the educational process; and third a concern for the process of becoming. To educate means to develop capabilities(2) usually in relation to a given field of knowledge and its application.

Education for nursing is a growth period governed by a unique purpose, constituting a unique experience which qualitatively and quantitatively forms the background from which we operate. This growth period, as any growth period of the human life-cycle, is governed by the principles of sequential, progressive orderliness in the building of attitudes, habits and knowledge. The meaning of perceptions derived from interactive processes in the educational environment constitute learning and therefore determine the resultant behavior. Learning is selective perception based on meaning and relevance within the time-space spectrum, and as such it is an internal process, individualized and an integral part of the growth process.

Those of us who devote our efforts to play a significant part in the educational process for nurses, for some reason may believe that students learn by osmosis, diffusion, memory and training from the various courses and "selected" experiences constituting the carefully designed curriculum. In other words, we think that content and clinical exposure will somehow fuse and enable the student to become a competent practitioner of nursing. I wonder, however, if we operate on something that might have been called "desired knowledge and skills" appropriate for the past and of little, if any, relevance for the role of the university prepared nurse for today's and tomorrow's health care needs of society. Educationalists have expressed concern and alarm for the tendency of our educational system to employ technological advances and sophisticated machinery without purpose and direction. They say, it is like driving a high-powered car at great speed with the eyes fixed on the rear-view mirror(3). Does this analogy hold some truth for the educational experience for nurses? How do we find out if this is so? Do we need to change existing conditions? If so, what is it that we need to change? Why? And how will we go about it?

To begin with, some basic questions are in order. For what functions are university programs preparing their students? To what extent are our university programs doing what they are supposed to do? Why has the university graduate had so little if any impact on the provision of health care? My physician colleagues have confronted me with the question, "Where are all these wonderful nurses that you prepare and why are they not apparent in the practice field?"

Either our graduates are not realistically prepared for the prevailing nursing practice in our society, or, the existing health care system does not know what to expect and demand from university graduates. The picture is confusing and complex. Both of the above propositions, if relevant, place the onus on those who design, adver-

tise and execute the educational programs. Do we in university settings practice isolationism? That is, do we sit in an ivory tower fostering an ideology which is essentially delusional? If so, why is this happening to us?

Helen Glass in her study of *Teaching Behavior in the Nursing Laboratory in Selected Baccalaureate Nursing Programs In Canada*(4) offers an analysis of the situation. Her findings are alarming indeed, especially since the selected programs are called "progressive" and "leading" for the country. This study, however, should help us to take a look at the quality of the educational experience to which we subject our students. Helen Glass is holding up a mirror and saying: "Please look." "Can you see the forces at work?" "Do you see how beliefs, values and conflicts are operational in the educative process?" "Look!" "The medium is the message!"

Also, we can turn to Olesen and Whittaker's study on professional socialization as portrayed in *The Silent Dialogue*(5). This study can add to our awareness and realization that the student is not a passive recipient of external influences but actively involved in defining, choosing and acting upon her personal and professional roles, integrating these as they pertain to her own life-style.

The Silent Dialogue may alert us to look at and examine the conditions for human growth and professional development pervading the educational experience. We need to become aware of the significance of the educational encounter and its consequences for self-respect, initiative and creativity, all essential elements for a professional career. We should add to these considerations that most of our students in under-graduate programs are involved in the stressful transitions from adolescent to adult, and from layman to professional. I would like to expand on the notion of transitional crisis by adding, not only does the student encounter the adolescent crisis of her own personal growth and development but in her professionalization she encounters a *profession* in the adolescent stage of identity crisis. It would appear, students in our educational settings are confronted with innumerable conflicts.

Conflict, if unresolved, can only breed contempt or avoidance. Both of these behaviors would seem incompatible with the leadership role and decision-making ability we desire in and expect from the university prepared nurse.

Let's examine some of the conflict areas. Much conflict seems to arise from incongruity in what teachers say, do and think — or appear to think. Teachers are the most important element of the educational setting. They are actively involved in interactional processes

with students, patients, colleagues and other health professionals. Not only does the student directly experience the meaning of caring for and about people as she interacts with her teacher, but she also observes and evaluates the teacher's responsiveness and ability in her interactions with others. Is the role-model a consistent one? Can it be consistent, when the teacher conforms to her "guest status" in clinical teaching situations? Students are "passed on" in their educational experience from one teacher to another perhaps within a time-span of a few weeks. How consistent is the message about "nursing", its meaning and its functions, as students interact with a number of teachers? My own experience has taught me that this is a most confusing issue for students. Some teachers appear to indicate to their colleagues and their students that it is a rather hopeless and time-consuming task to attempt a definition of nursing or the nursing process. How then, do we expect, students can arrive at a concept of nursing with meaning for their chosen career? I do not know how generalizable my own perceptions might be. There is hope for the faculty because students are beginning to confront their teachers with this issue.

Teachers, bringing their own backgrounds, their nursing experiences, values and beliefs with them, as they teach in the present anticipating the future, are not the only source of conflict. With great deliberation and considerable effort in time-scheduling and in gaining access to clinical resources, we devise a so-called "integrated" program of theory and practice. The immediate question should be, what theory, and what practice? It would appear that these ingredients of the curriculum are poorly defined in relation to the kind of nursing functions and the student-learning we wish to achieve. The dilemma the students encounter on this issue must be pursued in several directions.

First, much of the so-called nursing theory is offered within the spatial confines of the university setting and hence subject to a philosophy of freedom in the pursuit of knowledge and creative thinking. Practice, however, is still predominantly sought within service oriented institutions. These are subject to a highly organized hierarchical structure which defines rules and regulations in support of the curative functions of medicine. Patient-centered care, although talked about, is rarely seen in practice and hence would appear to be delusional. Nursing functions within the hospital are prescriptive and task-oriented and, of course, in support of the curative functions of medicine. In addition, they are structured by a rigid time-schedule. Consequently nurses are not held accountable nor are they rewarded

by the system for comforting a crying patient or listening to his concern for himself or relatives, affected by his illness. University students, carefully coached by their own instructors who are powerless in influencing patient care, find themselves in conflict as they face stated learning objectives and the reality of the setting which is essentially a bureaucratic institution geared toward economic efficiency. We ought to recognize that the media is the message, and that learning occurs in response to the total situation.

Second, not only do we designate hospitals as suitable settings for learning the decision-making process for patient care, but we also rotate students on a rigid time-schedule through a considerable variety of "services". This, we say, is to facilitate learning in all areas of nursing practice. We say, and the provincial licensing body says, the student must have "experience" on medical, surgical, obstetrical, pediatric, and psychiatric wards or services. In spite of attempts by both students and faculty to maintain a focus on patient-care-problems, the message that one must also learn about medicine, surgery, obstetrics, etc., is forever present and often receives primary attention. Students, as they meet the nurses who function expertly and efficiently in the various settings, get the message verbally and visually that their own learning goals have no place in the "real world" of nursing and that the tasks they do learn fall short of being "expert and efficient" in the eyes of the nursing staff. Students who feel that their sense of achievement, self-worth and professional image is being devalued and inferior, can hardly be expected to develop trust in their own ability. One source of reward and reinforcement of considerate care given, are the recipients of such care, who verbally and in their total response reflect gratitude and appreciation. But even this can have another side, in that the nursing staff may resent the favoured student-patient relationship and make their anger felt in their dealings with student and patients.

We need to add another consideration affecting student learning in a hospital setting. Students, generally speaking, tend to equate the efficiency they observe in the "know-how" of and the volume of work they see mastered by the nursing staff as being equal to success in passing the registration examinations. If they learn to view themselves as not measuring up to this "know-how" they become anxious and preoccupied with doubting their own chance for success in obtaining licensure.

The hospital could provide the much needed learning opportunity for conjoint decision-making by doctor and nurse in the care-cure continuum for patients. In university hospitals where medical and

nursing students learn together and use the team approach to patient care, this is becoming a reality. In many other hospital settings where the attitude of "all-powerful, God-like doctor" prevails there is little hope that students could learn to communicate with doctors and collaborate as colleagues on patient care. These do not operate in isolation. Nursing education is shaped by the curriculum with its three distinct parameters that independently and interdependently influence the educative process. First, there must be purpose and goals which give directive to the total design and its functions. Second, the setting has its own impact in relation to its relevant constituents, its space-time orientation and its human elements — the teachers. Third, the central parameter and sole justification of the entire construct, is the learner, who in essence is selected and admitted to fit the goals and the setting. The learner is seen as "passing through", being affected by and in turn, affecting the curriculum. Education is experience involving thinking, feeling, acting human beings who encounter each new situation by being influenced by their past and their anticipations for the future. The process of becoming a nurse, as it is experienced, will shape the contributions nursing can make to the health care needs of our society.

References

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