

# THE CONTINUING CHALLENGE FOR NURSING\*

JOAN M. GILCHRIST  
Director, School of Nursing  
McGill University

John Gardner wrote a decade ago :

Institutions have been caught in the savage crossfire between uncritical lovers and unloving critics! On the one side, those who loved their institutions tended to smother them in an embrace of death, loving their rigidities more than their promise and shielding them from life-giving criticism. On the other side, there arose a breed of critics without love, skilled in demolition, but untutored in the arts by which human institutions are nurtured and strengthened and made to flourish. Where human institutions are concerned, love without criticism brings stagnation; and criticism without love brings destruction. (Gardner, 1970).

Today I consider myself a loving critic of nursing and nursing education as we explore and expose some of the issues and dilemmas which present a continuing challenge for nursing. Since special sessions relating to baccalaureate, masters and doctoral preparation will be held, my remarks shall be confined to what I believe to be a few important broad areas. The first of these areas could be called "the situation in which universities in Canada find themselves". We are an association of university schools and the university as an institution must be a major concern. We must be loving critics of this institution. All universities are, of course, not the same. Yet there is an amazing number of facets of university existence, survival, and operation which are always relevant to a greater or lesser degree.

It is very tempting to make this whole talk a reflection of my recent experiences as a member of Senate of my own university. I dare say the exposé would sound familiar to many of you. In the vernacular, nursing like other disciplines in the university is taking its lumps, but the good part is that nursing is taking initiatives — important and exciting ones — in advance of many other professions or in concert with them. Nursing education will continue to be the key to nursing of the future, as it is today, and our methods, our technology must be in the forefront.

Briefly, what are universities like as they enter this new decade?

---

\* Paper presented to the Canadian Association of University Schools of Nursing, Annual Meeting, Montreal, June, 1980.

Two decades ago a university president said :

A university is by definition a place of free inquiry. It is not a government bureau, nor an industrial corporation, nor a church. Its role in society postulates questions, criticism, controversy, debate, and doubt in all matters, social as well as scientific. The university embraces and supports the society in which it operates but it knows no established doctrines, accepts no ordained patterns of behaviour, acknowledges no truth as given. Were it otherwise, the university would be unworthy of the role which our society has assigned it. (Litchfield, 1961)

The most long established institutions in our country have been subjected to powerful currents of change for these past two decades, with an escalation of these currents becoming more powerful and more visible with each passing year. Yet those fundamental postulates spoken in 1961 remain untarnished. Nevertheless, rapidly evolving social, political and demographic patterns have increased the need for re-examination of every aspect of the university both in its role as an institution of higher learning and as one link in a network of educational institutions. Here are a few examples of recent direct change.

In many universities there have been changes in immigration and tuition fee requirements for non-Canadians, provincial laws such as the Quebec law governing language of instruction in primary and secondary schools and language requirements of professional practice, and all of this with a concomitant drop in birth rate. Decreasing enrolment, inflation, government austerity and changes in public perception of the value of university education will bring about continuing erosion of the real financial resources available to the university. These factors, combined with changes in the character of the student body and continuing fluctuation in the demand for various disciplines, make it imperative to plan carefully for the future.

Problems created by budget restrictions or financial shortfall are being studied universally. What are the responses or outcomes? In some areas the push is to develop legislative or regulative measures and incentives to increase the rate of university attendance, while in others, plans revolve around preparing for a smaller university. I dare say both can operate in tandem to mitigate the effects of a potentially smaller pool of applicants. In Quebec, universities are hoping that a focus upon the promotion of university studies will take cognizance of the community's social and cultural objectives, in addition to the strictly financial ones. Most importantly, perhaps, is the intention we all must surely have to support and promote pro-

grams based not only on an assessment of present and anticipated needs but also on the social and cultural responsibilities which the university has to propose innovative orientations. Long gone is the ivory tower of the town and gown era. We realize now that trends to separate scholarly work or basic science from the practice of a discipline must be reversed to promote direct consumer service which is predicated on the needs of those consumers. And lastly, in my short list, measures are increasingly sought which will correct inequalities with respect to admissions, specifically among different social classes and different ethnic groups.

There are many rather specific recommendations also to be considered in the on-going developmental transition in the operation of the university. For example, mechanisms for approval, creation and evaluation of programs must be made more flexible and efficient, with unnecessary administrative and financial constraints being eased so that the development and implementation of experimental programs will be encouraged. In the view of many, interdepartmental projects, interdisciplinary programs at all levels and inter-university collaboration and cooperation must be fostered for financial and educative gains.

Our discussions, our plans, our initiatives in nursing must be viewed, then, within the context which I have so briefly sketched.

What is the continuing challenge for nursing?

I would like to talk to you if you have the time. . . about a new sort of world. That's because I reckon the world we have is in very deep trouble: and I don't just mean wars, rumours of wars, hunger, pollution, exhaustion of natural resources, violence. . . You can go on with that list: it is all on the menu for what's left of the century, if we get that far. No, there is something more fundamental of which the items we were listing are merely symptoms. Treating symptoms gets you nowhere if there's something really wrong. We are getting nowhere with the disease itself, not even recognizing it. (Beer, 1975)

This is the way Stafford Beer begins his book, *Platform for Change*. His major thesis is that we shall not succeed in reforming our concept of organization or in creating new institutions that actually work simply by hard work — or even hard thought. Rather, says Beer, we need to invoke Science and I would add, use hard data for decision-making instead of consensus and compromise. Scientific study is an important aspect of planning nursing education, including graduate programs. We must recognize and treat the disease: a system of education in nursing which falls short on many counts.

First let us comment on the status of nursing practice and the baccalaureate level of preparation, which is perhaps the most important level of all. In introducing her article "Emerging patterns in Nursing Education", Martha Rogers fits the past, present and future theme of nursing education neatly into one simple paragraph as follows:

Nursing evolution — from prescience to science, from vocation to learned profession, from apprentice-type training to higher education — is marked by a growing diversity of educational opportunities coupled with change from hospital-based initial programs to the development of graduate education in nursing. An emerging sense of intellectual and social parity with other health disciplines furthers nursing's claims to a leadership role in advancing public health and welfare. Concomitantly, some major difficulties have been encountered in the attempt to devise a viable system of education commensurate with nursing's scope and purposes within a world of escalating social, educational, scientific, and technological changes. (Rogers, 1978)

The system of nursing education has fairly recently undergone much needed transformation at all levels, yet major reforms are surely in the offing as a response to the problem which, succinctly stated, is that the very survival of nursing is in question. We are, to put it bluntly, on the horns of a dilemma and some would say largely of our making.

Nurses are often prone to blame forces that they perceive as beyond their control for the problems that beset them. In reality, the resolution of nursing's problems begins with nurses. Confrontation with nursing's well-developed and well-documented anti-educationism, dependency, low self-worth, and naïveté is a necessary condition for creative and productive change. (Rogers, 1978)

Perhaps before we begin to stress more the invocation of Science, we should recognize that an already determined fundamental step is to reduce the present heterogeneity of modes of preparation of nurses. Our plan now needs to be developed and our political and professional role of influence set into motion. It would not be productive here to offer a lengthy argument in favour of collapsing the present three levels of basic preparation — assistant, diploma, and degree — into two levels. The CAUSN Council has already discussed the principle that baccalaureate preparation become the level of entry into the profession. A vote on this issue will be taken this week. However, in the brief to the Comité d'étude established by the Ministry of Education to study nursing programs in the Province of Quebec, both national and regional briefs concur, the national brief stating that by 1990 "we would expect that the B.Sc.(N) will be the basic requirement

for a license to practice nursing" (CAUSN 1979). Clearly the time has arrived to articulate this commitment in every corner of the country and to plan for its implementation. This is a fundamental principle: the objective must be accepted and plans of action evolved even though our means of attaining it will and, indeed, should vary.

The future of nursing lies in the rapid development of the basic or generic baccalaureate program. Again to quote the CAUSN brief:

As we move into our health care system of the future, we become increasingly aware of the complexities of family and community health, of motivating people and of marketing a commodity called health, of consumerism and participation, of involving client families and of negotiating ways of working with them to reach health goals . . . In illness situations nursing is involved in other dimensions, practice differs as all efforts are directed towards healing the person as quickly as possible and, where necessary, to provide for rehabilitation.

Nursing portrayed in this fashion requires a strong base in biological and social sciences, maturity in development of self, and ability to make assessments and plan strategies in extremely complex and dynamic situations related to family and community health. It is important in learning this type of nursing that the student begin with the whole situation and its complexities and learn to deal with them over the whole three or four years of the program. She must be in positions early where she can make decisions, have full responsibility, feel an autonomous agent, and participate as a colleague with other health care professions. . . It is important that the student learn to care for the acutely ill, but only at a time in the program when she can incorporate this within an already developing sense of the scope of the nursing function and of the autonomy and responsibility required to carry it out. (CAUSN brief, 1979).

The person prepared in this way would surely be able to shed the yoke of subordination to others so commonplace today, would prepare herself to fit developing and more independent roles in the health care system including the development of that system, would maximize her contacts with clients or patients or families since the focus is on the practice of nursing, and would be educated to a level congruent with that of the presently least well educated health care professionals instead of below that level. There are those who say this is impossible! If one were really to redesign the professional school to meet rapidly evolving objectives yet remain cognizant of constraints, how might one organize it for more effective and economical professional education?



Development of a genuinely different and more responsive professional education would require major changes. I have referred to some of the issues related to structural change and flexibility, and later will refer to evaluation and other necessary research both in nursing and nursing education.

Briefly one could envision a highly decentralized entity organized around a learning resource centre that includes many laboratories and other sub-centres, all closely linked to community service activities. Only information and control procedures which facilitate learning will be used. Students will progress ideally at their own rate assisted by a small permanent full-time faculty and a large part-time "adjunct" faculty to permit the use of many clinical opportunities and the offering of a wide variety of modules or segments. In this way, the specialization, if you wish, will be built into an integrated curriculum within a general conceptualization of nursing, promoting the generalist basis of practice as its major goal. The "adjunct professors", as Schein (1972) calls them, would be resource people, consultants, teachers, and so on, always maintaining their own practice. They will be involved as well in policy determination and curriculum design.

Schein suggests that the learning module referred to above:

will be flexible enough to accommodate students with different learning styles, will integrate the basic science, applied science and skill elements to be learned, will cost less than present comparable courses, will increase the amount learned by students and encourage students to 'learn how to learn'. (Schein, 1972).

Christman (1976) alludes to similar directions for change by supporting increasing use of educational media, the reintegration of practice and education, the elimination of deadweight from the curriculum, the reorganization of nursing care by nurse faculty members and clinical staff together, and the development of clinical research centres and centres of excellence in nursing as devices for quality assurance.

All of these ideas are contingent in my view upon the rapid evolution of a new type of nurse faculty member comprising the full-time staff. One might call this a movement towards faculty professionalism which is developing within a new and visible faculty power base.

School of Nursing faculties have had difficulties in meeting the general criteria and policies established by a university for its academic staff, and will continue to do so. Tenure rules often require that faculty members be promoted and tenured at the end of the sixth year of appointment to professorial rank or be notified that

there is no expectation of such promotion or of receiving permanent tenure. Usually this means removal from the tenure stream or dismissal. Because the nursing profession does not have a significant number of its members academically prepared, exceptions to this policy have been made. To retain competent faculty and to allow for additional time to meet university criteria some nursing schools have been permitted to develop their own criteria based on clinical performance and teaching skill. These exceptions appear to be phasing out and perhaps this is a positive omen.

In comparing us with persons in disciplines which have been part of the university setting since the ninth century, Barritt (1979) notes that nurses in the university, comparatively new to academe, sometimes have competing requirements with which to contend — faculty status and professional practice:

Physicians, Lawyers, and Clergy have had time to struggle through questions such as academic freedom, research capability, independent practice, and excellence in teaching. Such has not been the case for nursing since it arrived on the academic scene during the beginning of the current century and has spent most of its first 50 years overcoming the 'trade school' image.

The impediments to full academic standing are, however, not entirely generated by those outside of the profession. Many nurses themselves are essentially anti-scholarly and even anti-intellectual. Even now, some still see little reason to research clinical questions as a way to improve professional practice and see no need to expand the knowledge base and elaborate the theoretical structure supporting the practice. These attitudes often have a multiple effect when students and new nurses are discouraged from advanced study. The greater part of the profession still thinks in terms of 'how-to-do-it' programs for the world of work, rather than in terms of the disciplined, lengthy, and often frustrating pursuit of graduate study as the appropriate mode for professional improvement. (Barritt, 1978)

Many authors such as Light (1973) have talked of the multiple expectations of the professorial role and the "strands" of an academic career. The "disciplinary career" relates to professional organization work, publications, research and study for higher degrees. The "institutional career" is identified with the location of the person in the university and associated with tenure, rank, salary and committee activities. The third strand, the "external career" consists of discipline-related activities outside the university such as consultation, writing, outside teaching or workshops and community service (Williamson, 1978). However, in nursing this is still not a complete

picture. An academic career in the university in nursing adds a fourth strand — “practitioner career”. This career is identified with professional certification and competency and with direct patient or client contact in an appropriate environment.

This is a tall order. We cannot be all things, do all things well. However, survival of nursing in the university depends not only on our becoming fully fledged faculty members, hired, promoted, tenured and assigned teaching functions like those in other disciplines, but it also depends on a recognition that university faculty must assume a major role in innovation in programs, and in practice, as well as in research and evaluation relative to practice. For many faculty members these expectations will mean an assessment of career goals and those not meeting university objectives should enlarge the scope of their skills, activities, and interests or select other appropriate career lines before making a lengthy commitment to the university.

Although it was a discussion of baccalaureate education in nursing and of the nature of university life in 1980 which led to the above comments on faculty professionalism it takes only a slight shift in focus to now move into a brief commentary on graduate education and research in nursing. Clearly, faculty members teaching in the university will have themselves acquired graduate education that they may guide and teach students of the profession to view nursing as a helping profession that assists individuals, families, and communities to use their resources to maintain their health, or to regain it when illness has occurred. Indeed, they see their role is to develop a body of nursing knowledge — that is, nursing science. Nursing research explores the interactions of the concepts and principles of the basic sciences as they are applied to human situations requiring nursing intervention. Graduate preparation is required to perform this research.

The direction of a graduate curriculum at the masters' level should be through an organization of learning experiences that permit exploration and integration of theories, that furnish basic tools for testing these theories and other questions in real life situations, and that guide socialization of the advanced practitioner towards responsible leadership.

I am sure that these and other ideas will be discussed fully in a later segment of the conference. But before leaving this issue to talk of research and the doctoral program, allow me to review for you and lend strong support for what is now a quite popular thesis. It has



been articulated so succinctly by Joann Jamann, that I will quote her remarks :

There must be opportunity in the graduate curriculums in nursing for multiple entries. The life-styles of women, (...) requires flexibility in entrance procedures and requirements, and principles of adult education stress the need for such flexibility. Those who have had an opportunity to test and perfect their knowledge, skills, and clinical judgement (learned in the undergraduate professional program) are more likely to benefit from the graduate courses. Moreover, the graduate student with professional experience has a reality base on which to test the theory and "ideal notions" studied in graduate curriculums. Likewise, an interruption in an individual's graduate education in nursing can have beneficial effects on this individual's graduate study. A year or two of professional experience as a nurse clinician permits further perfection of clinical expertise, deeper self-confidence with other professional colleagues, and frequently, clarification of research problems. (Jamann, 1978)

In addition to those who have "alternating" work and study cycles as described above, it needs to be possible for nurses to progress directly through all levels to the doctorate without the interruption of work experience.

The final general area to which I wish to address myself has to do with the development of nursing science. As Beer has remarked we shall not succeed in reforming our concepts of nursing and nursing education simply by hard work. We need to invoke the means to measure and manipulate complexity. to design complex systems which work, to devise viable nursing and educational structures through evaluation, to work effectively with people in other disciplines and to apply all of these to the development of a new or modified system of nursing education. In short, as Sills (1977) stated, nursing must develop and study what is within the larger boundaries of health care. While nursing is not alone in basing much of its practice on dogma rather than on tested theory (Sills, 1977), and while all of us know how imprecise research pertaining to the human organism by necessity must be, we must intensify our effort to reach our goal of tested theory for more predictive practice (de Tornay, 1977). Educational programs at all levels of nursing are dependent upon research.

Many types of research can only be done by a cadre of researchers prepared at the doctoral level in nursing. The clinical doctorate in Nursing may focus upon research training primarily, or the development of clinical specialization. Although as Grace (1978) has re-

marked, "as one studies doctoral programs throughout the country (U.S.) perhaps the most difficult facet to define is the clinical component at the doctoral level. This is perhaps an outgrowth of the difficulty of theory building in an applied field."

The challenge in doctoral degree programs with a clinical focus is to move nursing theory from a descriptive level to one of intervention and then to build an analysis of interventions into the knowledge base of the practice profession.

Dickoff and James spoke to this issue:

To consider what type of theory is needed for a professional discipline requires articulating professional purpose. A true professional, as opposed to a mere academic, is action-oriented rather than being a professional spectator or commentator (...) A true professional — as opposed to a mere visionary — shapes reality according to an articulate purpose. (...) A theory for a profession or practice discipline must provide for more than mere understanding or 'describing' or even predicting reality and must provide conceptualization specifically intended to guide the shaping of reality to that profession's professional purpose. . . . Nursing must have an action that aims to shape reality, not hit or miss, but by a conception of ends as well as means. (Dickoff & James, 1973).

The central mission of the Ph.D. program in nursing must be to prepare people to develop a knowledge base for nursing and to shape the reality of the nursing function. There is an obligation to build a base of knowledge upon which nursing may develop as a profession in its own right. This knowledge base will have general application to the crucial problems of nursing and health care delivery. Grace has remarked that:

The late development of Ph.D. programs in nursing is ironic in that the learned professions usually develop a knowledge base for their profession first and later transmit this knowledge through educational processes, and make application of knowledge after it has been generated. In nursing, the reverse order seems to have prevailed, perhaps because the knowledge we have used has been that which we have borrowed.

It is crucial at this stage of professional development that we free ourselves from the outer-direction of the past and become inner-directed as a profession. This inner-direction can only occur as we seriously consider the nature of the knowledge base needed for the development of nursing as a profession. (Grace, 1978)

The question has been asked with great frequency of late: What does a nurse researcher focus on that some other investigators do not? The answer would almost always be that the nurse would focus upon the "person as a whole in the context of his living environment." If this is true, then nursing programs for the Ph.D. must facilitate the effective merging of scientific fields to generate a new body of nursing knowledge.

The argument always arises as to whether one should prepare a generalist and/or a specialist at the masters level and a clinician and/or a researcher at the doctoral level. These options will need to continue to be discussed. However, perhaps the following quotation from Haskins will assist us to answer the first of these problems:

There was a time when intense specialization in some closely defined scientific arena seemed the most powerful approach to understanding, and the fragmentation of knowledge which followed, with the breakdown of communication and mutual understanding that too often was its consequence, indeed seemed a regrettably high price to pay, but still a necessary one. That trend persists. Many of our more conventional institutions for scientific training are, in fact, not only adapted to it but, unfortunately, have become unwittingly deeply committed, in their structure and their philosophies, to its perpetuation. But in recent years the contrary approach has become dominant. . . . Today it is clearer than it has ever been that the gifted scientific must be prepared to forge his intellectual tools from the fires of many disciplines, and perhaps in the course of his work, design cross disciplines of his own. For the grand strategy of this age is to bring every resource of knowledge and ingenuity and intellect to bear upon the task of further widening and deeper understanding, of breaking new frontiers, over the whole range of scientific investigation. (Haskins, 1975)

The Ph.D. in nursing should be primarily for the purpose of preparing researchers. Thus, persons should enter the program with an extensive clinical background at the masters level if they are to learn methods appropriate to clinical nursing research.

Nursing science which will allow the profession to appraise systematically the inherent resources for improving the health status of individuals, families and communities and to mobilize or supplement these resources for health maintenance or restoration is our goal. Clearly, and in line with Haskins and others' suggestions described above, this requires programs at the baccalaureate and graduate level predicated upon a broad conceptual framework for nursing, which at

the graduate level can be utilized by the nurse to further develop expertise in individual areas of inquiry and practice.

In summary, it is not enough to be developing a core of nurse researchers who are directed toward developing a body of nursing knowledge. This must be coupled with a group of equally prepared expert clinicians who take this body of knowledge into the clinical practice area, apply it in the care of patients, and test out the effects of new approaches in the patient care situation. In this systematic way, nursing can begin to demonstrate that application of nursing knowledge does make a profound difference upon the quality of the life experience.

The road ahead for nursing offers many challenges. (Grace, 1978)

The number of nurses prepared at the doctoral level is increasing rapidly. This will not make its full impact, however, unless a substantial number is prepared in doctoral programs in nursing. De Tornay (1977) notes that doctoral training in nursing, as in other fields, will only be the beginning of the career in research. Where a doctoral program in nursing exists, there must be a critical mass of productive nurse researchers so students will be drawn to the institution because they share an interest with the investigator. It is the faculty which draws the student and not the institution.

Limitations and boundaries are not useful frameworks when social change is in order.

The conceptual framework guiding our development for more than a century has been one of limitations and boundaries. This framework has defined our professional identity, our political existence and our relationships in the world of work.

It is precisely this framework of boundaries and limitations that the present generation of nursing students and scholars must transcend if we are to develop meaningful theories to guide the expanding horizons of our practice and our persons. (Ashley, 1978).

## REFERENCES

- Allen, F.M., Kergin, D., Mantle, J., & White, L. *Response to the committee established by the Ministry of Education to study nursing programs in the Province of Quebec*. Paper presented at the CAUSN meeting, Montreal, June 2-June 3, 1980.
- Ashley, J. Foundations for scholarship: Historical research in nursing. *Advances in Nursing Science*, October 1978, 1, (1).
- Barritt, E.R. Academic nurse educators: Mobility versus stability. In J. Williamson, (Ed.), *Current Perspectives in Nursing Education*, 8, (Vol. 2). St. Louis: C.V. Mosby, 1978.
- Beer, S. *Platform for change*. Toronto: John Wiley, 1975.
- Christman, L. Educational standards versus professional performance. In J. Williamson, (Ed.), *Current Perspectives in Nursing Education*, (Vol. 1). St. Louis: C.V. Mosby, 1976.
- De Tornyay, R. Nursing research — The Road ahead. *Nursing Research*, November/December, 1977, 26, 404-407.
- Dickoff, J. & James, P. Researching research's role in theory development. In M.E. Hardy, (Ed.), *Theoretical Foundations for Nursing*. Boston: M.S.S. Information Corp, 1973.
- Gardner, J. *The recovery of confidence*. New York: W.W. Norton, 1970.
- Grace, H.K. Doctoral education: Past present and future. In J. Williamson, (Ed.) 2, 1978.
- Haskins, C.P. *Thoughts on an unchartered future*. *Daedalus, Journal of The American Academy of Arts and Sciences*, 1975, 2, 239.
- Jamann, J. Graduate education: The Potential for Nursing. In J. Williamson, (Ed.) 2, 1978.
- Light, D.W., Marsden, L.R., & Corl, T.C. *The impact of the academic revolution on faculty career*. Washington, D.C.: American Association for Higher Education, 1973.
- Litchfield, C. *Academic freedom*. Unpublished Public Report to the Chairman of the Board of Trustees, University of Pittsburgh Archives, June 13, 1961.
- Rogers, M.E. *Emerging patterns in nursing education*. In J. Williamson, (Ed.) 2, 1978.
- Shein, E.H. *Professional education*. New York: McGraw-Hill, 1972.
- Sills, G.M., Research in the field of psychiatric nursing 1952-1977. *Nursing Research*, May/June 1977, 26, 201-207.
- Williamson, J.A. More professor than practitioner. In J. Williamson, (Ed.), 2, 1978.

---

*Editor's Note:* In Volume 12 (1 & 2) of Nursing Papers, Appendix A to 'The Invulnerable Child' by Sharon Ogden Burke was, in error, attached to the preceding article on Simulation Games. The reader should also be aware that the fourth paragraph on page 52 should read, "It is theoretically significant that these basic demographic variables which correlate with so much of child behaviour are not likely to be factors in the development of a child's vulnerability."



## RESUME

### LE DEFI PERMANENT QUI SE POSE AUX SCIENCES INFIRMIERES\*

L'évolution rapide des conjonctures sociales, politiques et démographiques est à l'origine de l'évaluation des programmes universitaires existants. Des programmes plus imaginatifs et coordonnés sont nécessaires. Les projets interdépartementaux, les programmes pluridisciplinaires et la collaboration entre les universités doivent être axés sur des considérations tant financières qu'éducatives.

Le conseil de l'ACEUN a approuvé comme principe d'exiger que la préparation de baccalauréat devienne le niveau d'admission dans la profession. L'avenir des sciences infirmières sera alors fonction du développement rapide du programme de baccalauréat de base ou générique. Ce programme sera établi sur une solide base de sciences biologiques et sociales et les étudiants apprendront à évaluer et à planifier des stratégies dans des situations extrêmement complexes et dynamiques liées à la santé familiale et communautaire ou à la pratique directe visant à guérir l'individu le plus rapidement possible.

L'orientation du programme de maîtrise devrait consister en expériences d'apprentissage qui favorisent l'intégration de théories, qui procurent les outils permettant de vérifier ces théories ainsi que d'autres questions se posant dans la réalité et qui guident la socialisation du praticien avancé vers l'exercice d'un leadership responsable.

La mission primordiale du programme de doctorat en sciences infirmières est de préparer infirmières et infirmiers à développer une base de connaissances au moyen de la recherche et à façonner la réalité de la fonction de l'infirmière.

A tous les paliers, il est permis d'envisager une formation professionnelle hautement décentralisée agencée autour d'un centre de ressources d'apprentissage comprenant plusieurs laboratoires et autres centres auxiliaires, tous étroitement liés aux activités des services communautaires. Il y aura un corps enseignant limité en nombre mais permanent et à plein temps ainsi que de nombreux autres enseignants adjoints à temps partiel afin de permettre l'utilisation d'une grande variété d'expériences éducatives. Si l'on veut que les sciences infirmières survivent à l'université, les enseignants à plein temps doivent apprendre à faire face aux attentes multiples du rôle de professeur comprenant les fibres "disciplinaire", "institutionnelle", "externe" et clinique de la carrière universitaire.

---

\* L'exposé original a été présenté à la conférence annuelle de l'Association canadienne des écoles universitaires de nursing à Montréal, juin 1980.