

COMMENTARY

## Limitations of Nursing Education in Promoting Client-Centred Care and Self-Management

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For the past 18 months I have been a member of the Nova Scotia Nursing Education Review Steering Committee. Our review of nursing education has included extensive stakeholder input. The refrain from leaders in the health-care system is that nursing graduates are not “practice-ready.” While the axiom that university nursing graduates can “theorize but not catheterize” is sometimes true, there is a greater disconnect than simply their lack of confidence and skill in working with tubes and handing out medications in a timely manner; they are also expected to be leaders in advancing client-centred care and in providing self-management support.

Part of the responsibility for the gap between education and practice lies squarely with nursing education. Professors tend to shy away from the “swampy lowlands” of practice; it is easier to teach from the “high, hard ground” (Schön, 1987, p. 1) of the university classroom using case studies that have a “right” answer, presenting ideal models of care, and delivering known content with scads of slides than to wade into the weeds with our students, integrating knowledge through problem-solving, discussion, and debate. While expert clinicians are needed to help students bridge “*abstract knowledge* and theory . . . into the productive thinking required to use in practical situations” (Benner, Hooper Kyriakidis, & Stannard, 2011, p. 12), we have largely delegated this essential clinical work to part-time instructors and preceptors. In addition to teaching foundational knowledge, we must create opportunities and tools for “situated learning in simulation, skill labs and clinical practice . . . for students to learn how to use knowledge” (Benner et al., p. 12) and to actively engage with patients in ways that address the “messy, confusing problems that defy technical solution” (Schön, p. 1).

Educating students to meet the current needs of the health-care system is relatively easy through increased use of simulation and extended periods of consolidation with preceptors. It is much more difficult to

educate for the future. The Registered Nurses' Association of Ontario (2002) defines client-centred care as "an approach in which clients are viewed as whole persons; it . . . involves advocacy, empowerment and respecting the client's autonomy, voice, self-determination, and participation in decision-making." Self-management requires informed, "activated" patients who manage their own care decisions. Supporting self-management requires skill in case management, active listening to identify patient concerns, use of motivational interviewing, and collaborative problem-solving to create step-by-step written action plans (Glasgow et al., 2002). In the current "nurse du jour" environment, where nurses are assigned to care for any patient on any given shift, client-centred care and self-management are not priorities. Nurses are simply coping with increased acuity of care in a fragmented health-care system. Therefore, students have little opportunity to actively engage in client-centred care or in the promotion of care self-management in practice outside of the classroom.

Inherent in discussions about nursing education over the last few decades is the notion that if we create a different kind of nursing graduate we will transform the health-care system. If we teach students to practise from the stance of client-centred care and towards the goal of patient self-management we will transform the system, one graduate at a time. Enough graduates practising differently and demanding system change will create "the moment of critical mass, the threshold, the boiling point" that will, in turn, cause system change (Gladwell, 2000, p. 12).

Client-centred care and self-management models that support patients and their families require health-care-system supports. Education alone is not enough to transform practice. Experienced nurses, nurse leaders, nurse researchers, and nurse educators need to work together to address the reality that "we in nursing . . . are too lost to find our first steps . . . when keeping our heads above water consumes so much of our time and energy" (Clarke, 2013, p. 7). Otherwise, we will continue to burden new graduates not only with expectations of "road-readiness" but also with the expectation that they transform the health-care system while navigating their own transition to professional practice.

## References

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## Commentary

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