

LOOKING AT BACCALAUREATE NURSING EDUCATION AND PRACTICES

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A SABBATICAL LEAVE can mean many things: time to look more closely at engrossing problems, to carry out needed research, time to travel to broaden one's outlook, time to reflect. A sabbatical promises all of these things and yields some of them. The focus of this sabbatical leave was a study* which centred on the question of possible reasons for the relatively limited impact of baccalaureate nursing education on the whole pattern of patient care. Graduates of generic nursing education programmes have been on the scene in Canada for some years yet the percentage of these nurses in active practice is still well below the 25 per cent goal; and the number in direct patient care much lower. Generic nursing education has been built around the concept of patient-centred care, yet much of the nursing practiced in our hospitals is still task-oriented, or functional nursing.

Prodding and pushing for answers to the preceding questions is the spectre of the cost of university education. Nursing is one of the more expensive programmes in the university and the time is swiftly coming when the product must give greater evidence of value to justify the expenditure. If the baccalaureate nurse is to be prepared to function in a leadership role, and this appears to be the current thinking, then her basic educational preparation must include the development of the necessary skills in a broader sense than is currently the case. Since her reason for being is then different from that of the non-baccalaureate nurse her preparation must be different; and her practice upon graduation must offer the opportunity to reflect that difference.

With the above in mind, this observer visited and observed a few of those university nursing education programmes which gave evi-

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dence of an ability to imbue the students so thoroughly with the leadership role that these graduates could be expected to demonstrate, in practice, the value of university education in nursing. Visits were also made to those hospitals which, as employing agencies, were engaged in conscious and serious efforts to use graduates of baccalaureate programmes effectively. It was hypothesized that if nursing educationists were sufficiently explicit in clarifying this leadership role in patient care, and if employers of nurses were able to create an attitudinal climate wherein baccalaureate graduates could practice patient-centred care, more would remain in nursing and fewer of those who did remain would revert to the *status quo* of task-oriented patient care.

The problem of baccalaureate nursing education and practice is no longer one for the educational institutions alone to solve; the employing agencies must make it possible for baccalaureate graduates to remain in nursing and practice the kind of nursing which gives satisfaction to patient and practitioner. And, as well, this whole question of high quality patient care requires a closer integration of effort between the agency and the university: between the educational institution and the employer of nurses.

This tour involved visits, from three days to two weeks in length, to three major university nursing programmes and to four selected hospitals in the United States which were reported to be "doing things" in nursing education and practice. At the university centres opportunity was afforded for discussions and observations with students, graduates and faculty personnel in the university and also in the various areas used for clinical practice. It was regrettable that a scheduled visit to a fourth university programme had to be cancelled because of the degree of student unrest prevailing at the time.

It is not intended in this article to review in detail the nursing education programmes found in these universities nor the methods of achieving a high level of patient care in the selected hospitals, rather the focus will be on some of the factors which would appear to have particular meaning for university nursing personnel. The bibliography will include material in which the reader will find excellent explanations of the programmes and the concepts through which the quality of nursing practice has been improved.

Many strong impressions were left with this observer after visiting the university centres. One of the strongest was the realization that while each programme was strong, yet each was different in basic

approach and in execution of detail. One emphasized the intellectual component of nursing as practiced by the baccalaureate nurse. These nurses are visualized as leaders who are responsible for the assessment, implementation, largely through others, and evaluation of the patient's nursing care needs. Their practice is based on an ongoing development of the patient's nursing history which is a major clinical tool for these nurses. High level communication skills enable the nurse to elicit the necessary information on which the nursing care is based and through which a high level of patient care is assured.

Another university programme visualizes nursing as an applied science and is emphasizing the application of psychology, physiology, biology and sociology to nursing. This curriculum is in the process of being redesigned along these lines and, at this point in time, further information is not available. However, progress will be watched with a good deal of interest.

The third university has a strong and systematized framework within which the emphasis is on the nurse as a 'change agent'. From the nursing point of view an assessment is made of the health needs of the patient, family, group or community and through the problem-solving process appropriate action is taken to deal with the particular problem; at the same time alternative suggestions are considered. In all instances the consequences of the suggested proposals are weighed. Throughout the programme every course: discussion, seminar, lecture and clinical experience, is approached by student and faculty member in this manner. It is the conscious, repetitive and integrated use of this approach which gives strength to this programme.

In all of these programmes much emphasis is given to the development of communication skills, skill in interpersonal relationships and skill in, and understanding of, the dynamics of the group process. This emphasis would appear to activate the concepts inherent in the philosophies of these programmes, namely that:

- (1) it is the function of the nurse to enable the patient, family, group or community to better cope with their health problems,
- (2) nursing functions within a social system in which the nurse is one influence. For nursing to be effective the nurse must understand, and be able to relate to, any impinging components of the system.

Increasingly these skills are seen as essential if the baccalaureate nurse is to demonstrate leadership in, and for, nursing.

In some of the programmes there was a deliberate deemphasis on psychomotor skills. The rationale appeared to be that this was necessary to counteract the heavy emphasis on manual skills in traditional nursing education programmes, and on the prevalent equation of quality nursing with efficiency in techniques. 'Doing things' to patients is gradually giving way to 'helping people better cope' with those health problems which fall within the jurisdiction of the nurse. At the same time this deemphasis is not intended to negate the very real value psychomotor skills play in the comfort of the patient and as an expression of care for the person.

This observer was particularly impressed with the progress made in the motivation of personnel for high quality patient care in the selected hospitals visited. Certainly progress has been made in nursing practice in these institutions and is reflected not only in patient care and comfort, but also in the stability of nurse personnel and in their interest in nursing practice. The general atmosphere among the nursing personnel was one of genuine and intense concern for the patient, enthusiasm for learning ways to improve the quality of their own practice, and satisfaction with the working situation. Especially noticed was a personal satisfaction which seemed to stem from the fact that the nurse, at whatever level, was regarded as a professional practitioner whose work was respected by peers and colleagues, and whose personal identity and welfare was a matter of real concern to those in administrative positions. This positive, enthusiastic and constructive atmosphere was felt by this observer. The primary focus of the entire nursing department was on the quality of patient care and on how best to achieve and maintain it.

The basic factors influencing these situations appeared to include the philosophy of the senior nursing executive which permeated the entire nursing staff. One nurse executive expressed this in words as she explained her beliefs in relation to the delegation of responsibility. This delegation, she felt, must also include the delegation of the necessary authority to accomplish the task, and the holding of a sense of trust in the nurse that the job would be accomplished.

A long and close working relationship between the senior hospital administrator and the senior nursing executive: between the one who can provide the nursing practice and the one who can make good practice more possible through management of the environment, was common in each of these hospitals in which baccalaureate graduates found scope and challenge for their skills. These senior personnel held a common philosophy about the primacy of patient-centred care and the value of quality nursing to provide that care.

These hospitals were decentralized and the nurses, at all levels, were involved in decision-making related to the care of patients and to nursing practice. There were as few levels as possible between the staff nurse and the senior nursing executive. Along with this much progress had been made in removing from nursing responsibility the multitude of non-nursing practice activities which for so long have bedevilled the nursing supervisor, head nurse and staff nurse. The extension of hours of operation of many of the departments, other than nursing, enabled the nurses to concentrate their activities on nursing practice to a greater extent than formerly. This management of the environment in the interest of better patient care has affected the quality of nursing practice.

In each of these situations the approaches used in arriving at a high level of patient care were different for each institution and appeared to depend on the purpose of that institution: rehabilitative care, care for people with catastrophic diseases, or general care and treatment; the fundamental concepts regarding nursing practice; and the particular interests of the nursing staff. One institution was focussing efforts on providing additional knowledge and opportunity for refining skills so that every nurse at each level could do a better job in her area of responsibility. Another institution achieved a higher quality of care through a process of motivation through evaluation not only by the nurse of herself, but also by a committee of nurses. The findings from the evaluation led on to an individual programme of staff development. A third had achieved results through the involvement of the nurse in decision-making as related to all aspects of nursing policies and practice, and to a large extent, to as many aspects of hospital functioning as possible. The fourth institution achieved a very high level of patient care through the implementation of the concept that the patient should, to the greatest extent possible, be an active participant in the decision-making regarding his own care; that to engage the patient to this degree required that the nursing care be given only by registered nurses; that each nurse be totally responsible for the nursing care of the patients in her district; that the nurse-patient relationship be as undisturbed by rotation of staff as was possible; and that the same number of nursing personnel be available on the evening as on the day tour of duty. All these approaches required constructive and sustained programmes of staff development both of an individual and group nature.

The need for a greater number of baccalaureate programmes in nursing which would operate within a strong and systemized framework is seen as a necessity. Here the objectives of the curriculum

and the goals to be achieved would be clearly defined and understood by students and faculty so that each learning experience would represent a visualized step toward the goal. It is the belief of this writer that the breadth and dept of knowledge offered in the strong baccalaureate programme is the best means through which the nurse learns to become that practitioner who can, as described by Harmer & Henderson, "... [enable] the individual (sick or well) [to perform] those activities contributing to health, or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge . . ." The substitution in Henderson's definition of 'enable' for 'assist', along with the necessary grammatical changes, would seem to put increased emphasis on the nurse's responsibility. It would appear to highlight the importance of communication skills in their deepest and broadest sense. The nurse, if she is to be effective, must not only understand the intricacies of the one-to-one nurse-patient relationship but also must be able to work productively with a group whether it be a family, nursing team, interdisciplinary team, or whatever, whose primary concern is patient care. She must be able to use these relationships to convey her responsibility for, and skill in, all aspects of nursing.

This enabling ability of the nurse is strengthened according to her skill in interpersonal relations, constructive use of the group process and the proficient use of the problem-solving process in direct patient care. There is still a great deal to be learned in each of these area by nurses and it would appear that these might be some of the most effective and productive aspects of the leadership role for the baccalaureate nurse as we see it at this point in time.

It became a matter of real concern that patient care in some of the university hospitals was rated by the nursing personnel as "poor". One reason might be that the nurses in these situations held a clearer perception of standards for care and thus were more acutely aware of deviations from those standards. Another reason could be that these hospitals, similar to most university hospitals, provide clinical experience for a multiplicity of students: medical students, pharmacy students, dental students, nursing students, to mention a few. This concentration of educational programmes, with its accompanying emphasis on research, could result in a situation in which the patient receives less than quality care. When the nursing care practiced by the student and staff fails to meet the expressed goal of patient-centred care not only does the patient suffer but also the education of the student suffers.

Evaluation and the redesigning of the curriculum seem to be a constant process in university nursing programmes. This is as it

should be and this observer was impressed that, in the situations visited, outside assistance was seen as a strength in that the selected assistant represented educational expertise which was brought to bear on nursing education and, as well, interjected a more objective point of view. The time taken to redesign the curriculum is also a matter for comment. When each concept is thoroughly thought through, researched and discussed by faculty members then, and only then, has there been time to explore new ideas and discard outworn ones, change attitudes and learn new ways of coping with proposed suggestions to the end that they are incorporated into the curriculum in a meaningful way. Evaluations in depth and carried out by those with the necessary background and experience should be considered as essential budgetary items if the kind of progress needed in nursing is to be forthcoming. The United States is to be commended for a government attitude which permits financial grants for such undertakings.

The widening gap between some educational institutions and patient care agencies continues to be an obstacle to patient care, staff satisfaction and student education in nursing. This study tour strengthened this observer's viewpoint that ways must be found to increase in these institutions the sense of trust each has for the other. A deeper commitment to direct patient care could do much to increase in each this sense of trust in, and respect by increased involvement of university personnel with the problems of nursing service, by increased evidence of an ability to listen with understanding. Situations have often verified the truth of the saying that nurses are their own worst enemies. Struggles for identification and power in nursing ensue while, at the same time, recognition is given in all quarters that education and service must better integrate their efforts if quality in patient care is to become a reality.

Many of the hospitals and centres visited were examples of what can be achieved when there is vision, creative activity and the ability to take constructive action. Experienced nurses have much to gain from exposure to such situations. Residencies should be established through which nurses with strong backgrounds might have the opportunity of being participant observers in these outstanding institutions. This would mean a residency of sufficient length that the resident could observe, read, listen, have time to drop her own biases, time to develop the necessary enthusiasm and commitment so that changes could take place upon return to the home institution.

Team nursing would appear to be a concept which is very difficult to carry out in practice unless the philosophy underlying this form of nursing has become an integral part of all involved in the actual

patient care situation ; otherwise the nursing practice becomes a functional type of nursing. It could be that nursing needs to take another look at this concept to find ways through which it could be practiced in a more meaningful way.

In Canada we have been concentrating for the past few years on increasing the number of baccalaureate programmes in nursing so that students with the necessary potential could receive the kind of education which would prepare them to fill leadership positions in nursing: administrative, teaching and in patient care. We have been attempting to offer programmes of high quality but perhaps we need to synchronize more closely our offerings with the social structure in which these graduates will function. Will they know how to motivate others so that the very best in patient care will result ; will they, consciously and within an intellectual framework, be able to work with nurses, doctors, pharmacists, family members and others to bring about the best care for the patient ; will they be able to help bridge the gap between the work situation and the educational institution ; will they be able to demonstrate convincingly and permanently that university education is a necessary basis for nursing leadership in direct patient care?

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