# LEARNING TO TAKE RESPONSIBILITY

by

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THE more experienced nurse often feels that young students no longer learn responsibility. The hospital-trained nurse fears that the non-hospital-educated nurse is unable to learn responsibility. Faculties from both hospital and collegial schools of nursing, with great divergence in curricula, believe they teach responsibility. Students and young graduates of either type of program claim they are responsible nurses. What is the source of contradiction in these conflicting feelings and opinions? Are one or more of these fallacious? Or, does the difficulty lie, rather, in a lack of clarity and precision in understanding what each means when she talks of "responsibility"?

While the professionalization of nursing entails the assuming of responsibility by the individual nurse, the heaviest burden would seem to fall on the nursing instructor, who is charged not only with being responsible herself, but also with helping initiates to the profession "learn to take responsibility". She must first comprehend the meaning of the concept, and then include measures to teach the concept as she plans her curriculum. This comprehension enables her to differentiate between the processes involved in "learning to be responsible" and those in professionally "learning to take responsibility."

This paper is directed toward furthering this comprehension and also toward assisting in the teaching of "learning to take responsibility". The first part of the paper attempts to provide conceptual clarity, and the second part presents research based on such conceptual considerations. The final part consists, in turn, of a discussion of the educational implications of the first two sections of the paper.

## *A. THEORETICAL CONSIDERATIONS*

The process, "learning to be responsible", can be used as a synonym for conscience, or indicate a sub-part of the super-ego, and this process is usually seen as a function of personality. "Learning to take responsibility" is to a greater extent a function of the social role and so is more immediate to the formal educational process(1,2). As such, the former is part of a maturational process which may be helped or

hindered by planned intervention; the latter lies at the core of professional education and can only be effected through a carefully planned and executed educational experience.

The nurse-educator comes into contact with students during the period of young adulthood (18 to 20 years). At this age there is a sharp increase in ego-function and an ascendancy of the individual's controlling mechanisms. In other words, as part of the maturational process, the individual is developing a sense of responsibility. He or she tends to be idealistic, somewhat authoritarian, and at the same time to be striving for refinement of thought and action(3).

> He is ready to concentrate upon his relations with the external world, to improve his understanding of that world and to find a place in it.(4)

The student who enters nursing at this stage in her development is imbued with idealism and ready for commitment. The teacher at this time does not *teach* a sense of responsibility. Rather, she is involved through the teaching-learning process with students whose personality structures can and will reflect the value orientation they experience. The student, however, looks at this time for socially worthwhile values which will serve the interests or goals of her chosen profession(5). She is disillusioned if the value system or student-teacher relationships serve first the needs of the teachers, staff or institution. While still vulnerable, students in this age group flourish when they are given realistic analysis of their performance, accompanied by thoughtful guidance(6). Enlightenment of conscience or the development of a sense of responsibility is a function of personality, in part guided by the student's relationships with the teaching staff but developed primarily by the student in her own maturation process.

However, it is in "learning to take responsibility" as compared with "learning to be responsible" that one finds a problem immediate to the role of nurse as nurse, and so to the nursing education program. The concept "taking responsibility" may be seen as having two components: "accountability" and "reliability". While these components are not, strictly speaking, mutually exclusive, a distinction between the two may clarify the different modalities of "learning to take responsibility" and so may permit the integration of the proper learning opportunity into a practical curriculum. First we will analyze the concept of "accountability" and second, the concept of "reliability". Finally, we try to apply the result of these analyses to curricular practice.

"Accountability" or "being liable to be called to account" is a two-dimensional concept. Its two dimensions are indicated by the fact that we sometimes say "accountable *to*" and sometimes, "accountable *for*".

Being accountable *for* entails a knowledge of the sphere of competence proper to the nurse and the ability to perform safely and effectively in this sphere. To be held accountable *for* thus implies that the nurse should know the role functions of nursing, possess the skills and abilities to accomplish these, have mastered the theoretical background, and have developed the judgment required to make the decisions necessary to this role. On the other hand, to be "accountable *to*" implies that the nurse knows there is a line of authoritative communication and that she uses it; that, while operating with integrity and ingenuity, she knows how far her role allows her decision making to go, that she knows to whom to report and whose decision supercedes her own. These two dimensions of the concept "accountability", the *to* and the *for,* indicate therefore, two areas of nursing problems and so two areas of curricular concern.

The second component of responsibility, "reliability" may be thought of as "professional style", the composite of norms, attitudes, values, ways of doing things, subtle structuring of relationships, modes of reaction to environment, types of reward expected and all else that becomes actively internalized and integrated by the profession in becoming a professional. The reliable individual responds as expected in given situations — within a specified range of behaviors — and possesses guidelines for acceptable behavior even in unexpected situations. The responsible nurse, then, can be *relied* on to act in accordance with the well-being of the patients within a framework of professional expectations. "Reliability" therefore recommends itself as a second area of curricular concern in "learning to take responsibility".

Responsibility becomes a problem of the nursing curriculum, then, both indirectly and directly. Indirectly the nursing educator is involved in the development of the student's personal sense of responsibility. Directly the nursing educator attempts to promote the nursing student's "learning to take responsibility." As such, learning responsibility actually entails two distinguishable areas of curricular concern, first, learning to be accountable *"for"* her actions and/or *"to"* the lines of authoritative communication, and second, learning to be professionally reliable.

### *B. CONSEQUENT INVESTIGATION*

Since the concept of responsibility is essential to the definition of any profession, and the practice of responsibility is essential to its performance, research which evaluates professional preparation warrants the inclusion of an instrument designed to assess "taking responsibility". Such an instrument, based on the theoretical consi-

deration discussed earlier, was constructed as part of a larger study of a collegial school of nursing(7,8). A large collection of specific examples of responsible behavior were first examined with the "accountable to"/"accountable for" dichotomy in mind. Through further refinement the former was redefined as "being subject to direction and authority" and the latter, as "a rational approach to problem solving". Further, while each of the items fell within one or the other "accountability" category, it was found that they could be also cross-classified under dual "reliability" headings. These, "focus on self nursing a patient" and "focus on team, unit, institution or other persons", include the norms, attitudes, modes of reaction and expectations central to the "reliability" component of responsibility. Such a cross-classification allows the use of a two-directional matrix with sub-dimensions along each axis as follows(9):

Responsibility Matrix

| *Reliability* | *Accountability For* (A rational approach to problem solving) | *Accountability To* (Being subject to direction and authority) |
|---|---|---|
| Focus on self nursing a patient | | |
| Focus on team, unit, institution or other person | | |

A group of twenty-two items, each representing one of the four cells of the matrix, was validated and retained as the final instrument, which was administered in three different forms. First, it was given to the head nurses of the wards on which the collegial graduate worked, to have them evaluate her responsibility as compared with that of the average young hospital graduate. Next, it was used in testing the faculties of the collegial and comparison schools, to determine which aspects of responsibility they considered most important in teaching nursing(10). Finally, it was given to the staff in the hospitals where the collegial students practised nursing, to ascertain which aspects of responsibility they saw as most important in giving nursing care.

Briefly, the results of this investigation were as follows. First, both the collegial and the hospital school graduates are seen as responsible nurses. However, in terms of accountability, the young collegial graduate is rated higher on the rational approach to problem solving; the young hospital graduate, on being subject to direction and authority. Further, when the "reliability" components on the vertical axis of the matrix are examined, the collegial graduate is seen as focusing more directly on "self nursing a patient"; the hospital graduate, on "team, unit, institution or other person"(11).

These conclusions about the two types of graduates are not unexpected when considered in the light of some other results. When the faculties were asked which aspects of responsibility they stressed in teaching nursing, those at the collegial and the autonomous school indicated that they stressed responsibility through problem solving, particularly that directed toward the individual patient. However, those at the two hospital schools placed their emphasis on "accountable to" behaviors, especially those relating to team, unit, institution or other persons(12).

On comparing the opinions of this collegial nursing faculty with those of head nurses, supervisors and graduate nurses working in the clinical situation, it was found that one of the major concerns of both was that the profession continue to prepare responsible nurses. However, the latter felt that taking responsibility through responding to direction and authority was more important in giving nursing care; the former felt it was more important to develop a problem solving approach in response to the individual patient.

In terms of these results, it may be concluded that the emphasis within the teaching of nursing and in the giving of nursing care may be influenced by the limits and characteristics of the type of institution which accommodates the practice and the teaching of nursing. Schools housed outside hospitals would seem to espouse one approach, those within hospitals, another. They are both concerned with the learning and teaching of professional responsibility. However, they do not necessarily mean the same thing when they talk about responsibility.

### *C. EDUCATIONAL INTERPRETATION*

The nursing educator is faced with the task of providing the conditions whereby the student will "learn to take responsibility". Prerequisite, however, to a specific plan for a curriculum with the necessary goal of learning to take responsibility, is a clear understanding of the developmental stage of the student and a working concept of the professional role, in this case, the role of the nurse. Such an understanding defines the limits of learning-teaching within the profession, for the students' developmental level indicates where the process can begin; and the definition of the professional role clarifies the scope and nature of the function toward which it is directed.

Different types of teaching programs seem to suffer from different innate problems. For example, the university, independent, or collegial school can anticipate difficulties in the areas of "being accountable to" and of "focus on team, unit, institution or other person."(14) The former may be problematic because the student is not

consistently part of the institution in which she practices nursing. Not always being conscious of the lines of communication and authority, she may make unwarranted decisions on her own, a fault which the teacher might even unwittingly encourage by filling too well the role of liaison between agency staff and student, thereby blocking the student's participation in the institutional organization.

In the case of "focus on team, unit, institution or other person" the student may have difficulty mastering the intricate system of expectancies, norms and values which are to a great extent passed along informally in the institutional setting. She may well seem not too "reliable" to the hospital's nursing staff if she has not had the opportunity to learn the subtleties of the nurse's role. The nurse teacher in such schools often feels obliged to compensate for the fact that the student has not been socialized in the nursing profession's more usual way. In response to this problem, particular effort must be devoted, firstly, to having students work as part of the ward group. Secondly, during this experience the teacher must be careful not to block communication between her student and the institutional staff by being overly protective of the student. Thirdly, more effort must be directed toward increasing the student's understanding of group process and change.

For the hospital school, the area requiring greater emphasis appears to be that of being "accountable *for*". Competence of this sort requires well-prepared teachers who can teach in a student-centered program. If the needs of the institution for service are placed before the needs of the student for individual guidance and evaluation, or if the instructor does not understand the various complexities necessary to appropriate and effective nursing judgment, then the curriculum plans will fail to prepare the student to be "accountable *for*". The teacher in a hospital program must plan particularly for students to make professional decisions and to evaluate the effects of their decisions. The teacher needs time to help the student integrate and utilize background theory in giving nursing care, through a planned and individualized evaluation program.

In conclusion, the student comes to nursing with a sense of responsibility which must be fostered. Concurrently, the curriculum must be structured to teach "taking responsibility" in a professional sense. This entails the student's learning the role of the nurse and mastering her sphere of competence, a process through which she can learn to take responsibility in its complex and multi-dimensional sense.

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2. J. Adelson, "The Teacher as a Model," *The American College,* pp. 401-405.
3. Sanford, "Development Status of Freshmen," p. 260.
4. *Ibid.,* p. 260.
5. *Ibid.,* p. 274.
6. *Ibid.,* p. 264.
7. M. Allen, M. Reidy, *Learning to Nurse: The First Five Years of the Ryerson Nursing Program* (Toronto: Registered Nurses Association of Ontario, 1971), pp. 231-234. See the analysis of the results of the *Responsibility in Nursing Scale,* which shows collegial graduates higher on "responsibility *for*", hospital graduates higher on "responsibility *to*".
8. For a more explicit statement of the development and validation process, and a sample of the completed instrument, see Allen and Reidy, *An Appendix to Learning to Nurse: The First Five Years of the Ryerson Nursing Program* (Montreal, 1971).
9. For further explanation of this matrix, and sample items representing the various cells of the matrix, see Allen and Reidy, *Learning to Nurse,* p. 232.
10. The collegial school, Ryerson, was compared and contrasted with three other schools: one autonomous and two hospital schools.
11. *Learning to Nurse,* p. 232.
12. *Ibid.,* pp. 161-162 for tables and more extensive explanations.
13. *Ibid.,* pp. 203-204 for tables and more extensive explanations.
14. *Ibid.,* pp. 231-234.

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