SUGGESTIONS FOR PREPARING THE NURSE FOR THE FUTURE

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ONCE we define nursing as a science and a practice it is evident that the definition needs the support of a theoretical framework from which principles and practice can be derived. Research, in turn, into aspects of practice should continuously contribute to theory development. Opinions vary on what constitutes a theoretical basis of nursing. Preparing nurses for their evolving and future role in the health care system of society would, however, appear futile without a theoretical framework. It would be like asking a person to stand up on the basis of his muscles, viscera, circulation and nerves, yet without a bony skeleton. In other words, without a theoretical framework nursing cannot take its proper stand among the health professions and the ability of nurses to function on the health team is seriously impeded.

THE NEED FOR THEORY

The theoretical basis for present-day curricula of university nursing programs at the basic and graduate levels of preparation should be carefully examined and evaluated to determine what changes are needed and how these can be implemented. A conceptual framework appears imperative for the selection of supporting courses from the biological, physical and behavioural sciences and for the development of nursing courses. The fact that nursing needs to be the centre of the theoretical construct, and not a by-product, needs to be firmly established.

It would be my guess, that in many of our baccalaureate programs across Canada, First Year students of Nursing are minimally exposed to an opportunity to develop a concept of what nursing is, and what it contributes to the health care of people in our society. Without this basic concept of nursing, how can students perceive the relevance of

the supporting courses they take? How can they gain an identity as nurses? Most nursing curricula designate the first course in nursing as "Fundamentals of Nursing". What is considered fundamental to nursing? Are the "fundamentals" highly prescriptive in nature, preparing the student for hospital practice rather than nursing? If so, how will this affect the creativity, self-directedness and self-reliance of the learner who should be prepared to function as a contributing member of the intraprofessional health team?

THE NEED FOR DEFINED PREPARATION AND PRACTICE

In preparing the nurse of the future the total realm of educational programs needs to be considered in delineating the kinds of preparation appropriate for the health needs of society and the role of nursing as a member of the health professions. In searching for directives which may permit delineation of kinds of preparation, we must not only determine the goals and purposes and objectives which provide the future orientation of the educational activity, but we must also examine and identify the values and traditions of the past in considering those aspects of professional evolution in time which are worthy of maintenance and transmission. The basic question is one of balance between the degree of continuity necessary for change and the amount of change necessary for continuity. In planning for the future it is not possible to escape the dynamics of change which require awareness of historical perspectives and engagement in social and political actions. The identification of kinds of preparation for nursing will be futile unless these are relevant to the values and traditions of the profession and are relevant to and can be operationalized in the ever changing context of social and political determinants of our health care system.

The existing hodge-podge and conflicts of basic nursing education in both the diploma and baccalaureate programs in each province and the country as a whole, should be viewed as a significant threat to the existence of the nursing profession. How can we justify the cost of a four- or five-year program versus a two-year program when "a nurse is a nurse, is a nurse" for all intents and purposes? At least, this is so in the eyes of the public and I would like to add, in the eyes of the medical profession. As long as nurses among themselves hold a notion, based on value-judgment and attitudes, that one or the other type of education or practice makes the individual practitioner superior or inferior, or, more or less valued as a person and a nurse, little progress can be made. Kinds of preparation and kinds of practice can

only be meaningful if the variety of abilities and interests of nurses and the preparation they have obtained, are respected and valued for the contribution and expertise each nurse can bring to the situational complexities of human life at times of stress, illness and crisis.

Almost ten years ago our nursing neighbours to the South presented their position on kinds of nursing. This has led to discussion, changes and development of nursing in the United States. Somehow, we are reluctant to learn from the pattern of progress which we can so readily observe in our neighbouring country.

In Canada now, as in the United States some ten years ago, nursing education at the diploma level is beginning to emancipate from hospital controls and is entering the main stream of the general educational system. Previously hospital-based schools of nursing are moving, or have moved into the Community Colleges of Applied Arts and Technology. Students who pay for their education, and a country which subsidizes its educational system, will demand clearly defined guidelines for their choice of educational program based on interest and ability and assessment of feasibility for expenditure of time, effort and money. Guidelines for kinds of practice and kinds of preparation for such practice should be the responsibility of the profession. Kinds of function and kinds of relevant education cannot be determined in isolation by any one educational institution or service agency, but only in collaboration and cooperation of all, with a felt and unifying commitment to the purpose of nursing as an essential service within the health care systems of our country. This does not happen by magic but by hard work. The question is, who has the power and the wisdom to take the needed action? Will nursing determine its own future, and construct its own legal guidelines? Will medicine decide how nurses are to be prepared and used and what their rights are to be? Will the government decide what role nursing is to play in the health care system of tomorrow?

Not only is there a pressing need to delineate clearly the various kinds of nursing education, but there is also the related need to design nursing programs in such a way that they provide flexibility and upward mobility in their articulation with the next level of preparation. Uprichard in her article "The Education of Nurses"(1), provides an outline of an eight-year program in which four closely knit two-year programs articulate with each other allowing for exit or entrance at each two-year stage, but the total program encompasses education for nurses from the basic to the doctoral kind of preparation. From the outline it is conceivable that graduates from a two-year community college program could enter the basic degree program

at the university at the first two-year level and proceed with their education for a B.Sc.N. or higher degree without loss of time. The proposed program provides possibilities for progressive education and specialization, however, realization of such a plan will require intensive work and the fortitude to meet and resolve problems in the usual course of resistance to change.

THE NEED FOR EFFECTIVE TEACHING METHODS AND LEARNING OPPORTUNITIES

While nursing is striving for reorientation and reorganization of the structure and function of its educational system, there is a need for simultaneous introduction of new and more effective teaching methods and learning opportunities which will allow our students of today to become more effective practitioners in the evolving health care system.

A. DIPLOMA EDUCATION

The main work force of nurses who staff our acute and chronic treatment centres is apt to be prepared in two-year diploma programs in community colleges. The primary focus of learning in these programs is on factual knowledge and skills to be applicable to the institutional setting where patients need expert care when acutely ill, debilitated or undergoing complex and highly technical diagnostic and/or treatment procedures. The purpose of the program is to prepare nurses who can render expert and efficient care in assisting patients to respond to and cope with diagnostic and treatment goals, and the impact of illness and isolation within the circumscribed nature of the institutional setting and its curative functions. Teaching methods and learning opportunities of diploma education should progressively aim for self-directed learning, especially in the use of library, audio-visual resources and the development of skill in handling diagnostic and therapeutic procedures commonly allocated to nursing practice. Students need opportunities to recognize and deal with their own abilities and responses as they encounter disease in patients who struggle with the stresses and changes brought about by failing health and illness; and, as they encounter the situational stresses of the institutional setting. The nurse, as the patient, at any level of functioning is first and foremost a human being.

B. BACCALAUREATE EDUCATION

University education for nurses needs to refocus its aim on preparing nurses capable of being change agents and capable of assuming a peer and leadership role on the interdisciplinary health team as it functions in community or hospital settings.

Current trends toward ambulatory care, primary health care, and community health care centres call for a nurse who is knowledgeable and has a repertoire of decision-making ability and interpersonal skills enabling her to function independently and interdependently in primary care settings — be it in health centres, clinics or homes. Since nurses prepared in baccalaureate programs are most likely to become the main nursing force of primary care settings now evolving in our health care system the educational process must foster those qualities, abilities and skills required for effective functioning.

A primary need for the educational process and the educational experience lies in the reorientation of the curriculum and of those who teach in it, toward process, and being involved in process, rather than the mere transmission of content. Teaching activities which are subversive in nature, that is, if they cultivate fear, distrust and dependency must be recognized and exterminated. Teacher-student interactions and learning opportunities should foster creativity, self-learning, self-esteem and enthusiasm for the process of inquiry. Teaching methods used should be based on a process of inquiry — the learning of how to learn. In this students learn to ask their own questions which lead them to integrate knowledge they possess, and to seek and pursue additional knowledge now readily available in libraries and audio-visual resources. By being actively involved in communication, in assessment, in problem-solving and the decision-making process, students not only learn skills and the use of relevant knowledge, but they also gain assurance that they can deal effectively with the situations they encounter. We as teachers tend to underestimate the resourcefulness of our students and their ability to take responsibility for their own learning.

The use of simulated patients and simulated situations involving persons who are programmed to present given problems, and who are paid for their work, is beginning to find its way into nursing education. This allows for the development of communication and assessment skills before the student has to encounter the complexities of situations in active treatment centres. With a simulated patient or situation — the whole group can be involved in the assessment process. Merits and demerits of approaches used can be openly explored. Suggestions for alternatives can be offered — not as an afterthought, but as they evolve from the situation. The concern for time used and endurance for the patient is eliminated. Students and patients can receive the necessary feedback in how they experiencd each other. In this teaching method, students learn to trust their own ability before they encounter the "real" world. In the assessment process, students

become aware of what they need to know and then seek to augment their understanding or their skills by using available resources.

I would think, that videotapes of students involved in teaching-learning and in group work are used in most educational settings today. Videotapes help the student view her own behaviour, its effects on others and the interactive skills she uses or needs to develop. Group process, its affective quality and its instrumental tasks can be analysed and assessed. The use of videotapes in teaching sessions is a form of confrontation-learning for both teacher and student. Seeing oneself as seen by others leads to awareness of behaviour and a readiness to attempt change. Videotapes which reflect one's own behaviour are an effective way to enhance the development of social interaction skills so badly needed in all areas of nursing.

Throughout the educational process, students encounter their own responses and feelings as they interact with teachers, patients and other professionals. They meet, and render care in, a range of stress-producing situations, for example, premature birth, traumatic accidents, deformity, and death, all highly charged with human emotions as the threat of loss — loss of life, loss of function — is real or anticipated. The most essential element in the nurse's functional repertoire in such situations is the use of self as a thinking, feeling human being with the ability for a deep sense of caring and responsiveness to others. The helping process requires the ability to respond in the most appropriate way at the most appropriate time. Students need opportunities to enhance self-awareness and self-control in developing their ability to respond on the basis of observed behavioural cues and anticipated responses to the threat of loss. They need an understanding and supportive teacher who will permit expression of feelings and opinions as students learn to handle themselves in their efforts to care for others. Verbal expression of feelings can be difficult and perhaps, feelings could be more adequately expressed in art or movement. The latter, of course, would require creativity and expressiveness on the part of teachers, — a rather rare commodity in people who most likely are the products of a constraining educational experience.

The nurse of the future who engages in a decision-making process on patient care, needs to be assertive in her ability to collaborate with those who engage in a decision-making process on the cure of disease — the medical profession. Medicine and nursing need to work hand in hand as they strive for care and cure in assisting patients to achieve an optimal level of health and well-being. However, to accomplish

this, traditional attitudes held by nursing and medicine will have to be overcome.

Opportunities to learn about each other's roles and to gain respect for each other's expert contributions to the care-cure continuum should ideally be sought as part of the educational process for both professions. Such opportunities exist where Health Science Centres provide a common meeting ground. Nursing and medical students are apt to meet and exchange opinions and experiences wherever they share a common practice field and common dining and recreational facilities. But this is not enough. Nurse and physician educators must combine their efforts to engage their students in shared learning activities. Sitting together in a lecture hall listening to a speaker will do nothing for the enhancement of interprofessional understanding. Many areas of learning can be effectively shared. For example, groups composed of medical, nursing and social work students can be involved together in the learning of interviewing skills and techniques, and these students can also share a course in group work on human sexuality. Similarly, the learning of growth and development encompassing the human life cycle can be accomplished through shared observations and discussion. Nursing and medical students can make joint visits to homes during the pre-natal and postnatal phase of family expansion. In these they share their opinions on what they observe, what it means, and what they think needs to be done, or not done in the interest of family growth and development. In the hospital setting, medical and nursing students can share a patient assignment in which they actively assess the problem and plan jointly for care and treatment.

Encounters among medical and nursing students during their undergraduate education is one way to facilitate interprofessional understanding and collaboration. Another way can be sought in form of joint seminars for interns, residents and senior nursing students in the clinical setting. These seminars focus on an encountered care and/or treatment problem, a given situation, and explore the relevant perspectives of physician and nurse. The issues of interprofessional communication, attitudes, value-judgment, and professional ethics are brought to the fore. In the process of discussion, doctors and nurses learn to respect each other's thinking and expert knowledge. Such seminars are difficult to initiate and require teamwork and effort on the part of medical and nursing faculty. Nursing students are more than eager to have such discussions but interns and residents tend to feel it is below their status to discuss patient care with nursing students. This is not surprising, since many of them have never had

an opportunity to be confronted with thinking and concerned nurses, let alone have ever sat and discussed matters of attitude and ethics with nurses. The consequence of such seminars is, however, that they greatly facilitate nurse-doctor collaboration on patient care in the ward setting. Interns actually seek the opinions and the advice of the nursing students as they face problems in the handling of patients and their families. In turn, nursing students lose their fears of the "almighty" doctors and seek to discuss treatment goals with them.

On the whole, the educational process needs to foster more independence for students. Students in their senior years of study are more than ready to assume responsibility for developing their own objectives in relation to specific learning experiences, and for adjusting their own time-schedules to meet their learning needs. In this, faculty assumes an advisory role and not a supervisory one.

C. NURSE PRACTITIONER EDUCATION

In the meantime, as we struggle to prepare self-reliant, independently functioning baccalaureate graduates, as we strive to define the different kinds of functions for the nursing profession, and, as we search for a theoretical framework for nursing, — the government and the medical profession exert pressures for the preparation of yet another breed of nurses, the so-called nurse practitioner. This nurse is to function in primary care settings, in rural areas and in the far North. The nurse in the expanded role, we are told, is to fill the gap in the health care delivery system. It seems as if these pressures create the hazard of hasty development of courses; courses that are poorly defined and planned, with inadequate screening of applicants, and educational experiences which suit the needs of doctors rather than the health care needs of people.

The Boudreau Report(2) clearly defines three kinds of functioning for nurses in expanded roles who give primary care in relation to their geographic placement and the unique health care needs of segments of our population. Already existing programs, such as baccalaureate education and graduate preparation in clinical specialization at the master's level, would meet the specified requirements. The new ring to an old word "nurse practitioner" carries once more the notion that "a nurse practitioner is a nurse practitioner is a nurse practitioner." This is not so. In failing to delineate the kinds of functions and the associated preparation, we only perpetuate an already existing problem which threatens the professional development of nursing.

The need for nurses who can function in primary care settings is indeed a pressing one. In response to pressures, continuing education courses are being developed. These provide learning opportunities for

additional skills in dealing with people and their health problems. Here, as in the other areas of education for nurses, the quality of programs that can evolve or do exist hinges on the availability of prepared faculty who do and can teach nursing. If we allow doctors to play a major role in the planning and teaching of nurse practitioner courses, then we must be aware that graduates of such courses will be prepared for a doctoring role and not nursing. What has been a major factor in the development of hospital nursing a century ago is about to repeat itself, as nursing emerges into primary care functions; dependency on, and subservience to physicians carries grave consequences for nursing and its interprofessional role on the health team.

D. GRADUATE EDUCATION

Higher education for nurses at the master's and doctoral level is the most pressing issue facing the profession. Without adequate numbers of highly educated and skillfully functioning faculty, practitioners and professional leaders, the future of nursing is in jeopardy. The very skills, so badly needed for the advancement and development of graduate programs, are sadly lacking in the preparation of nurses in such programs. These are the socio-political skills essential for effective conduct in the present day arena of complex and diverse social and political systems. The study of Social Psychology, Educational Psychology and Political Science could supply the knowledge base from which socio-political skills can be developed and integrated into the functional repertoire of graduate students.

First and foremost, opportunities for graduate education in nursing must be sought and provided in our own country. Emphasis here, as elsewhere in education, should be on process learning in relation to interactional skills, self-development, and decision-making. We must be aware that most graduate students because of their own educational history, face the difficult task of unlearning confining beliefs, concepts and practices based on a hierarchial value system. The whole educational experience needs similar efforts to those identified for the preparation of nurses at the baccalaureate level, only more so. Graduate preparation has a major objective in stimulating interest and ability in research and its contribution to the theoretical basis of nursing. It is the person, in whom scientific knowledge and concepts, beliefs and values are integrated and activated, who becomes the facilitator of change and professional development. Hence the educational experience must be person-centred, enhancing personal integrity and self-esteem essential for the purpose of nursing, and essential for learning and human growth.

Those of us involved in preparing the nurse for the future might be served by the following poem.

To teach is to feel—
feel for the other's groping
and steady the exploring hand
but not to rob the hand
of its searching
and finding

To feel and share the feeling
of the joy of discovery
of not merely what is sought
but the vast aura of little things
that colour the learning experience —
not least the joy of looking back
to see the gap 'tween me and knowledge
was not so great
nor the chasm so deep
as I see it now —

but that the self leap to self-fulfillment
gave the self satisfaction
that makes me now so anxious
to help so much.

But feel too
that my leap can give only
me my satisfaction
as theirs to them.

To teach is to feel
and respond
but not to leap the leap
for the learner
who wants to be led
not transported
but wants adventure of
discovery as his own.

To feel
to be sensitive
to guide, to lead
to catalyse the development
of young minds into a discovery mode
where within, is that learning proceeds.(3)

References

1. M. Uprichard. "The Education of Nurses," *Canadian Nurse,* 68:30-36, June, 1972.
2. T. Boudreau. *Report of the Committee on Nurse Practitioners.* Ottawa, Department of National Health and Welfare, April, 1972.
3. B. Pigott, *Medic,* McMaster University, August, 1972. Reprinted by permission of the editor of *Medic.*