

NEEDED: A COMMON DENOMINATOR

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GENERALLY, some degree of tension may be expected to exist between students and teachers in any school. One group is striving to gain the understanding of ideas and concepts to which the other group appears to hold the key. Students seek to attain standards set by teachers; teachers seek to impart knowledge sought by students. Such is the world of education and these tensions serve to keep the process alive and exciting.

However, when the tensions rise to higher levels and encompass strong expressions of dissatisfaction with a program, disillusionment with subjects, and dissonance in values between learner and teacher, then the process of education becomes a contest filled with frustration and lacking in a sense of achievement.

This article is a consideration of a situation in our school in which staff-student relations had become strained and in which there appeared to be unknown factors operating. Some of the data collected are probably peculiar to our local scene but I believe the issue of differences in philosophy of nursing education between faculty and students is of broader application.

THE UNKNOWN ELEMENT

Our faculty began to experience this increased tension between themselves and students in the post-diploma baccalaureate program during the late 1960's. Early measures to deal with the problem included annual and extensive revisions of the content and approach in many subjects, substitution of other subjects where appropriate in terms of our philosophy, and expanding the choice of electives within the existing limits of the program.

All of these actions produced some semblance of satisfaction on both sides, but this state seemed tenuous and tentative at best. We were still left with the sense of having alleviated some of the apparent tensions in the program without having fully identified their source. We began to suspect that the problem involved some conflict between values or goals held by students and by staff. We felt we needed to know more about our students and their values and goals in order to examine the question of philosophical base for education from their point of view.

In 1970 it was decided to undertake a study of students then enrolled in the post-diploma baccalaureate nursing program and of graduates of the three preceding years of the same program. As a faculty we sought to learn if there were common features among the students and graduates which might help to identify the sources of tension and discontent. The study was centred on a questionnaire to be completed and returned by the participants. Data were organized into four main sections: personal background — age, previous education, experience, etc; possible stress factors — dependents, employment, academic pressures; program expectations and evaluations — personal expectations and objectives, subject evaluation, concept of the school's philosophy, curriculum recommendations; reaction statements relating to: program structure, personal feelings and goals, perceptions of the teaching staff. Respondents were identified by the program year in which they were registered, with graduates of the three previous years being combined as a single group. Perceptions of individual subjects were evaluated on a five-point scale of perceived value to the student's learning and on a similar scale of liking or sense of enjoyment for the student.

A FIRST GLIMPSE

Some of the features that came to light as the data were analyzed proved insignificant because of a lack of uniformity. For instance, there did not appear to be a consistent pattern of reaction to the course among married or single students, working or not while at school, in any of the classes surveyed. Other features appeared important because of their uniformity. The majority of respondents in each class indicated anxiety about their academic ability, the desirability of having more electives, and a mid-scale measure of satisfaction, or dissatisfaction, with the first-year nursing subject. Of particular interest to us was a noticeable division of students according to expectations on enrolment into those expecting to be better prepared for a functional role and those who expected to have general nursing knowledge increased. Of further interest was a high correlation between the former expectation and specific unmet objectives such as becoming a good nurse educator or administrator, having more program emphasis on teaching and administration skills.

Gradually, we developed a composite picture of the diploma graduate nurse who undertook to obtain a baccalaureate degree in our school. We also began to clarify and confirm the area of nursing education philosophy as a main source of tensions.

We found that correlations existed between the program year of the student, the recency of her diploma graduation, her age, and the

amount and type of nursing experience she had.(1) Our first-year students appeared to have entered the program consistently sooner after receiving their diplomas than those in either the third year or the graduate group. Hence they were also more homogeneous in age and in experience. Many had worked for one year or less before entering the program, while their predecessors had often attained higher levels of teaching or administrative responsibility in the interim between diploma and degree programs. However, despite this growing homogeneity we confirmed the existence of a broad mixture of ages and experience within the total membership of the post-diploma program.

Data analysis had revealed that anxiety about their academic ability or achievement ranked high in the possible causes of stress for students in all groups.(2) The fact that some of our students had not completed Grade 13, or had completed it some years previously, seemed to validate their expressed anxieties about potential failure. However, graduates of the basic program who had been included in a previous study also registered this same anxiety.(3) So the question remained whether the degree of anxiety was common to all students or intensified in relation to these students' perception of their abilities. Did successful completion of a diploma program in nursing facilitate transition to a baccalaureate program or did it provide a source of tension and increased uncertainty about expected performance?

A CLOSER LOOK

As we examined the data further there was a pattern of dissatisfaction in each class group with first-year nursing, biological chemistry, and biology. Difficulty in adjusting to study seemed greatest in the first-year students, and negative reactions to the sequence courses dealing with broad nursing concepts and practice were indicated by all groups. As we sought to analyze the findings, we saw that these features appeared related to some principles of learning and some characteristics of the adult learner.

If we applied the principle that learning is the discovery of personal meaning and relevance of ideas,(4) the students' difficulties and dissatisfactions with some courses became more understandable. Subjects which dealt with unfamiliar concepts in the physical and social sciences were not always well liked but they did tend to be highly valued. These subjects encompassed topics which were difficult, but students perceived an intrinsic value in this learning. However, the sequence courses in nursing concepts were given less favourable ratings in both liking and value. Apparently our approach to the subject with which they identified themselves contributed to

the students' stress. Were we beginning to clarify the basis of the problem? Was the faculty's concept of baccalaureate education in nursing very different to that held by the students?

THE CRUCIAL FACTOR

A significant number in each class group expected to be prepared for specific functional roles in nursing, believed this to be part of the baccalaureate program, and indicated disappointment in not achieving this objective during the course of their studies with us.(5) When we acknowledged the desire of the adult learner to see immediate applicability of learning, as Knowles identifies it,(6) we added further to our understanding of the situation. We found that a higher value was placed by the students on courses dealing with skills in administration and teaching than on courses dealing with nursing theories and concepts.

It became apparent that much of the problem lay in the area of dissonance in values. Our students had completed one program of preparation for nursing practice only to find that society appeared to demand a higher level of education to assure job security. They were oriented to an employment structure which rewarded excellence in practice by vertical promotion into positions requiring specific functional skills. Now in pursuit of those skills they were involved in an educational system which deemphasized them in favour of further learning of underlying concepts and generalized principles of nursing practice.

We looked again at the students' concept of our philosophy of nursing. Here was a great diversity. About twenty-five per cent of each class saw the baccalaureate program as designed to prepare a professional person,(7) this position being consonant with our philosophy. About ten per cent saw the program as preparing nurses for specific positions.(8) However, more significant to our question of tensions was the finding that twenty to thirty per cent of each class group were unable to state any concept of our philosophy.(9) Did the staff-student tensions arise over differences in values and goals? Did the faculty fail to communicate its philosophy clearly to incoming students? Or was the problem a combination of these factors? If students enrol in a program unaware of its values and goals how can they know if it is the program they want or need?

THE LARGER ISSUE

If the approach to nursing taken in a baccalaureate program is not apparently different in breadth and depth than that taken in a diploma program perhaps both levels of education need to examine their basic values and their translation into courses. If diploma gra-

duates feel they must attain a baccalaureate degree before having a place of worth in the nursing profession we face a challenge to re-examine the rationale of having two forms of basic nursing education.

Diploma graduates entering a baccalaureate program in the same discipline face a unique and difficult challenge. They have to make changes in their philosophy of that discipline and also change some of their values. They must develop a sense of themselves as being ready to initiate change and to challenge practices which they may have previously accepted. They must learn to identify their own learning needs and then proceed to find ways of meeting these needs. They must learn to use their previous learning experiences to advantage in solving new problems and in expanding into a new role.

Similarly, the faculty working with these students faces a challenge. We must help them to attain a new approach to nursing while retaining a sense of the values of their former approach. We must encourage them to move out into independent thinking without threatening their sense of security. We must help them to realize that a new philosophy will feel different from the old familiar one and must be able to communicate our educational beliefs to them. If we can find a common denominator of values on which to build a learning situation with the students, and if our goals and the students' are consonant, reasonable and reachable, the process of education in which we are engaged should have the right degree of tension to keep it alive and purposeful.

References

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5. Munro, *Survey*, pp. 19-23.
6. Knowles, Malcolm S. "A New Label and A New Approach: Adrogogy, not Pedagogy!" *Adult Leadership*, April, 1968, p. 386.
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9. *Ibid.*

TWO RESPONSES TO "NEEDED, A COMMON DENOMINATOR"

The paper, "Needed, a Common Denominator", states a common dilemma in continuing education in nursing. Munro's initial comment that "one group is striving to gain an understanding of ideas and

concepts to which the other group appears to hold the key" may be a basic fallacy. It pre-supposes knowledge of and a desire to achieve the educational goals held by university faculty and acceptance of the underlying educational philosophy. However, twenty to thirty per cent of the students in the study were "unable to state any concept of our philosophy" and another ten per cent saw the program goal as preparation for a specific position. Therefore, a major cause of the tension may be due to incongruence of goals perceived by students and faculty. Apparently, students seek to enter a door to which the faculty do not the key, or to which they are perceived to refuse admission.

The confusion of goal perception is common within the nursing profession, the health care field and the general public. The lack of a clear and unambiguous statement of differences between program goals and functions logically expected of graduates from each continues as a major source of friction.

A second cause may lie in the concept of the nurse as a doer, rather than a thinker. The student and graduate are praised for taking the "correct" action or making the "right" decision with no question raised as to the conceptual base for the action or decision. In fact, to query the rationale for either may result in censure, thus reinforcing the concept that a theoretical base is useless or at best unimportant. In contrast the university demands that the student become a thinker, that she learn to value the process of thinking more highly than the product; a reversal in her value system which may result in tension. The demand for change may partially account for the high level of anxiety about her ability to achieve academic success.

A third possible source of tension may lie in the difference in teaching-approach. Most of the teaching experienced by the graduate nurse has required that she be a recipient learner, rather than an active discoverer of concepts or new relationships. Within the university, she may be challenged for the first time to be self-directing, to set her own goals for learning and actively participate in evaluation of her progress. She is urged to question, to explore widely, to forego closure until all the data is gathered and analyzed, which may be frustrating to a doer.

If nursing initially is perceived as following prescriptions designed by someone else, it may be difficult to see it as intellectually challenging. Therefore, the challenge must lie elsewhere: in non-nursing courses or in functional areas.

Part of the problem may be the failure of the faculty to begin with the learner as he is and provide the time and guidance needed by him to gain new perceptions, develop new values and learn a new way

of thinking. Before one can use the key, he must identify the door he wishes to enter. Miss Munro is to be commended for presenting the issue clearly and concisely.

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Of critical importance in any education program is the identification of a "common denominator". Although nursing education is focused on a belief in nursing one must also consider the educational philosophy incorporated into the transmission of that belief. The crucial factor in Munro's paper is the accomplishment of change in a belief system.

If one believes that a personal philosophy develops over time then changes in that philosophy take time. To support a change of focus in the beliefs of post-basic nursing students there also has to be mutual understanding between educators and students. Consequently to achieve mutual understanding over a period of time there has to be openness on the part of both faculty and students. This objective has to be built into all aspects of a program.

The key to openness in a program lies in the educational beliefs of the faculty. Therefore where a faculty believes that they impart knowledge and set standards it infers a one-way flow to students. Surely we are all learners! The adult learner requires guidance and counselling in transference rather than a negation of all previous learning.

Among university nurse-educators there is a growing indication that previous non-university nursing education has limited value. Considering that the post-basic nursing student is a product of a diploma program it is no small wonder that the covert inference of limited worth would produce negative student reaction.

Finally the value of a baccalaureate degree has to be examined in terms of the market place. The post-basic student knows that upward mobility in the nursing profession requires a degree. This student is also aware that functional courses have greater economic benefits. It is surely preferable to use this incentive positively.

Except for the method of manipulating students to agree with "our" beliefs we fully concur with the final arguments in Munro's paper.

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