


# QUERY and THEORY

**Query:** Nurses across Canada are attempting to arrive at a systematic approach to assessing the health of families. What dimensions do you consider within the nursing framework? In other words, how do you structure a family health assessment?

Mona Kravitz  
Lecturer  
School of Nursing  
McGill University



**Query:** Many nurses in education and in service are concerned about the separation between preparation for nursing practice and administration of nursing care services to patients. During an early developmental period independence seems necessary, however, both education and service now appear to be sufficiently mature for an interdependent relationship to develop. One question of first importance is how should we manage this relationship without repeating the handicaps of the past; what kind of structure will facilitate pooling resources for the benefit of the patients as well as the future practitioner?

E. Jean M. Hill  
Dean and Professor  
School of Nursing  
Queens University

**Theory:** Taking Jean Hill's use of the term "structure" in the broad sense, I think there are many things we can do to help bridge the gap between education and practice, but there are no panaceas. While this reply is aimed at finding ways and means of making service more real in the education of practitioners and vice-versa, it is based on the assumption that some tension is functional.

In a sense, dealing with the education-nursing gap is like dealing with two siblings: admonishments that they should "get along," help each other, etc., are useless; they will "get along" only if they see that it is to their individual advantage to do so. The theme must be "*functional* interdependence." For example, joint education-service appointments are sometimes regarded as a hope for bridging the

gap. In reality, these are often conflict-ridden situations in which the day to day demands of direct service to patients and staff can overshadow educational priorities; or, if the educational commitments are too inflexible in nature, the "service" which the joint appointee can give may occur primarily at times when it is seen as not really needed. A more realistic approach would seem to lie in the planned seconding of active practitioners to teaching positions and vice versa. (In one school this is being done on a one-year basis.) This arrangement allows for the complete immersion in the other's boots, yet allows for the preservation of employee benefits; it permits the practitioner and the educator to explore within and contribute to each other's domains, yet it need not threaten basic work preferences.

Another example revolves around the question, "How much say do practitioners *really* have in relation to education?" And vice versa? My opinion is that while service people sit on educational committees, they often have no final vote in policy matters, and curricula suggest that their views are seldom taken seriously, conversely, there are "token" educators on various service committees, but where is the evidence of their impact? Greater results might come if we quit overutilizing the committee structure approach and put more emphasis on shared, concrete *task* accomplishment, on a non-committee basis. For example, there might well be more "functional interdependence" if educators and/or nursing students were to be actively involved in a hospital nursing service audit, evaluating charts along side of service personnel, i.e., taking "their" turns, than by an instructor sitting on a nursing audit committee. Conversely, the examination of a student's Nursing Care Plan skills could well involve the expert opinion and bona fide "vote" of a service person.

Two final examples: There seems to be an abiding hysteria about entrusting students to service personnel, even senior students. At a time when clinical supervision costs are becoming astronomical, could educators not, even on economical (much less the more important pedagogical) grounds, actively pursue a policy of contracting for at least some "service" supervision and teaching of students, and quit clinging so tenaciously for all clinical experiences for all times to the "hovering educational instructor model"? Another example: Within the last few months the National Health Grant research monies policy has been expanded to include provision for money to assist health agencies in developing sound research proposals. How many deans and directors of schools of nursing would see it as their responsibility (much less their opportunity for creating functional interdependence) to enquire of their health agency counterparts if they are

aware of these changes? The sociological literature abounds with evidence to the effect that supplying needed information, not "structure" alone, is an important source of creating interdependence. How much do we in nursing service and education utilize that principle? Too often we are telling each other what is already known, or what one would rather *not* hear, techniques which create animosity, not interdependence.

The above are admittedly limited examples but will perhaps serve to demonstrate the points that multiple approaches are needed *and* at multiple levels of interaction, and that structural arrangements based on tokenism or mere courtesy are not only inadequate but very likely damaging in that they can result in feelings of hopelessness, lack of common cause, and anomie. Only as we are able to design ways of being truly consequential in each other's work do we make substantial headway in closing the gap. And one last point: organizational interdependence is very much like people interdependence. Specific strategies which work for any two organizations, such as a health unit and a school of nursing, may not be meaningful to other such agencies. We focus a lot on the need to individualize patient care; we should keep this in mind when we focus upon strategies for individualizing service-education relationships.

Shirley M. Stinson  
Professor, School of Nursing, and  
Division of Health Services Administration  
The University of Alberta

**Theory:** Changes in structures both on the part of nursing education and nursing service will be needed if an interdependent relationship which benefits both clients and students is to evolve. On the part of education, changes in curriculum structure may assist in this evolution. To this point in time there has been emphasis on students' learning knowledge and ideas, the content of the discipline. Less emphasis has been given to the process of nursing, or "how nurses nurse", and models which have been employed (such as problem-solving) have not always seemed relevant to educators and practitioners. (1) Models such as problem-solving emphasize some of the processes involved in nursing clients but do not account for other aspects of the process. (2) A process-oriented curriculum, using a comprehensive model of the process of nursing (3) which is acceptable and realistic both to educators and clinicians, can assist students to use the knowledge and ideas pertinent to nursing practice in a manner which makes their own nursing systematic and effective, as well as communicable to other members of the health team. Em-

phasis on process tends to make explicit aspects of nursing (such as priority-setting) which have remained implicit and therefore obscure. In this sense, study of process generates content which becomes part of the knowledge of the discipline. The development of process-oriented curricula therefore benefits clients and practicing nurses as well as students.

A second responsibility of the university in facilitating the evolution towards an interdependent relationship is that of developing research projects which examine clinical nursing, both its processes and its content. Only through establishing a strong body of knowledge concerning clinical nursing can there be increased consensus between nursing service and nursing education. Educators must have the confidence that the knowledge and concepts they are imparting to students are based on sound research findings, and practitioners must be assured that changes in care suggested by students or teachers are based on factual knowledge. The very process of conducting clinical nursing research by faculty members will help to convey their interest and concern for the issues relevant to practitioners, and the findings generated will assist practicing nurses in the provision of thoughtful and scientifically based nursing care.


On the part of nursing service, an important evolution in structure will be towards creating a climate which enhances learning in every clinical area which receives students. Administratively, this may require making nurses accountable for creating and maintaining an atmosphere which tends to enhance student learning. The sense of responsibility towards the learners in our profession needs to be recognized, cultivated and rewarded in the practicing nurse. Educators can reinforce this process of recognition through selection of practising nurses to act as role models for students in experiences which are negotiated between the teacher, the student and the practitioner.

The occurrence of the three structural changes suggested could enhance the bridging of the gap between nursing education and nursing service.

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Lesley Faith Degner  
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**Query:** Nursing educators enthusiastically promote the notion that graduates of university programmes in nursing should be "agents of change", make an impact on the community and be prepared for leadership roles within nursing practice. It is suggested further that accrediting procedures should require follow-up studies of graduates which provide evidences of the effectiveness of graduates as a criterion for accreditation (Joan L. Green, "Accreditation in Nursing Education: New Trends and Responsibilities", Nursing Forum, XIII, 1, 1974).

Are any Schools in Canada gathering data to show how and in what way university education in nursing influences the quality of patient care?

E. Jean M. Hill  
Dean and Professor  
School of Nursing  
Queens University

**Theory:** It seems to us that Dr. Hill is asking whether or not any school is assessing the quality or effectiveness of the care provided by graduates of university programs. Her Query might also include a request for information as to whether or not the presence of graduates of university programs in nursing care situations has a positive effect on the work of other nursing personnel in the provision of care.

While such data would indeed be useful it would surprise me if they were available. Studies of positions held and their activities related to these reveal nothing of the effectiveness with which incumbents perform. Indeed, it would seem likely that if it were possible with any degree of reliability and validity to study nursing effectiveness of university graduates, it would be possible to acquire data about the quality of nursing care in general.

Research which I have read devoted to the latter leaves much to be desired primarily in the failure of the researchers to identify suitable dimensions of the concept "quality of care".

I think, however, that Dr. Hill's question is one which is of the utmost importance if it should serve to stimulate good research in this area.

Joan M. Gilchrist  
Director  
School of Nursing  
McGill University

**Theory:** Currently the University of Calgary School of Nursing is initiating what will be an ongoing study of the effectiveness of its program in achieving the School's educational goals. The study is so designed that assessments will be made by the graduates themselves and by these graduates' employers.

Questions included in the questionnaires to be used in the study seem to bear on Dr. Hill's question. These are:

For the graduate: "Describe briefly what you think is the most significant improvement in nursing practice that you have been able to bring about in your current working situation."

For the graduate's employer: "Describe briefly the most significant contribution this nurse has made to your nursing service."

The School engaged J. Peitchinis to assume responsibility for designing and implementing the study. Assisting her is a committee of faculty members — D. Pechiulis, S. Sethi, N. Sparks, C. Stainton. Questionnaires will be going out to the first class of graduates and their employers the end of February 1975.

Marguerite Schumacher  
Professor and Director  
School of Nursing  
The University of Calgary

**Theory:** We had circulated a questionnaire to New Brunswick employers of our graduates. It was designed to aid us in curriculum revision, rather than obtain a response to your specific query. There was frequent reference in the replies to 'a high quality of care' but there was no definition of the term, or criteria offered for judgment made.

The employing agencies also referred to the insecurity of the new graduate in her first position, and a reluctance to assume roles of responsibility. Again there was no indication of how soon the graduate was expected to assume such roles, but it was a definite criticism.

We also sent questionnaires to graduates from 1969-1973. Approximately half responded. One question asked how they could have been better prepared to cope more effectively with problems they have encountered. A large percentage asked for more experience and practice in leadership roles (as team leader, head nurse). At present this is not feasible in our program. They do receive the theory and are given an opportunity to understand what is involved in the process of change, and the extent to which they can work with others to bring this about, and eventually make an impact on the community.



There are obviously incongruities between the ideal and the real in this, and since there is the stated need by graduates to take on charge positions very early in their careers, we shall have to look at how we might better prepare them for this

We need to obtain information from graduates which specifically indicates the positions they have held and are holding. This we do not as yet have. This should help us in assessing the impact on nursing care they are making.

Irene Leckie  
Professor, Faculty of Nursing,  
for Lois E. Graham, Dean  
Faculty of Nursing,  
The University of New Brunswick

**Theory:** We wonder whether the question posed by Jean Hill is the right question to be asking, at least at this time. Possibly a more crucial question in terms of accreditation relates to whether the school's instructional programme is consistent with objectives such as preparing for leadership roles and acting as change agents. For instance, there is some evidence (Fagen & Goodwin, 1972) that although many baccalaureate nursing programs "state their intent to prepare the baccalaureate graduate to be a change agent" the curricula do not include learning experiences in change. A further question is that concerned with outcomes, that is, is the programme producing outcomes consistent with such objectives at a performance standard appropriate to a baccalaureate programme.

Certainly we agree that the performance of the graduate reflects upon the philosophy and curriculum of the school and we have carried out follow-up studies of the graduates (Parker, 1968; Parker, 1971; Parker & Humphreys, 1973). The data collected is then considered in relation to other factors in curriculum revision. We feel, however, that in addition to much more precise information about the situation in which the graduate is attempting to function and the many other variables influencing quality of care, definition of both 'influences' and 'quality of patient care' would be necessary.

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Nora I. Parker, Professor and  
Academic Coordinator  
Kathleen Arpin,  
Clinical Coordinator  
Faculty of Nursing  
University of Toronto

**Theory:** The School of Nursing, University of Manitoba, has not conducted any official surveys to provide evidence as to the effectiveness of graduates. However, we have collected evidence in an informal way since the inception of the program and this is related to how the graduates of the program are functioning. These include:

1. Graduates have been invited to return each year to discuss how *they* are functioning in the community. This was done through Nursing Education Alumni Meetings where graduates were invited to talk about their activities and through planned programs where graduates were asked to discuss problems they were having in initiating programs and making change. In this way we have been able to be kept informed of the changes and innovations they have been able to institute. Examples of programs instituted include a program out of a hospital Not For Admissions program where the nurse visited women who had elected tubal ligation, before and after the surgery; a T.V. program for elderly to enable them to utilize community resources and to deal specifically with problems with which they need assistance. A great deal of sharing took place in these discussions.

2. Graduates were also invited to return to the School and discuss transition into the work world. These were shared with students in the current program and as a result of these discussions and difficulties graduates identified, a number of changes were made in the leadership course in nursing to create specific critical incidents with which graduates were faced and these were used as case studies to determine ways in which change might be facilitated to overcome inabilities to function to the benefit of the patient, particularly when services to patients were recognized as lacking.

3. An official survey of graduates was made five years after inception of the four year integrated program to determine how many graduates have pursued graduate study and it was found that 6.8% have done so.



4. A survey was also done five years after inception of the program to determine the placement of graduates. A recent survey has indicated a change from the original placement which was largely public health and mental health oriented to a greater inclination to seek employment in institutions and in rural areas as opposed to the earlier selection of urban settings.

5. In 1972 a consultant was brought in to survey the community and other disciplines as well as the nursing profession to determine the satisfaction with the service given by our graduates. It was a unique type of survey in which comparison of the ideal and real situations was asked of those interviewed. As a result of this survey a new curriculum was developed over a two year span of investigation and study of the present curriculum. The recommendations of the consultant were almost entirely incorporated into the new curriculum.

6. An Ad Hoc Committee in Continuing Education was established in 1972 and we are assessing, from the point of view of community nurses of all types of nursing service, what kinds of continuing education, our graduates as well as graduates of other programs require. We now have a Continuing Education Co-Ordinator who works with the Extension Division to design and implement programs in the Community.

7. The only direct solicitation of data from patients is in the form of a National Health Grant study funded on *The Use of Clinical Facilities by Nursing Students in Manitoba*. One form of data collection is in interviews with patients to determine the impact of nursing students on patients while the students are learning in the clinical area. It does not extend beyond the learning experience. A second study is more longitudinal in nature. It is also a study that has been funded, by the Manitoba Educational Research Council and Manitoba Association of Registered Nurses, and is a study of the *Characteristics of Nursing Students Related to Potential for the Success in Nursing*. While students are being assessed through psychological testing and development of typologies of characteristics of students in the varied types of programs in nursing, the plan is to eventually request of patients their opinions of the success of the students who exhibit the characteristics which teachers and the literature indicate students should exhibit. The study is still at the stage of developing the typologies of characteristics related to success.

8. We are able to keep informed and make distinct efforts to do so informally concerning those kinds of changes in which our students are involved. Students who have graduated feel free to share with faculty their needs and concerns and thus we feel fairly well informed

about the activities and particularly the innovations in nursing care, in which students are involved.

We will be instituting a new curriculum in 1975 and it is our plan to use the Stake Evaluation Model in the program which is a broad approach to evaluation and includes survey of those served by graduates. In addition we look forward to the accreditation process which C.A.U.S.N. is initiating and will participate fully in that process.

Helen Glass,  
Director, School of Nursing  
The University of Manitoba

**Theory:** Ms. McClure has asked me to respond to Jean M. Hill's Query.

According to Professor P. A. Field, "The only follow-up study of the graduates of the four-year program that has been done to date is a follow-up one year after graduation. An item analysis of difficulties they encountered in the work situation has been undertaken. A paired questionnaire has been sent to the graduate and to the person who normally evaluates her. A rating on thirty items related to nursing assessment, intervention, and evaluation; communication skills; self-development; and leadership is completed. Both the graduate and the employer indicate where on the scale they feel the point of safe practice lies and also where the graduate is functioning. A comparison with performance levels of graduates from other schools was not undertaken."

Professor K. Dier, reporting on research related to the evaluation of graduates of the Northern Nurse Program (Nurse Practitioners), states "A tool for evaluation of graduates of the Nurse Practitioner Program is now being developed under the direction of Dr. Clark Hazlett, Associate Professor, (Educational Psychologist) Health Services Administration, as a separate project funded by the Federal Government. This is to be based on the bank of Behavioral Objectives that have been validated over the past two years by the five universities (Toronto, Sherbrooke, Manitoba, Alberta, and London, Ontario) involved in these Medical Services sponsored programs.

"The measuring instruments now being tested include objective-type written examinations as well as practical examinations in the areas of physical assessment, history-taking, and surgical techniques. The evaluation guide will be completed by the Spring of 1975 for the use of Medical Services. If implemented, this would

involve selecting a random sample of graduates from the five Nurse Practitioner Programs across the country. Observer(s) will then be sent to the Outpost Stations in which the nurses are employed, and, using the evaluation tool, attempt to determine if the graduates are in fact using the knowledge and skills as set down in the objectives for the Nurse Practitioner Program.

"It should be pointed out that this evaluation will not necessarily measure the quality of patient care, but it should measure quite accurately how effectively this person is operating clinically, which of course should have a bearing on services received. This project does not attempt to measure attitudes."

It should be noted that, while the preceding studies are definitely relevant to the follow-up of graduates of the respective programs, they do not actually evaluate in what way university education in nursing influences the quality of patient care. While many positive observations have been made by employers about the performances of the graduates of our two- and four-year bachelor of nursing science programme, they are of a subjective nature and not based on findings from rigorously conducted research studies.

Helen Niskala,  
Associate Professor and  
Coordinator, Undergraduate Programs  
School of Nursing  
The University of Alberta

**Theory:** Our Faculty has not undertaken any activity oriented towards a scientific follow-up of the effectiveness of our graduates in the area of nursing practice chosen by them. Many employers have expressed their appreciation of the quality of care given by our graduates, but, as mentioned already, these appreciations were not the result of any scientific evaluation.

Nevertheless, some papers written by students or groups of students have shown that some nursing approaches made by university-educated nurses are really scientific, totally different from the usual nursing approaches. In a manner, this research has shown that university education does provide evidence of effectiveness.

Jeannine Baudry  
Assistant to the Dean  
Coordinator of the Baccalaureate  
Degree Program  
Faculty of Nursing  
University of Montreal

**Theory:** We have done nothing in a formal way to gather data and to show how and what way university education in nursing influences the quality of patient care. The only thing that we know is the readiness with which our graduates are accepted by employers, indeed, sometimes deliberately sought, and the feedback that is provided informally by employers.

We did have a student who located, with a small sample, the study done by Nora Parker of U. of T. graduates regarding their satisfaction with their educational program, difficulties, etc. encountered in the first employment position, and subsequent work and educational experience. The results were very similar to the Toronto results.

I shall be interested in knowing whether others are engaged in any data collection.

Dorothy J. Kergin  
Associate Dean of  
Health Sciences (Nursing)  
School of Nursing  
McMaster University

**Theory:** We have done some follow-up of graduates in the past, but not to determine their effectiveness as "agents of change" and as to leadership in nursing practice.

I believe this needs to be done so that other health professionals, the public and ourselves will have the facts as to whether there are differences in the practice of baccalaureate and diploma registered nurses.

Margaret D. McLean  
Director, School of Nursing  
Memorial University of Newfoundland

**Theory:** I'm sorry to say we are doing nothing about gathering data to demonstrate that University nursing education improves the quality of patient care.

It needs to be done and I will see if we can get any kind of study underway.

Muriel Uprichard  
Professor and Director  
School of Nursing  
The University of  
British Columbia

**Theory:** We have not to this point attempted to gather data to determine how and in what way university education in nursing influences the quality of patient care. However, we have talked about the need to initiate such a project and we believe that by 1975 a sufficient number of our basic degree students will have completed the program that such a project will be important and meaningful.

We are not expecting to have an appropriate instrument ready until possibly January, 1975 at the earliest. Should the study materialize, I should be happy to communicate with you further on its results.

Sister M. Simone Roach  
Chairman  
Department of Nursing  
St. Francis Xavier University

**Theory:** I am sure Dr. Hill's question will catch many of us unprepared, as it did us. We have not undertaken any studies to show how university education in nursing influences the quality of patient care. I can only hope others may have.

I look forward to reading the responses to this Query.

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