

Editorial

EXCHANGE AND CRITICAL APPRAISAL OF IDEAS: A PROFESSIONAL IMPERATIVE

*"Suffer yourselves to be blamed, imprisoned, condemned;
suffer yourselves to be hanged; but publish your opinions.*

It is not a right, it is a duty."

M. JOSEPHINE FLAHERTY

Dean, Faculty of Nursing

The University of Western Ontario

Nursing Papers represents the realisation of a dream of a small but dedicated and persistent group of nurse-scholars at McGill University. Their dream was the creation of a forum through which nurses in Canadian universities could expose their thoughts to the scrutiny of their colleagues and thus generate exchange and critical appraisal of ideas about nursing practice, nursing education and nursing research. Monetary contributions from CAUSN, the School of Nursing and the Alumnae Association at McGill and the contributions of subscribers together with countless hours of volunteer work by Moyra Allen and her colleagues and by nurse-authors across the country have maintained *Nursing Papers* as a viable academic journal. In the Preface to his *Dictionary of the English Language*, Samuel Johnson noted that "The chief glory of every people arises from its authors." *Nursing Papers* can be regarded as a medium through which Canadian nurses can exercise their responsibility to publish their opinions.

Through demonstrated and recognised competence and productivity in intellectual arenas and through the pursuit of excellence in nursing practice, nurse-teacher-scholars have earned membership in the scientific community. As members of that community, nurse-teachers in universities should delight in reason and the beauty of logic and be curious about the nature of man and the world about him. Such people are driven to "find new means to explore the unknown and to design and try out new devices and novel approaches to make such explorations. . . . [they derive] satisfaction from reexamining and reaffirming the theories of their predecessors"(1).

Universities attempt to recruit teachers whose intellects and talents for abstract thinking allow them to derive conceptual order and meaning from the discoveries of the past and whose vision leads them to ask the questions and to express the ideas that set new directions for scholarly inquiry(2).

It is because of the small but increasing number of scholars in nursing that the profession's commitment to scientific inquiry is growing and developing. There is no doubt that advancements "in science and the development of new technologies are inextricably intertwined with the values placed on scholarly inquiry by influential people, and on their eagerness to have new knowledge used for improving circumstances and practices in any human enterprise"(3). It has been suggested that "research as the inquiry spirit is to be spread up and down the nursing ranks and not reserved for a nursing elite"(4).

The challenge to nurse teachers then is to demonstrate to students the practice of critical thought, which, if real, is ongoing and not merely episodic. Critical thought is "thought that is more than merely descriptive of what is — in several senses. Critical thought includes the capacity to: 1) be articulately opposed to what happens to be the case, 2) see and devise possibilities not yet existent, 3) invent in the light of what is a means to produce the desired reality"(5). Such thought allows the thinker to look upon the so-called *real* or *given* as matter to be shaped in conformity with imagination. It permits "the imaginative leap that transforms an undifferentiated given into a pattern of reason"(6).

The discovery of penicillin is an example of such an imaginative leap. "Many bacteriologists had seen that cultures of microbes are spoiled when exposed to molds, but all they concluded was that molds must be kept out of such cultures. It took a stroke of genius to see the medicinal promise of the basic observation"(7).

University teachers who are intellectually and practically engaged in curriculum development and implementation cannot help but be engaged constantly in critical appraisal of what they are doing. Their work involves definition of objectives, specification of the conditions under which those objectives can be met and subsequently, location, or if necessary, creation of those conditions, provision of appropriate learning experiences for students, rigorous evaluation of the results of those experiences and implementation of modifications where indicated. They must inquire constantly to remain in touch with the worlds of nursing theory and nursing practice upon which their curricula are based.

One of the major problems facing educators in all fields today is the necessity for teachers to use training and experience obtained in the past to prepare candidates in the present to function in the future, in a world the character of which is virtually unknown. For nursing education, this is not new; the sweeping changes which are taking place in all of the health professions — the result of advancements in

knowledge and unprecedented technical impact — have made obsolescence of professional nursing practice almost as worrisome a problem as is the obsolescence of machines. Nurses are living in an age which demands almost instant reaction and action in response to ever-changing situations and problems. As a profession, nursing is not intimidated by this state of affairs. No longer do nurses feel obliged to carry the burden of omniscience that has plagued so many professions. Rather, nursing's hallmark is conspicuous effort to develop strategies to deal with almost instant obsolescence of knowledge. Such effort requires a commitment to research which encompasses "all systematic inquiry designed for the purpose of advancing knowledge"(8).

Canadian nursing in the seventies has committed itself to the development of conceptual models for nursing practice and the implementation of nursing education programmes which are based on these models. Nurses are examining their practice and declaring themselves accountable for that practice. Nurse educators are examining educational programmes for relevance to the real world of nursing, for internal consistency and its relationship to the process of learning and for concept validity or the extent to which the learning experiences which define curricula permit the achievement of programme objectives.

The nurse-teachers at the University of Western Ontario are no exception. Faculty members are examining their beliefs and values, developing a conceptual model for nursing practice, building curricula which are based on that model and reviewing educational practices and learner outcomes with a critical eye. Perhaps, to a greater extent than ever before, these teachers are "thinking out loud" in the presence of their peers in order to expose their ideas — at all stages of development — to the scrutiny and critical thought of their fellows.

In the pages that follow, some of the ideas and activities of nurse-teachers at Western are presented for appraisal by nursing colleagues. There is no overall theme; rather, from the multitude of problem areas under discussion in their own Faculty, these teachers have selected only a few on which to comment and reflect. Some are not new; some represent novel approaches to familiar problems; some are speculations which are still in the developmental stage and some provide more questions than answers.

Lillian Bramwell considers the transition from nursing education to nursing practice and speculates upon the idea of marketing nursing education. Janice Given points to issues and problems for the nurse-educator in relation to professional socialization. Jean Forrest con-

siders the use of the contract with the patient as a means of determining the limits of a relationship and as a tool for the educator.

Carolyn Roberts points to some interesting implications from the findings of an evaluation by parents of a tonsillectomy and adenoidectomy follow-through experience for students in paediatric nursing while Janet Pfisterer looks at the learning needs of cardiac patients. Hattie Shea shares her perceptions of the teacher as practitioner as did Diana Gendron in an earlier volume of this journal(9).

The authors invite comment, criticism and discussion through which they hope to develop their ideas further and/or to modify the direction of their inquiry.

NOTES

1. Rozella Schlotfeldt, "Research in Nursing and Research Training for Nurses: Retrospect and Prospect," *Nursing Research*, Vol. 24, No. 3 (May-June, 1975), p. 177.
2. *Ibid.*
3. *Ibid.*, p. 178
4. James Dickoff, Patricia James and Joyce Semradek, "8-4 Research. Part I: A Stance for Nursing Research — Tenacity or Inquiry," *Nursing Research*, Vol. 24, No. 2 (March-April, 1975), p. 88.
5. *Ibid.*, p. 85.
6. *Ibid.*
7. Hans Selye. *Adventures of the Mind*. New York: Alfred A. Knopf, 1959.
8. Schlotfeldt, *op. cit.*, p. 177.
9. Diana Gendron, "An Experience Taking Patient Assignments While in the Teacher Role," *Nursing Papers*, Vol. 6. No. 4 (Winter 1974-75), pp. 5-10.

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