PRACTISING TEACHERS: A MEANS OF LESSENING THE COGNITIVE DISSONANCE OF THE NEOPHYTE NURSE

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New graduates of nursing suffer cognitive dissonance in the work situation. Much has been written about the conflict which develops in the neophyte nurse when she is employed to give nursing care according to the dictates of the hiring institution, rather than the idealistic nursing care she was taught to give. Kramer has studied this phenomenon extensively and reported the findings in her book *Reality Shock* (1974). A question comes immediately to mind: why are these two kinds of nursing care so disparate?

One of the leading theories is that the goal system in health care institutions favours a bureaucratic structure. (Dilworth, 1963; Georgopolis, 1966). Bureaucratic organizations tend to favor a rigid rule system. Statements made by the diarists in Kramer's study (1974:32) validate the bureaucratic vs. professional value system conflicts in the neophyte nurse. One would hope that a problem area so well documented for such a long time would have reached some degree of resolution. Perhaps all facets of the problem area have not been thoroughly explored.

The influence of the teacher of nurses is an example of a factor which might contribute to the non-resolution of the bureaucratic vs. professional conflict. It is doubtful that any teacher of nursing entered a school of nursing with the specific intent of becoming a teacher. Were they "pushed" or "pulled" into graduate school because of their own cognitive dissonance regarding the care they were allowed to give? Do they find it more pleasant to avoid the shift work, rigid hours and low salaries imposed by institutions? Whatever the reasons which guided them into the university setting, those reasons are now an integral part of their value system and are likely to be evident in their behavior as teachers. When nurses become involved in the education of students, what are they, nurses or teachers? To whom does their chief concern belong, the student or the patient? Do they attempt to improve their expertise in teaching or in nursing? These questions are of critical importance, particularly to those who teach clinical nursing. They reflect the role conflict inherent in the teaching and supervision of students in the clinical area not only to the teacher but to the student and nursing service personnel as well.

Nursing is many things, including the utilization of cognitive, affective, and connative skills for the promotion and maintenance of health. Expertise in the performance of these skills requires practice. It is highly possible that students and service personnel wonder whether teachers are capable of performing those skills which are part of the practice of nursing. The credibility of nursing teachers must be in doubt as the years without practice begin to mount.

Nursing has attempted to insure teacher credibility primarily in two ways. One method is to appoint teaching faculty jointly with the service agency so that responsibility for patient care and for student education is vested in the same person (Dilworth, 1963:50). This is the method used in medical education and it deserves consideration for nursing education. The fact that this potential solution has been around for a long time and is not widely used makes one wonder if the basic philosophy of teaching institutions and service institutions is such that this method is untenable. The second approach receiving wide acceptance is the appointment to teaching positions only to persons who have had a specified period of clinical experience. This requirement assures an experienced clinician as a beginning teacher, but what happens to the clinical expertise over her tenure as a teacher? With each successive year of teaching without practice, the credibility gap widens.

Kramer describes an experimental teaching strategy utilizing an instructor-model (1972:65). Role-modelling as a teaching method can take a variety of forms ranging from joint appointments to specialized teaching units in which faculty actually participate in patient care.

A slightly different approach has been tried by some faculty members at The University of Western Ontario. Arrangements have been made between the Dean of Nursing and the administrative heads of various service agencies for faculty to practice nursing in their area of clinical specialty. The times available for faculty are usually during the summer. Faculty are not freed from university commitments during this time, nor are they reimbursed by the institution in which they work. Not all faculty participate in this program. The number of days, hours, length of time and type of patient assignment is arranged by the individual faculty member. The benefits of these endeavors are as varied as the individual faculty members, but some commonalities can be identified:

(1) the teacher is more comfortable in her nursing practice
(2) the teacher is accepted as a "nurse" by the service personnel

(3) teachers are no longer considered outsiders and students are more likely to become "our" students instead of "your" students

(4) teachers are once again compelled to consider the bureaucratic vs. professional value system.

Williamson states that faculty are responsible for socializing students and that their ability to do so is dependent on their own values and norms (1972:364). With time available for faculty to practice in an institutional setting, perhaps more teachers will be able to resolve their own bureaucratic-professional conflict. A better understanding of the problems encountered in a health care facility should help the teacher to prepare the student for he reality of the wark world.

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