Curriculum Revolution: Transformation or Cultural Invasion?

by

Carol Anne Scobie
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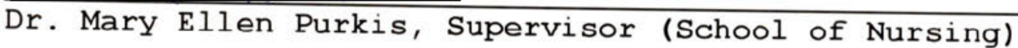

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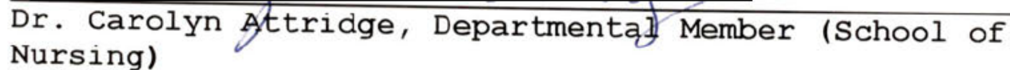

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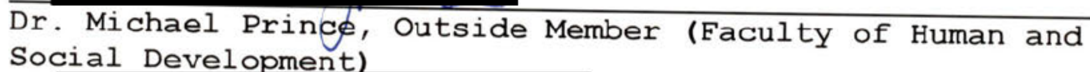

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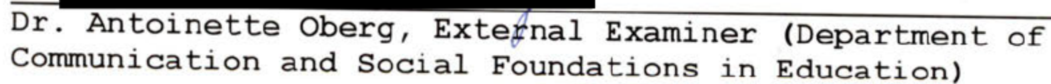

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Supervisor: Dr. Mary Ellen Purkis

ABSTRACT

The purpose of this study was to present an analysis of diploma nurses' present experiences in an innovative baccalaureate nursing program at the University of Victoria, in light of their past experiences in hospital diploma training schools. The innovative curriculum, based on principles of critical pedagogy, hoped to support a perspective transformation about nursing among the diploma nurses through a "bridge-in" semester. The use of a critical pedagogy in nursing education was such a departure from traditional educational theories that it was coined the "curriculum revolution."

The central question guiding the research process was: How do returning diploma nurses describe their experience in the bridge-in semester, given their past hospital diploma school experience?

Data were collected and transcribed using three sources: a demographic questionnaire, research interviews, and field observations. Six themes were constructed using a critical perspective. These were: Learning to be strong and silent, Swing of the pendulum, Bleeding for an A, Give me meat and potatoes, Crossing the language bridge, and

caterpillars or butterflies? The challenges of engaging in critical pedagogy within the contexts of institutional structures is explored in the discussion.

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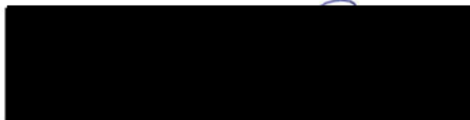

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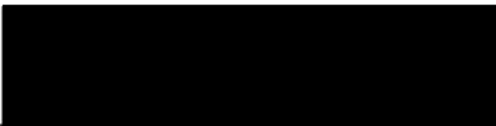

Dr. Michael Prince, Outside Member (Faculty of Human and Social Development)

Dr. Antoinette Oberg, External Examiner (Department of Communication and Social Foundations in Education)

DEDICATION

For my mother, Lauraine A. Lewis who introduced me to feminism and through her example has taught me the meaning of courage.

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My thanks go out to the student-participants of this study for their willingness to share their thoughts and experiences.

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CHAPTER 1

Introduction

Nursing education is in the midst of what claims to be a "curriculum revolution." The changes proposed for curricula are considered revolutionary since they claim to represent a major departure from the way nurses have traditionally been trained to do the work of the registered nurse. One such "revolutionary" program has been developed at the University of Victoria, British Columbia, to prepare returning diploma nurses at the baccalaureate level. These returning diploma nurses were originally trained to nurse within a traditional hospital based three year nursing school. The purpose of this study was to present an analysis of diploma nurses present experience while attending an innovative baccalaureate program in light of their past experience in hospital diploma training school.

For the last thirty years nurses have been trained to nurse through the use of a curriculum approach which utilized behavioural objectives and observable outcomes as a way of measuring success or failure. Behavioural objectives are very focused and tightly controlled. They control not

only the teaching approach used to address specific objectives but also the content of the course and the behavioural outcomes which reflect the objectives. This way of preparing nurses was congruent with a curriculum content which was intended to prepare technically proficient nurses for a clearly defined role.

> Historically, nurse scholars and educators have accepted the superiority of the technical knowledge of doctors by appropriating both the forms of knowledge and the paradigm in which this knowledge is created. (Street, 1992, p. 8)

Nursing leaders, in the 1970-1980's, began to question the over reliance and usefulness of behavioural objectives.

> It is typical of nursing education, and indeed a very human characteristic, that when we find a valuable and useful idea, approach or tool, we overuse it. We seem to suspend critical judgement; we try to make it fit every circumstance or make every circumstance fit it. No where is this so evident as in curriculum planning in schools of nursing. We select a useful concept or principle and attempt to force all content and experiences into its particular framework. Thus it was with Virginia Henderson's (or Maslow's) concept of needs; so it is with our use of behavioral objectives. Needless to say not everything will fit; if it does, it begs serious examination. (Attridge, 1974, p.12)

The limitations of an approach to teaching which relied upon behavioural objectives started to emerge.

> Behaviorism can produce efficient nurses on a technical level. The long successful use of behavioral objectives has proven this beyond any doubt. What it cannot do is support the changes necessary to keep pace with society's changing demands and the natural evolution of nursing as a profession. (Bevis & Watson, p. 32, 1988)

Nursing leaders sought a means for teaching a growing body of unique "nursing knowledge" as well as furthering nursing's professionalization. The curriculum revolution arose out of this call to provide an educational curriculum for nurses which proponents claim not only reflected the changing role of the nurse but also a valuing of nursing experience and multiple ways of constructing knowledge. The key to this new curriculum was the change in the philosophy to teaching and learning (Bevis & Watson, 1989).

The New Curriculum

The new approach to nursing curricula was based primarily in humanistic adult learning theories. These theories draw on the work of Rogers (1961), Freire (1970), Bevis and Watson (1989) and Mezirow (1991), and include the concepts of self-actualization, liberation and personal transformation through the educational process.

A seminal work reflecting these proposed changes to nursing curricula was Em Bevis and Jean Watson's work "Towards a Caring Curriculum: A New Pedagogy for Nursing." This work was instrumental in leading to the restructuring of the baccalaureate program at the University of Victoria. According to Bevis and Watson (1989), the concepts of

liberation, transformation, emancipation and empowerment must be embedded in the curriculum. These concepts, when applied to an educational framework are intended to foster an educational approach which will promote social change through perspective transformation.

> Perspective transformation is the process of becoming critically aware of how and why our presuppositions have come to constrain the way we perceive, understand, and feel about our world; of reformulating these assumptions to permit a more inclusive, discriminating, permeable, and integrative perspective; and of making decisions or otherwise acting upon these new understandings. (Mezirow, 1991, p. 14)

The School of Nursing at the University of Victoria admits among others, nurses who are returning to school from the workplace. All of these nurses have graduated from diploma nursing schools and originally were trained to nurse through the use of the traditional curriculum model. Their training in a traditional nursing school provided them with the needed skills to function within the workplace as well as providing the means for their construction of a professional identity.

The School of Nursing hoped to transform the students' perspective and designed a "bridge-in" semester. As the name implies, the curriculum hoped to connect or "bridge" the student's past perspectives with the new perspectives in the

curriculum. The intention being two fold: first, of enabling students to confront and understand the new approach to teaching, learning, and nursing; and secondly, providing the students with the opportunity to explore and examine their previous experiences in light of the new perspectives taught. The intent of the curriculum was to contribute to a perspective transformation in the students. The bridge-in semester was the first semester of the baccalaureate program and includes four courses: Professional Growth, Health, Nursing Practice, and Knowledge Development. The Professional Growth course provides the forum for the student to critically explore the underlying beliefs and values of the new curriculum (Appendix A).

Since the intent of the new curriculum was to support a "perspective transformation" in the returning student, success of the program's goals should involve the students' reformulation of their previous constructions of nursing. In order to come to an understanding of the students' construction of nursing, the language they use to describe their previous school experiences and their experiences in the innovative program will be explored through the use of a critical perspective that is informed by critical hermeneutics (Allen, 1995). This methodology examines

language as the medium to interpret individuals' constructions within their social and historical context. "Because language is created and reproduced socially and historically, it is a collective enterprise. Individualism/subjectivism is not a viable position. Further, language is not a tool, it is a way of being" (Allen, 1995, p. 176-177). This study used critical hermeneutics as a way of reading analytically, the students' perspectives of their experiences. Specifically, the study explores the following research question: How do returning diploma nurses describe their experience in the bridge-in semester, given their past hospital diploma school experience?

To facilitate an understanding of the social and historical context of this study, the literature pertaining to the history of nursing education, the traditional nursing school model, the curriculum revolution, and the University of Victoria nursing program will be explored in Chapter Two. The methodology and a description of the use of critical hermeneutics is discussed in Chapter Three. Chapter Four displays the theme constructions and Chapter Five develops a discussion on the themes.

CHAPTER 2

Literature Review

This literature review establishes the study's context by first exploring the history of nursing education, the traditional nursing school model, the curriculum revolution, and the University of Victoria nursing program. Discussions under the traditional nursing school model include the use of behavioural objectives as well as professional socialization. These topics are important for understanding, not only this study's context, but also the degree of contrast between these previous models of education and the curriculum revolution.

History of Nursing Education

Prior to the development of nursing schools, the care of the sick was generally undertaken by women family members in the home or by women or nuns in hospitals. These hospital facilities were customarily used only by individuals who were alone or were destitute (Reverby, 1987). Women learned how to nurse while caring for the ill often through the process of trial and error. As nursing skills were viewed as natural abilities of women, formal training was not viewed

as necessary. Adequate remuneration was not required since caring for the ill was an extension of familial roles. "Such endeavors were to be rewarded ultimately by God and on earth by gestures of gratitude from lowly suffering patients" (Reverby, 1987, p. 24).

The knowledge of asepsis and the discovery of bacteria coincided with increased urbanization and industrialization. The exodus from rural to urban centers created a fracturing of traditional family roles. Rather than being cared for at home, individuals from the working and middle classes began to use hospitals as they became separated from their families (Reverby, 1987; Warburton & Carroll, 1994). The new found awareness of asepsis coupled with increased institutionalization of health care encouraged hospital reform and a subsequent call for nurses training (Reverby, 1987, Warrington-Turcke, 1993).

Florence Nightingale, an upper class healthcare reformer from England, was instrumental in developing formalized nurses training throughout the world. Until her appearance and efforts during the Crimean War nursing was perceived as domestic work.

> Despite occasional reminders of nursing's virtue as women's work, once in the marketplace it was too closely associated with domestic service to become the

> work of the more genteel woman in need of wages. (Reverby, 1987, p. 15)

During the Crimean War, Nightingale was alarmed at the poor sanitary conditions of the hospitals and the inadequate care of the soldiers. Nightingale was determined that women, given the opportunity, could reform health care for these military men. Conversely, Dr. Hall, the Chief of Medical Staff for the British Expeditionary Force, ". . . viewed nurses as intruders who would 'pamper' the men" (Bevis & Watson, 1989, p. 359). In an attempt to ensure women a place in the care of the sick, Nightingale influenced by the military model developed nurses' training in a manner which valued order, hierarchy, duty, discipline and character (Seymer, 1954). In this way, physicians would see the benefits of nursing.

> In the Nightingale schema, the essential element that differentiated the trained nurse from her untrained predecessors was her character. The new nurse's very skill- in gaining acceptance from hospital authorities and physicians, as well as compliance from her patients- depended on the nature and force of her character as it was molded through training. (Reverby, 1987, p. 49)

As a result of her desire to gain permission for nursing to fit within the medical model, Nightingale set up a tradition of accommodation to medicine and created a situation where a ". . . tradition of loyalty and an ethic

of obedience became part of nursing's bones" (Bevis & Watson, 1989, p. 359). A tradition which was reinforced in traditional nurses' training.

The Traditional Nursing School Model

The following discussion of the traditional nursing school model includes an exploration of behavioural objectives as well as the process of professional, and gender socialization.

In Canada, in the late 1800's, the pressures of the reform movement and the hospitals' increasing need for nurses helped to establish schools of nursing. In 1874, the first nursing school opened in Canada in St. Catherines, Ontario -- The Mack Training School (Bajnok, 1992). This school, and those that followed, were usually physically adjoined to a hospital.

> To contain women in their proper place, schools were attached to hospitals rather than educational institutions, and training emphasized development of personal qualities, such as altruism, womanly devotion, and dedication, rather than traditional educational objectives such as acquisition of knowledge or the ability to think and reason. (Baumgart & Larsen, 1992, p. 384)

The criteria for admission into nurses' training was based primarily on the moral and physical stature of the student rather than on educational background. Training

centered around assisting in medical care and maintenance of the hospital. The length of training was not standardized. The amount of actual teaching that a nurse received was dependent on the hospital where she was training. "Each education program was different and varied in length from six weeks to three years" (R.N.A.B.C., 1987, p. 22). Although the programs differed in depth and duration of training, they had two factors in common. One factor was hospitals' use of student labor for staffing. The other was the framework for training, a blending of Nightingale's military model, which valued duty, and a patriarchal family model which valued obedience. The hospital was viewed as the family unit, under which the hospital administrators and physicians were the all-knowing fathers and nurses were the obedient daughters. According to Reverby (1987), this model of nursing education ". . . helps to explain why nursing educators constantly wanted students who had 'good home training' in domestic skills and proper socialization as dutiful daughters" (p. 53).

As more and more "trained nurses" were produced, fewer job opportunities awaited them. Student nurses continued to staff the hospitals. Trained nurses had to seek work in individuals' homes and began to organize. Some were

concerned about the amount of variation in standards of education for nurses and recognized the need for a governing body within nursing to set standards. They pressed the government for the ability to register nurses. The function of having a registry would facilitate joining nurses together to accomplish educational reform. It also would provide an organizational body that could be accountable to the public as well as being a strong political force (O'Brien, 1987; Warrington-Turke, 1983). In this way, they hoped to lobby for support from the public for the utilization of trained nurses in the hospital setting (Reverby, 1987). Two barriers to their progress were the increased costs of using registered nurses in the hospital, and the lack of consistency in the education of nurses (Weir, 1932).

In 1929, a joint project by the Canadian Nurses' Association and the Canadian Medical Association commenced to survey nursing education across Canada. Professor George Weir, Head of the Department of Education in the University of British Columbia, conducted the survey.

> The oratorical platform prophecy -- to the effect that "the twentieth century belongs to Canada"-may materialize in the light of at least one indispensable condition: Canadians must keep well abreast of the times in physical and mental health. Such is the unmistakable verdict of modern social science . . . The

> early design of nursing education in Canada- a sort of hybrid mixture of the efficient housemaid and glorifed bedside mechanic, and still too apparent in these Acts -- was intended for other and more primitive days when pioneer conditions were more prevalent and there were little complexity and specialization in the social order. (Weir, 1932, p. 16)

The twentieth century call for "efficiency and scientific management" fueled the argument for having trained nurses in the hospitals and more standardized training (Bevis & Watson, 1989; Reverby, 1987). Nursing leaders argued that linking nursing and medical science would enable nurses to further their role. "The introduction of standardization techniques, time and motion studies and more theory in nursing education, it was hoped, would make it possible to restore dignity to nursing, rekindle its ideals, and upgrade its status" (Reverby, 1987, p. 155).

In the late 1950's, the Canadian Nurses Association initiated a pilot project to determine if hospital schools of nursing in Canada were ready for ". . . a program of national voluntary accreditation" (Mussallem, 1960, p. 2). The findings of the project, indicated that diploma schools of nursing schools were not ready for accreditation and indeed that nursing education as a whole needed to be re-examined.

> Many serious weaknesses in nursing education which were pointed out in 1932 by Dr. Weir in his report are still

> evident twenty-eight years later. Many schools recognize their weaknesses but are powerless to overcome them. They lack the money, the educational resources and the qualified personnel. For many years, through their professional organizations, nurses have advocated financial and educational freedom for schools of nursing. (Mussallem, 1960, p. 88)

Although nursing educators' questioned the effects of hospital affiliation on nursing education, the value of medical models of science was not questioned.

Behavioural Objectives. One of the enduring effects of linking nursing and science was the introduction into nursing schools of Ralph Tyler's Curriculum Development Model in the 1950's. Tyler's model uses observable behavior as a guide to determine whether or not learning has occurred. This model was originally developed as a syllabus for an education course Tyler taught at the University of Chicago. However, to nurse educators it represented the scientific "objective" guide for teaching and learning that nursing was seeking (Bevis & Watson, 1989).

Behavioural objectives are based on a positivist paradigm for explaining human behavior. "A paradigm is a loose collection of logically held together assumptions, concepts, or propositions that orient thinking and research" (Bogdan & Biklen, 1992, p. 33). The positivist paradigm is

rooted in the scientific belief of an objective testable reality. Phenomena are explained through the analysis of quantifiable observable parts of the phenomena. Theory testing is done through controlling variables, providing a stimulus and observing responses. Success is measured in the ability to repeatedly control the outcome.

Utilizing behavioural objectives for educational programs assumes that the demonstration of specific observable behaviour in the student demonstrates learning. The emphasis in nursing curriculum, on objective measurement went hand in hand with the value attributed to medicine's illness model. The coupling of these, reinforced teaching hands-on nursing skills and medical ideas and approaches that could be applied immediately in the hospital setting. Nursing, viewed as a technical skills based role, fit neatly with the use of behavioural objectives to teach those technical skills.

Behavioural objectives evolved to be used as a systematic approach which controlled curriculum planning, implementation and evaluation. As behavioural objectives became more established for use in education, their complexity and specificity increased. Robert Mager's (1962) work was instrumental in developing a framework for writing

clear and concise behavioural objectives. Behavioural objectives were also used in conjunction with Bloom's taxonomy to develop specific behavioural objectives which address "domains and levels" of learning (Bloom, 1956). The domains are described as the cognitive, affective and psychomotor. The levels of high, medium and low indicate the degree of difficulty for addressing each domain. The utilization of this taxonomy with behavioural objectives provides the teacher with specific tools to design curriculum, guide teaching and determine if the intended course learning has occurred (Hett, 1992). The "Tyler Curriculum Development Model" has been used in nursing education for over thirty years, and continues to be promoted in education as an objective approach to curriculum development (Unrau, 1993).

<u>Professional Socialization</u>. The Tyler model provided a mechanism to standardize and control nursing curricula and proved successful in training technically proficient nurses. This study is concerned with the returning diploma nurses' construction of their experiences in an innovative program. However, their view of nursing can be said to have been shaped during their experiences in nurses' training. A

discussion of some of the research on socialization is useful as it provides further historical context for understanding the students' perspectives.

Professional socialization is a process that leads to professional integration (Baszanger, 1985). Professional socialization can be seen as an ongoing process which occurs during initial training, in the workplace and during subsequent formal educational experiences. "Regardless of the chosen discipline, professional integration can occur in various ways that depend upon the individual's choices, which are the outcome of what can be called a process of professional socialization" (Baszanger, 1985, p 135). Professional socialization can be seen as a complex ongoing process which involves an integration of an individual's constructions with their chosen profession.

Several factors have been identified as influencing the process of professional socialization during an educational experience.

> In several ways professional socialization is multidimensional: the student, in his role as student and as beginning professional finds many sources of information about the profession other than faculty sources, with which they are sometimes congruent, sometimes discrepant. The occupants of these other roles-clients, family and friends-view and act toward the student as a new professional in ways that may or may not harmonize with his view of himself. The growth of the student's ability to place in perspective the

> views of those in other roles, both in their functions as sources of information and as ratifiers of a professional self, is an important aspect of student separation from the world of laymen. (Olesen & Whittaker, 1968, p. 8)

An early study of socialization factors by Davis and Olesen (1964) explored whether or not nursing students developed a greater uniformity and concensus of their image or outlook on nursing following their first year of education. A 19 item check list was developed which encompassed four image themes; lay, traditional, professional and advanced professional. Their research found that students' imagery does progress toward more advanced professional images. However ". . . the students do not develop a greater over-all consensus of outlook on their chosen field. Nor, as we have just seen, do they on the average come to reconcile their perceptions of the field with what they find personally of value therein" (Davis & Olesen, 1964, p. 13). Davis and Olesen repeated their study by sampling the same students two years later at the end of their training. The findings of their follow-up report in 1966 were similar. However, in this report they found a lack of significant change in the student's imagery following the first year of training. They suggest that the lack of progressive change may be due to the students' prior

internalization of their gender role, a role that did not include a lifelong professional career.

> The latter's seeming failure in this respect points, in our estimation, to an important intervening variable in the process of professional socialization, namely the aspirant's prior internalization of and attachment to the concept of a lifetime adult professional career. And, the psychological sources of a person's attachment to this concept are to be located not in professional training per se, but rather in a complex of antecedent social roles, chief among which in our society is one's sexual role as male and female. (Olesen & Davis, 1966, p. 157)

Davis (1969) explored this relationship further in her study of nurses and social workers self concepts, occupational role expectations and occupational choice. In this study she asked both nursing and social work students to choose which qualities best describe those required in the nursing role. Both groups shared similar responses. Qualities such as dependable, industrious, capable, and submissive were chosen to describe nursing. Although, both groups were female, in their descriptions of nursing ". . . they both perceived it as reflecting a more traditional definition of the role of women who choose to prepare for a career in the women's occupation" (Davis, 1969, p. 58). These findings suggest that women who entered nursing in the 1960's-1970's, were those who may well have valued the traditional female role and saw nursing as a natural

extension of this role. Brown, Swift, and Oberman (1974) repeated Davis and Olesen's (1964) study and did a comparison. Their findings ten years later were similar. Their results "lend support to the Davis and Olesen assumptions that collegiate nursing students everywhere are recruited from a common pool of applicants, similar in social background, aspirations, and beliefs" (Brown, Swift, & Oberman, 1974, p. 59).

The implications of these early studies is that during this time, although nurses training had an effect on the students' construction of nursing, their prior socialization into the female role may exert a stronger influence.

The socialization process through historical, social, cultural, and economic influences contribute to sex-typed behavior, and permeate the human experience of gender. The power of these forces to perpetuate and reproduce sex-typed behavior is immense. Devor (1989) discusses these concepts in the following excerpt.

> The apparent naturalness of femininity and masculinity does not stem from an inevitable and overwhelming biological imperative, but rather from the pervasiveness of a patriarchal social structure founded on the division of humanity by sex; a division which a patriarchal society demands must be at all times, and under all circumstances, unequivocal and obvious. (Devor, 1989, p. 33)

Nursing, as a overwhelmingly female occupation, provides women with an occupational choice which is congruent with the societal viewpoint of the feminine role (Reverby, 1987, Kersten & Kersten, 1991). Men and women in our society are encouraged to develop feminine qualities in females and masculine qualities in males. Femininity entails the development of personality traits such as loyalty, tenderness, understanding, and sensitivity to the needs of others (Bem, 1976, Sacks, 1982). These traits are also viewed as desirable in nurses (Eisenstein, 1982).

Traditional nurses' training can then be seen as reinforcing the roles of women through the process of professional socialization. The innovative program at the University of Victoria, however, abandons this traditional method of training nurses and, in it's place, has instituted critical pedagogy, which questions power and gender relationships.

Curriculum Revolution

Several factors have facilitated the questioning of using the traditional nursing school model of education. In 1962, Helen Mussallem conducted a study of nursing education in Canada for the Royal Commission on Health Services. In

this report, she recommended that hospital schools of nursing "be introduced into the educational systems of the country" (Mussallem, 1965, p. 138). In 1964, Ryerson Polytechnical Institute was the first Canadian school of nursing, to be offered outside of a hospital setting (Allen & Reidy, 1971). During the late 1960's - 1980's diploma schools of nursing were transferred from hospital settings to college campuses. This physical removal from the hospital was occurring throughout Canada and the United States and it facilitated a re-examination of nursing education.

Nursing has traditionally functioned as an applied discipline. The emphasis on technical practice has encouraged nursing educators to focus on skill development rather than critical thinking, analysis or advocacy work. It encouraged a " . . . code of `the student must know this before they can graduate' philosophy" (Brown, 1991, p. 37). The physical move into an academic setting provided nursing with the opportunity to re-evaluate this approach to teaching. Since students no longer provided the bulk of the labor force in the hospital, teaching specific skills which matched the needs of a particular hospital was no longer a necessity. Nursing leaders and educators, once free of some of the constraints of the medical hierarchy and the labor

needs of the hospital, began to question the traditional methods for training nurses.

> An important part of the transition to higher education was implementation of new curriculum designs using nursing theories and concepts rather than medical models, as organizing frameworks. (Baumgart & Larsen, 1992, p. 386)

Nursing philosophies, theories, and conceptual models flourished during the sixties and seventies. This work provided new insights into the complexity of the nursing role as well as the role of women in our society. The Tyler model however was difficult to leave behind. It was highly successful in providing technically trained nurses. Its usefulness, however, in the evaluation of broader learning objectives such as critical thinking, began to be questioned.

> Criticism serves no useful purpose, since we know that all of us have been programmed in much the same way. What we need to do instead is to break out of this vicious cycle and work toward developing a greater awareness of our potential as women. Certainly, a logical place to begin is with appropriate changes in nursing education. To do otherwise is inexcusable and irresponsible. (Spengler, 1976, p. 22)

The concept of developing an empowering educational curriculum arose out of an increased awareness of the limitations of behavioural objectives and a growing acknowledgement of the complexities of nursing.

A critical pedagogy was adopted at the University of Victoria in response to this call for changes in nursing education. Patti Lather, (1991) describes critical pedagogy:

> Within my definitional web, critical pedagogy is positioned as that which attends to practices of teaching/learning intended to interrupt particular historical, situated systems of oppression. (Lather, 1991, pp. 121-122)

The use of critical pedagogy is regarded as being such a departure from traditional methods it has been coined "the curriculum revolution" in nursing education. Included in this framework are the works of Paulo Freire, Jack Mezirow, Jean Watson and Em Bevis. These authors describe a liberating democratic critical pedagogy for empowering students and teachers. This form of education encourages through critical dialogue and reflection, the questioning of all aspects of knowledge construction.

Critical pedagogy provides an alternative paradigm to the positivist paradigm. This alternative paradigm views knowledge as a subjective "construction" of individuals. Each individual constructs meaning through their own values, perceptions and beliefs regarding their experiences. Joint constructions can be made through the interaction and co-construction of shared contextual experiences (Guba &

Lincoln, 1989). "Facts", in this paradigm, are seen as being limited in their application in a contextual environment. Although facts may represent an example of co-construction between individuals, they are not seen as proof of objective knowledge or of truth. In this paradigm student learning is an evolving process of individual perspective transformations. Individuals involved in the process develop more "informed and sophisticated personal constructions as well as an enhanced appreciation of the constructions of others" (Guba & Lincoln, 1989, p. 57).

Critical pedagogy hopes to provide nursing students with an educational experience which empowers them to think critically and question. To question all their ideas, beliefs, values and images regarding nursing in our society. Brookfield (1993) speaks of the promise of critical thinking for nursing.

> If we think critically, so the argument goes, we will make good clinical decisions that are grounded in an accurate understanding of our contexts for practice. By thinking critically about the assumptions that form our actions and reasoning as nurses, we will learn how to recognize valid information, when to trust our instincts, on which sources of experience we can safely draw, and what alternative courses of action can be taken in a clinical situation. (Brookfield, 1993, p. 197)

The difference between using a critical pedagogy and using traditional behavioural objectives for nursing

education is evident in the shift of scientific paradigms and beliefs. A shift from a positivist to a qualitative perspective as well as alternative beliefs regarding the influence of power and gender. This change hits at the heart of core beliefs regarding the structure of knowledge construction. Critical pedagogy for nursing education includes questioning power and gender relationships embedded in the health care system. Since nursing is a predominantly female profession, issues which affect women in our society are viewed as strongly affecting the nursing profession.

> There is a relationship between women's oppression generally and nursing's oppression specifically, in both education and the medical systems and technocure institutions. After all, hospitals and physicians controlled nursing education and practice until recent times and, to a great extent, still exercise control and barriers to nursing education and practice. Moreover, since we are all subjected to such an ingrained sociohistorical perspective on women, our perspective becomes a world view that is too powerful to ignore but rather needs to be unveiled as outdated myths that perpetuate oppression and directly impact our educational system. (Bevis & Watson, 1989, p. 45)

The concept of "unveiling" the dominant world view became the framework for the development of a new curriculum for the University of Victoria.

The University of Victoria Nursing Program

The Nursing Department at the University of Victoria in conjunction with four community colleges in British Columbia developed the Collaborative Nursing Program (Hills et al, 1994). The goal was to construct a curriculum which reflected an overall concept of caring using the principles of transformative education. The philosophy of the program which evolved is ". . . informed by humanistic, existential, phenomenological and socially critical orientations" (Nursing Faculty Handbook, 1993, p. 3).

The collaborative program utilized the definition of curriculum as defined by Bevis and Watson. "Curriculum in the educative -- humanistic paradigm is defined as the transactions and interactions that occur between student and teacher and among students with the intent that learning take place" (Bevis & Watson, 1989, p. 190). The curriculum of this program was also "enlightened by a perspective of health promotion and an attitude of caring"(Nursing Faculty Handbook, 1993, p.5). These overall concepts are seen to be embedded in all aspects of the curriculum and are responsible for the labelling of the Collaborative Nursing Program as the "Caring Curriculum." The ethic of caring utilized in the program also provides

the foundation for questioning all aspects of a constructed reality.

> Inherent in this view of caring is an obligation derived partly from critical social theory, for the nurse to challenge the prevailing hegemony or predominant world view, to explore assumptions and biases embedded within it, and to actively engage in the creation of a counter hegemony. (Hills, et al, 1994, p. 223)

This innovative approach to nursing education differs considerably from the behavioural objective \ medical model for teaching nurses. This shift in perspective is also evident in the overall goals of the program and the Collaborative Nursing Philosophy (Appendix B). The goals of the new curriculum for their students are as follows:

> (a) practice nursing with a health promotion perspective and an ethic of caring within a variety of contexts and with a diverse client population;
>
> (b) be an independent, self-directed, self-motivated, and life-long learner with a questioning mind and familiarity with inquiry approaches to learning;
>
> (c) be self-reflective, self-evaluative, accountable, and make clinical judgements based on different ways of knowing, including critical thinking and intuition;
>
> (d) create and influence the future of nursing practice at a political, social, and professional level by responding and anticipating the changing needs of society; and
>
> (e) be prepared to meet the professional practice requirements as identified in the <u>Standards for Nursing Practice in British Columbia</u> and the <u>Nursing Competencies and Skills Required of the New Graduate</u> (Hills, et al, 1994, pp. 224-225).

The stated intent of the curriculum is to provide the student with a perspective transformation through an educational experience. The pedagogy of the new curriculum is so divergent from traditional nursing that a "bridge-in" semester was designed. This semester, consisting of four courses, introduces the new concepts and theories of the caring curriculum to diploma nurses. Since the new curriculum is so different from the traditional nursing school model, it is important to understand the ways that diploma nurses describe their experience in this innovative program.

CHAPTER 3

Methodology

Qualitative research is an umbrella term for several research methodologies which share a valuation of interpretive understanding and produce descriptive data (Taylor & Bogdan, 1984). Qualitative research is also referred to as interpretive or naturalistic inquiry and the knowledge which is constructed through the research process is ". . . a matter of agreement within a socially and historically bounded context" (Smith, 1983, p. 8). The research findings therefore are situated within the framework of a specific time, place and persons. This study employed a critical interpretive methodology, informed by critical hermeneutics (Allen, 1995), to explore the returning diploma nurses' construction of their experience in an innovative nursing program. This section of the text will discuss this interpretive method and includes the researcher's horizon, data collection, and the interview and interpretive processes.

Critical Hermeneutics

Critical hermeneutics is an interpretive process which explores the language used by individuals to construct

meaning within a social and historical context in order to facilitate understanding.

> It is through language that we come to consciousness and negotiate a sense of identity, since language does not merely reflect reality, but plays an active role in constructing it. As language constructs meaning, it shapes our world, informs our identities, and provides the cultural codes for perceiving and classifying the world.(Giroux & McLaren, 1986, p. 230)

It is through the critical hermeneutic process that language can be interpreted to disclose the hidden or implicit assumptions and power relationships which structure meaning within a historically bound context (Rather, 1994). "This pool of meanings or vocabulary is generated and reproduced by social mechanisms such as education and media" (Allen, 1990, p. 81). Therefore it is not the individual's idiosyncratic "lived experience" which is the focus of the research but rather the way in which they speak of their experience. The very vocabulary they choose to express themselves is drawn from the social and historical context from which they are situated. These expressions operate as constructions of past experiences as well as being employed to construct experiences into the future. Critical hermeneutics provides an avenue to explore the returning diploma nurses' construction of their experiences.

> . . . in the course of being socialized into professionals, people do indeed begin to speak alike.

> The process of professional socialization involves taking on a professional identity and a special outlook upon one's work which is shared with colleagues but distinguished sharply from the outlook which laymen have of the profession. These acquired professional perspectives are expressed in common vocabularies. (Bucher & Stelling, 1977, p. 661)

The interpretation of language to facilitate understanding has been referred to as a "fusion of horizons." "This simply means that we all enter a conversation with a taken-for-granted background or 'horizon' that shapes and makes possible the interpretation of what each of us means" (Allen, 1990, p. 78). It is within a horizon that the researcher is also embedded and therefore shapes their choice of research topic, research question and interpretation. The researcher's own perspective needs to be understood in order to clearly see the interpretive process since ". . . an interpretation is an interaction between a historically produced text and a historically produced reader" (Allen, 1995, p.175).

To further ensure a clear understanding of the researcher's interpreting, process and consistency criteria have been developed which provide a guide to the research process (Allen, 1995). Process criteria include scrutiny of the researcher's interpretations throughout the research process through review by other readers. The reviewers must

be able to understand the researcher's construction of the interpretation of the text. Consistency criteria include both internal and external consistency. Internal consistency involves reviewing the researcher's interpretation for congruency and consistency throughout their analysis. For example ensuring the researcher ". . . interpreted the same words or statements in one part of the text in a way that is consistent with how she\he interpreted other parts"(Allen, 1995, p. 179). External consistency examines whether the researcher's interpretations have explored the historical and linguistic context of the research (Allen, 1995). These criteria were employed during the research process to ensure the produced text attained the goal of understanding.

Researcher's Horizon

Critical methods challenge taken-for-granted understandings regarding the interpretive process. This challenge extends to the analytic process as mentioned above, as well as an understanding of the "horizons" of the participants and the researcher. This is not to imply that my perspective as the researcher could be made entirely evident and therefore 'explain' my interpretation of the students' experiences. What I am attempting to avoid by

using a critical methodology is the 'privileging' of my reading of the interview material over that of the participants' experiences. One way of helping the reader make a determination of this dilemma of interpretive methods is to offer some understanding of my own perspective. I want to re-iterate that I do not see the following 'narrative' of my journey as in any way a total telling of what I bring to this interpretive endeavour. The research topic chosen for this research stems from my own experience as a nurse and as a student.

My training in nursing was obtained from a three year residential hospital based diploma program. I intentionally selected a traditional nursing school as I believed that hands-on experience in the hospital would better prepare me for the role of the nurse. I enjoyed my training, and experienced a smooth transition into the work world.

I worked as a registered nurse for ten years before returning to school for a baccalaureate degree. This educational experience provided me with the opportunity to see myself and nursing within a larger societal and cultural context. My interest in the power of education arose from this experience. I was interested in knowing if educational programs intentionally used this power? I was introduced to

the concepts of transformative learning while attending the University of Victoria's, Multidisciplinary Masters Program. It was through the process of this educational program that I had the privilege of learning in an environment which fostered thinking critically. During this time, the new curriculum for baccalaureate nursing students was being developed. I learned that the new curriculum hoped to support a perspective transformation in the student nurses and had designed a special semester for returning diploma nurses. I entered this research with the question- Would the newly designed curriculum provide the returning diploma nurse with a perspective transformation?

Methods of Data Collection

The data for this study were obtained, through the use of a demographic questionnaire, interviews and field observations.

A demographic questionnaire (including sex, years nursing and area of practice) was administered during the first week of the new bridge-in curriculum to obtain six participants for the research process (Appendix C). During the first meeting of this course, the researcher explained the purpose of the study, discussed confidentiality and

sought volunteers to fill in the questionnaire. Participants were selected who had graduated from a hospital based training program, had over three years experiences as a registered nurse and were presently full time students enrolled in the entire bridge-in curriculum at the University of Victoria. These criteria were used to recruit female participants who came from traditional nursing programs, had a variety of nursing practice experiences and were willing to discuss their past experiences as well as their ideas, values and experiences encountered in the bridge-in curriculum.

To gain access to conduct the research, permission was first obtained from the University of Victoria Committee on Research and Other Activities Involving Human Subjects, the Director of the School of Nursing and the teacher of the Professional Growth Bridge-in course. The Professional Growth course was chosen for field observations since the intent of the course is to expose the students to the values and philosophy of the new curriculum.

Participants' Horizons

The students selected on the basis of the results of the demographic questionnaire all shared the experience of

coming from a traditional diploma nursing school. The students differed in the number of years experience they had in nursing, their age and their area of specialization. A description of each student's distinctiveness follows.

Elizabeth

It was during a trip abroad that Elizabeth decided to become a nurse, realizing nursing was an occupation where she could "combine work and travel." Elizabeth has worked in a small northern community and travelled abroad, nursing along the way. She is twenty-nine years old, has nursed for three and a half years chiefly in obstetrics.

Liz

The "flexibility and diversity in nursing" is what appealed to Liz and led her to choose a career in nursing. She has had numerous positions within hospital and community settings. Her primary area of expertise is in community health. Liz is forty years old and has been nursing for twenty years.

Eve

Eve enjoys "high tech nursing, and working under

pressure." She has worked in nursing for six years mainly in an adult intensive care unit. Eve is thirty-one years old.

Diane

For the last seven years, since graduation, Diane has worked in the emergency department. She loves being "where the action is and working as a team member." Diane is thirty-five years old.

Ann

Ann has been a nurse for seven years and has worked mainly on surgical and medical floors. Ann started nursing school immediately after high school and found it difficult at that age being "exposed to the human body." Ann is presently twenty-seven years old.

Betty

Betty has worked in psychiatry on and off for ten and a half years. She is forty-seven years old and has taken time off over the years to raise her family. She feels you have to "have something special about you in order to be a nurse."

The students all signed consent forms to be part of this study and were willing to share their ideas, values and experiences regarding their initial training and in the bridge-in program (Appendix D).

Interview Process

The six students selected were interviewed for approximately four hours each. Two hour interviews were conducted at the beginning of the semester and again at the end of the semester. All interviews were conducted off campus to ensure confidentiality and informality. The interviews were audiotaped and transcribed verbatim for analysis.

The interview process provided the participants with the opportunity to discuss their experiences at their own pace. The process was informal. The questions were open-ended and served only as a guide to the interview process. Interviewing was chosen as a medium to collect data in order to have ". . . access to people's ideas, thoughts and memories in their own words rather than the words of the researcher" (Reinharz, 1992, p. 19). Interviews have also been found to be ". . . useful when investigators are

interested in understanding the perceptions of participants or learning how participants come to attach certain meanings to phenomena or events" (Berg, 1995, p. 35). Interviewing provides the opportunity for the participants and the researcher to explore beyond yes or no answers. This allows the participants to spontaneously decide which questions they would like to answer with rich descriptions to ensure clarity of their meaning. It is through this dialogue that the "fusion of horizons" occurs. Later, during analysis, this fusion serves as a location for critical inquiry as the researcher seeks to reveal the taken-for-granted background implicated by the researcher and participant in the production of meaning.

The interview's were audiotaped and transcribed verbatim into text, hesitations such as "ah" or "um" were included. Extended pauses were indicated in the text with the symbol ..., if the speaker was laughing or upset (laughing) or (upset) was indicated. It is acknowledged that putting the interview conversation into text form mediates the interview, in that, regardless of the care taken to ensure an accurate text, the act of transcription is an interpretation by the researcher. These interpretations are subjected to critical analysis as far as possible. The text

which was constructed from interview transcripts of the students' experiences provided the medium for critical hermeneutic analysis.

Field Observations

Written notes of field observations were collected at random intervals by the researcher during the bridge-in semester. Observations of the students and teacher interactions were done in the classroom and during coffee and lunch breaks. Field observations provided the researcher with the experience of "being" in the classroom; of sharing in that experience. These observations provided the researcher with increased awareness and sensitivity to the students' experiences in the bridge-in courses. The observations included the content of the lectures, type and forms of conflicts and issues of the students and the overall feeling tone or social climate within the classroom (Lather, 1991). The field notes were included in the interpretation of the students experiences in the bridge-in classroom.

Interpretive Process

> However the text is created or discovered, production of meaning through reading is the core hermeneutic strategy. (Allen, 1995, p. 179)

The text was explored through five purposeful readings. The first reading was done for clarity of content, to ensure the transcript matched the audiotape. The second reading examined the students' construction of their past nurses' training. Were there any similarities or differences? What was the overriding message presented regarding their training? These topics were highlighted in the text. The third reading explored the text looking at how each student showed themselves to the researcher throughout the interviews, for example areas of emphasis or repeated topics describing their experience. These topics were also highlighted in each transcript. The fourth reading was done with the intent to construct from the highlighted text, the common topics discussed regarding their experience in their initial training and during the innovative program. And lastly, the fifth reading explored the text for the students' description of whether or not they had experienced a perspective transformation.

This section of the text has discussed the interpretive method, informed by critical hermeneutics, and the

collection of data using a demographic questionnaire, interviews and field observations. The researcher's "horizon" and how this relates to the interpretive process have been explored. The following chapter will display the themes constructed from the text.

CHAPTER 4

Theme Construction

The six themes which I constructed from the text are: (1) Learning to be strong and silent; (2) Swing of the pendulum; (3) Bleeding for an A; (4) Give me meat and potatoes; (5). Crossing the language bridge, and (6) Butterflies or caterpillars?. Each of these six themes will be displayed separately and then discussed in the following chapter of this text.

Learning to be strong and silent, the first theme, was drawn from the participants' first interview. It was during the first interview that the students' historically situated themselves through their discussion of their initial diploma nurses' training. This theme also provides the historical context for the themes which follow. The remaining five themes were developed from the second interview. Within these themes, I seek to understand the students' experiences of the bridge in curriculum.

Theme 1: Learning To Be Strong and Silent

The nurses interviewed all felt they had come from "tough schools". This indicated to them that they had received the kind of education which made them "good

nurses". Becoming a good nurse, to the students, meant finishing their training and in the process becoming strong and silent. Strength of character is apparent in the nurses narratives of their ability to survive their training. The silencing of their individual personalities and emotions was learned in the guise of professionalism.

Elizabeth

"In a way I thought it was good . . . they would slap us across the fingers if we hadn't washed our hands properly, this kind of really old fashioned techniques. It was sometimes really difficult knowing that we are in a modern world now. We would also get sent home if there was a hair hanging on a collar. You know, it wasn't good enough to just pull it back, it had to be up. We had to wear caps. If the cap fell off or you were caught without your cap you were sent back. You know, all these little pithily things, but then again I think some of that is lacking in some of these new programs. It's becoming maybe too lax or too many people are getting through that shouldn't be."

Betty

"They made you feel like you were a nobody and that you didn't know anything. That's their method of teaching at the

time was to beat you down as far as they could and then try to bring you up alittle bit at a time so that you would feel the same way that they felt. It had a great impact on me... I had this one instructor who used to use me for an example of poor health and how I didn't look after myself. I used to just about cry every time she did this. It would just make me feel so horrible. I used to think how could anybody do this to anyone? It was so cruel but there was nobody else you could turn to either, because going to another instructor didn't help."

Liz

"I guess in hind sight I might say they wanted us to be kinda a God fearing starch white stiff upper lip by the books regimented person. I certainly never fit into that, to begin with, although, you know, I care. I drive myself hard and academically I always did really well. But I was once accused of being a floozy because I introduced myself by my first name to my patient. They did the whole routine of bouncing the dime off the bed sheets and if the dime didn't bounce then your bed was ripped apart. In the end I probably appreciated the ideals they were trying to get across to us but to this day I can't appreciate the fashion with which it

was done . . . I'm really surprized that I finished it because there were many times that I didn't think I was going to. Finally I guess what a real turning point for me was when I did go home one weekend. I said to my Dad, you know I'm not going back I can't stand it and he said OK that's fine you don't have to go back if it's upsetting you that much, don't go back . . . and I thought bloody hell they aren't going to take away something I really want now that I had decided that I really want this, I'm going to go for it."

Diane

"The first year was more tedious than anything else. I knew my anatomy and physiology. I knew how to do this and that. I mean, it was more skill task orientated, you know skill assessments etc. etc. There wasn't much of a challenge to me there until I got tangled up with a horrible witch of an instructor who just destroyed things from there on... I asked her day one of the rotation a question that she didn't know an answer for and whether or not that pegged me ...she had it in for me from day one. She would harass me. By this point I was just reduced to a quivering mess and it was just horrible. . . I had a lot of picking up pieces to do for the

rest of my entire time in the whole program. I wanted out of there. I just didn't like the way I had allowed myself to feel. I vowed at that point that there was nobody that was going to reduce me to that level again thank you very much."

Eve

"We were so stressed out that we could hardly even think on the wards. The instructors would belittle us especially one or two that I can think of. They would make us feel like we were stupid, we didn't know anything, you know, just totally incompetent. And we would never be able to become nurses or make nurses. Because we were so stupid because we didn't know the answers and we weren't doing it their way and things like that so that was really a bad experience I'd say."

Although, the students were angry at the way they were treated there was an underling sense of accomplishment. They had survived; they were strong enough to make it through training and had become nurses. They were proud to be nurses and proud of the clinical skills they had learned.

Elizabeth

"Yeah it was really really good, right from day one,

right till the end. The fact that it included the specialty areas. We did six weeks in O.R. and did six weeks in critical care, and six weeks as a head nurse. Ah all those extras that are left out now, like actually going clinically doing it clinically I thought was just right on."

Diane

"It was really intense. It's a very well respected program with a lot of hospital practicums. We were in hospital right from the word go. And that practical experience I have valued tremendously. The other college grads come out and sure they are very book knowledgeable and research orientated etc. etc. etc. but they have no flipping clue as to what to do once they are actually face to face with some person who needs pain management."

Ann

"Working in the hospital was easy...because by third year your pretty much doing what a grad nurse would be doing and so that transition is no problem."

The transition into hospital employment was described by these nurses as easy since the students had been trained to fit within this system. A system which valued their

efficiency in clinical skills, and their knowledge of their role within the system.

This role required the students to learn how to be professionals. This necessitated learning not only clinical skills but a separation of personnel self and professional self. For example the student who was labeled as a floozy for introducing herself to her patient by her first name, learned to keep a distance between herself and her patients in the guise of professionalism. This lesson became part of her construction of being a professional nurse.

Liz

"They didn't like the way I walked, I didn't look like I was in a hurry nor did I look like I was afraid. RESEARCHER: And do you think that was important? LIZ: To them it was very important for me to look like I was frightened of them. I was frightened. I was frightened about lots of things but I wasn't about to let them see it. You know even to this day as a nurse I may not know something but I'm not going to necessarily tell the patient I don't know. I may say I'm going to find out, you know, I need further information but I don't just let it all hang out and lose their confidence."

Eve

"I guess you always had to communicate in a professional manner no joking around. Every time when you were talking to patients you always saw them as patients not as human beings. They were always patients that you were helping. You were there to just to help that patient... not cold but very professional...your own self was not included at all. You were always just the nurse the professional with yourself taken out of it."

These nurses entered the innovative curriculum with a strong sense of what it means to be a professional nurse. Some of the values which they have found positive in terms of their identity construction include a distinct separation between nurse and client and a certainty of their clinical skills.

The following themes drawn from the second interview represent the topics which the students repeatedly returned to regarding their experience in the bridge in curriculum.

Theme 2. Swing of the Pendulum

The students described their experience in the new curriculum as a swing of the pendulum from one extreme to

the other. Traditional nursing school had taught them to value their skill development and their clinical professionalism. They were now taught the importance of knowing yourself and how "being" with a patient was equally if not more important than "doing" for the patient. They were taught feminism, critical social theory and phenomenology. This shift in values which although acknowledged as important, did not fit easily with their previous image of what it means to be a nurse.

Liz

"I think they were trying to sell qualitative research over quantitative research. I think they were trying to sell feminism over patriarchy. I'm not saying that's bad. You know, a lot of this makes good sense to me. But I do feel that there were definite kind of underlying agendas for this curriculum. They were selling health promotion over kind of disease prevention. They were selling being over doing. And yet the bottom line is, a nurse is still in our real world. A nurse still needs to know how to do certain things in order to be a nurse. . . I think that there is a general feeling from the people that I have spoken to that there's been a kind of pendulum swing to this new curriculum.

Somehow they have to make a choice an either or choice about you know, go for the new curriculum or don't go for it. I personally would like to see a little bit more middle ground."

Ann

"We learned about critical social theory and phenomenology and feminism but I wouldn't say that there was a clear view of nursing that they were trying to teach to us. Yeah it was just more trying to teach us the theories and it just touched very lightly on nursing. It was more focused on yourself."

Betty

"They believed in very personal individual feelings. That each person's values are important. That they were not trying to unload any of their values on anybody else, that your values are just as valid as what their values and beliefs were. That there was no right or wrong, that was said many times . . . you always say well how can you mark somebody and have them grade something if there's no right or wrong, you know, that was a question that was asked frequently. Well, how do you grade somebody if there's no

right and wrong?"

Eve

"I think there's been a fairly consistent view of what this school of nursing perceives nursing should be. I think that nurses that practice from holistic sort of phenomenological hermeneutics perspective of what it means to be with the client focusing your attention on communication, client patient relationship, dwelling with the client, a few key words. And really getting away from this sort of cure perspective, that we're not trying to cure them, we're trying to help them deal with what's happening to them. And get away from the more technical aspects in the relationship and they're really big on community nursing as well so I guess they are showing a consistent perspective but it's not consistent with my experience. I guess where I find the difference is it's not as easily applied to hospital based nursing, their view, because of time constraints and the way the system is already set up, you'd be bucking the system."

Elizabeth

"This is the other thing if we're all gonna get

degrees, some nurses are still going to be in the hospital setting. This curriculum doesn't talk about that. I mean we're allowed to talk about our experiences but it doesn't talk about us going back to those jobs or nurses who are graduating with degrees who are gonna go into that kind of job. It's very much focused on the community, which maybe that's where a lot of us will go, but I think some of us will still stay in the hospital. I think that needs to be either thought about or addressed. I mean are we gonna change nursing completely so no nurses work in a hospital and it's only technologists. If nurses or the jobs that nurses are doing now is a tech position well perhaps I'd like to be a tech, perhaps I don't wanna be a nurse."

The pendulum swing represents not only a departure from traditional teaching techniques and strategies but also of the role of nurses. The students' experienced a disjuncture between their known reality in the work place and the ideals being taught. Although, University education is commonly described as being in an "ivory tower", the difference between the students day-to-day experience and the curriculums ideas of nursing are of a different magnitude. Not only was the curriculum teaching new theories but was advocating an entirely different role within the existing

system. A move from hospital based nursing to community based nursing, from an illness focus to one of health promotion. A swing of the pendulum regardless of the day-to-day lived experience of seventy-seven percent of nurses which continue to work within the confines of a hospital setting (Appendix E).

Theme 3. Bleeding For An "A"

The bridge-in curriculum utilized innovative teaching and evaluation techniques such as group process and journaling rather than traditional lecturing and examinations. Group process and journaling, are seen as avenues for expressing feelings and thoughts which aid in the critical reflective process (Mezirow, 1991). Although the intent was to provide the students with a venue to openly discuss the curriculum content it became an opening of a Pandora box of emotions. As one student stated in the classroom; "Well, what is private and what's not? How much do you have to bleed for an A?"(Fieldnotes).

Liz

"The constant looking at self constantly looking at self and its like I just felt like saying okay let's just

take a break ... not everyone has been divorce and not everyone has lost a child and not everyone has experienced the death of a parent but to constantly kind of dig up information about myself. It wasn't enough we had to take it a little bit further. I understand the value of it but taking all four bridges at once was just alittle intensive. There were days that I just felt like I was going to a psycho-therapy support group."

Diane

"She gave the option if you were not comfortable with something . . . but you start on one layer of the onion and then by the next layer it's a little bit more central to the core. You're sort of peeling back all these layers of the onion and you get kind of teary-eyed. . . alittle bit more. Although it stated up front only that which you're comfortable with, but the nature of the assignments took people into areas that were very personal. There was a couple of times I would much rather have been running a cold bath than doing a paper on how I felt or how am I being in the world."

<u>Elizabeth</u>

"I think there was a bit of resistance to the teaching methods. I think that people were really unsure about the process, how is this going to work? Am I really going to learn anything? Even now people are still saying I'm not really sure what I learned or I'm not really sure if this is really going to help me when I'm out there working."

<u>Eve</u>

"We didn't set rules for group discussion. In that large group I think is where we needed them the most. What we were expecting, how people shared, what people shared, you know sort of what was appropriate and what wasn't. Because the impression I got was some of the people in the class might have been having things going on in their lives that were really important for them outside the course and were bringing that into it and sharing those things. Even though they might not have furthered what we were talking about. Sometimes you almost felt like the class was getting hijacked, you know, with someones personal agenda rather than the groups."

Ann

"I mean the first week sure air all your thoughts we'll get it out on the table. Everyone will know what's going on. We'll know how you feel and we can just move on from there. But it just always seemed to be pulled right back into it again. And yeah it was hard to stop. I don't know if I'm making a big generalization here but it just seemed that they were divorced or newly divorced and they were returning back to school and just unhappy about nursing, unhappy about their lives, unhappy about everything. I suppose I felt sorry for them. It was wasn't good. It just really wasn't because you started to resent having to listen to them, but at the same time this is what they're trying to teach you, to be more open and to listen to other people's experience, but I just felt enough was enough."

Betty

"Well I think that they expected that our ability to grasp would be better than what it was. Their expectation was that we knew what we were doing and a lot of times we didn't know what we were doing. It took alittle bit longer to sort of assimilate the information."

The slogan "bleeding for an A" is a graphic indicator of the extent of confusion the students experienced regarding; how they were being taught, the course content and what was expected of them to get a good grade.

Theme 4. Give Me Meat And Potatoes

The cry for further development of the students technical repertoire continued throughout the bridge semester and did not fade as the bridge semester came to a close. The students' wanted some concrete skills, some meat and potatoes.

Elizabeth

"University students, they live in this hairy fairy world. They're not very grounded and when they graduate they don't know anything. That's when they actually start to learn from a nursing perspective. People in the class disagree with me about this, cause I talked to them about it. I feel the hospital or the community agency or whatever has a right to expect a qualified person not necessarily someone who's perfect but someone who has practised giving care. Someone who's practised doing the techniques and things in school. . . Yes it was a nice experience and I

learned something from it but it certainly wouldn't gear me to work as being a nurse."

Ann

"Well, we have two families, the agency family who we were to practice with and also your resource family, which is so-called normal family. I found that my agency family was a normal aging couple. They were normal as could be. There's nothing wrong with that because I mean you can certainly work with a family like that but I wanted a family that had some ongoing process that I could help out...maybe it's this nursing thing, where you feel like you have to help all the time. I just felt I didn't learn all that much from my family."

Liz

"I don't know how much more I actually know about the arts and science of nursing as I presently have practised it or you know in the past practised it. I don't know if I've expanded on any of my skills and that worries me. . . like as far as clinical skills. I was with my family and I was with my family and I was with my family and that's what I did. I was with them. I was being with them and it was a

whole new experience to just be and that's wonderful. I like to be but I just have to wonder how long can I be for and be paid? That's not what our health care system is paying me to do."

Eve

"It was weird being taught an ideal which I feel nursing is famous for teaching ideals that you can't live up to that are impossible to live up to in the real setting. They were saying that it doesn't take any more time to apply this it's just a different way of looking at things and like I said before I can see how that a different way of looking at things maybe doesn't take more time but the deeper getting to know your clients does. I feel it does take more time and I don't care what they say."

Diane

"I tried to be this new nurse, I made a point of trying to keep these other people's perspectives in my mind and made an effort to draw some of the theory into my work. I don't know how long before you sort of get dragged underneath the routines the pace of the department and people said what planet are you from today little miss

sunshine? There needs to be some homework done on behalf of the faculty insofar as informing the students as to what the approach is. It's all very well and fine to say it's a collaborative curriculum exercising the caring relationship but what does all that mean? I know a lot of people were looking for a little bit less fluff."

Conversely Betty felt the curriculum gave validation of her skills. It is of note that Betty's background is in psychiatry.

Betty

"We talked about the concept of what I was getting out of this program and he said (Betty's husband) that he always felt that's how I utilized my nursing anyway is use of self. He could see that he said this program to me is just validating what you've been doing for years but he said you just don't see it from the same point of view. He really felt this is what I had done for years, you know, which is nice to know that somebody else would see this too."

Betty, who's role within the hospital is to provide psychiatric care is accustomed to "being" with her patients. The other students equated learning more in nursing as further skill development. Their concerns regarding the

present health care systems willingness to support an alternative role for nurses is valid. Hospital administrators expect nurses to continue to work within the present structures and functions of their role.

Theme 5. Crossing The Language Bridge

The students struggled with the vocabulary inherent in the new curriculum, from their teachers as well as terms they encountered in their readings. In essence, they felt they had to learn an entirely different language.

Diane

"People are getting paid big bucks to create words that really are not in any dictionaries. I have all these different chunks of other words all together and I can invent my own words too. I can put as many polysyllabic phases into a ten line sentence as I want. It was quite funny I was writing one paper, just this past week. I'd written down this word and thought that's not a word, oh does it really matter everybody else does it."

Liz

"It may be a good curriculum but I still don't know if

the rest of the world is ready for us. You know, is it just going to isolate nursing even further than what we might have already felt isolated? Because now we're going to be speaking a different language and doing this and doing that and no not doing . . . being this and being that."

Betty

"I mean we can use simple terms to describe something. It doesn't make it any less of a description but you get somebody's attention if you use a language that has a bit more boldness to it or has a bit more pizazz to it. I think that's a lot of it, is that when you speak an academic language you get someones attention much better than if you use a very common language. I think that it gives you more credibility at times. It may not be the best way of doing things but boy you sure get listened to."

Ann

"In the beginning they were throwing out words like salience and uh what other words were there oh phenomenology that was one of them and situatedness constitutedness. All those other words, I did not have a clue what they meant and they were just throwing them out like we all knew what they

meant. They would keep on talking about it and you're thinking what's going on here? I don't understand any of this; how come I don't?"

Eve

"The readings we got to read I found quite difficult. They were quite theoretical some of them. I didn't feel like I had a good basis for them. I'd read them not really understand them and then we'd all be trying to talk about them. About an article none of us really understood so that was really frustrating."

Elizabeth

"I was so frustrated with the courses. I mean I would go home and not cry but sort of think why can't I get this? Why am I so stupid? Why can't I see what it is they are trying to tell us? And it wasn't until the last two or three classes, which very few of us showed up to, it went clunk clunk I think I'm getting it."

Crossing the language bridge was a struggle for most of the students. They did not fully understand what was being said to them in class or the content of their readings. The immersion into this new language was drowning them. As some

of the students stated in the classroom: "I keep trying to second guess what we are suppose to learn"; "I feel like a lot of these articles are written for faculty and that I'm doing their work and I'm resentful"; "These articles are written by teachers who were nurses, but aren't practicing nurses. I need articles written by real nurses."(Fieldnotes)

The student experienced a gap between the language they used as practising nurses and the language given to them for their liberation.

Theme 6. Caterpillars Or Butterflies?

Since a perspective transformation was the intent of the curriculum, this theme was constructed from the student's responses to the direct question, do you feel that you experienced a perspective transformation? The following are the participants answers to the question and then responses gathered from the general text of the interview.

Researcher: Do you feel that you experienced a perspective transformation?

Diane

"Whoa big words. I hope an expansion cuz I see a transformation as coming around and getting a totally

different viewpoint of things. I see an expansion not too much transformation."

Diane does not acknowledge a transformative experience. However, I would argue that in the following text she describes an encounter in which she demonstrates what could be transformative in terms of her skills as a student.

Diane

"She saw my point and actually that was one of the biggest learning experiences. I did challenge. I mean you guys are sitting here talking the talk now you better walk it and listen to my view. It was quite funny she says well fine I'll bump the grade up a bit but you better do exceedingly well in you next paper. A blackmail situation. Researcher: How did you feel about that when you walked away? Diane: "Well I was incredibly pleased with myself that I (a) didn't let it slide (b) found the voice to explain how I felt and (c) didn't back down when she countered. I think that was the biggest thing that I took away from the entire class. So yeah it all pulls together, pulls together the outcome what they intended"

Researcher:Do you feel that you experienced a

perspective transformation?

Betty

"Not really, I think my perspective was always about the same, it still is. I wouldn't say it was a great change"

In the following excerpt Betty identifies some additional competences which she has learned, rather than a perspective transformation.

Betty

"I think it does affect how I work with other people. You know, in listening and also being more aware of how important it is to search things out. Before I could just sort of, I could do something and then let it go. Now I feel it is really important that you have to know exactly what you are doing and how important that is that you have to read or you know research or whatever before you're doing something."

Researcher:Do you feel that you experienced a perspective transformation?

Eve

"Yah, I wouldn't say a complete one but definitely

within nursing anyway. I don't know about my general outlook I've never defined it in nursing yah I've gained another perspective. I don't know if I've completely let go of my other one but I've gained another way of looking at nursing."

Eve is willing to concede that she sees nursing differently but is reluctant to say she has had a perspective transformation. However, in the following text Eve comments that she sees her patients "more as human beings." Her description of an incident on a pediatric floor implies that she actually has a greater understanding of client/nurse relationships than merely seeing patients as "more as human beings."

Eve

"I think what will really help me working as a nurse is a bit of a shift in perspective in the way I look at my role as a nurse and the patient's role as a patient. I just learned to look at them more as human beings just as the people who come into hospitals. I was talking to this lady who had been in the hospital with her son. She was telling me about her experience from her own perspective and what I heard in her story and what I could see the nurses thinking

and doing umm I just saw the difference. And what a difference it could have made if they had been more together and have been working together and communicating together instead of like butting heads.

I got the feeling that they felt she was just a really over protective mother. Somebody who was running to the nurses every five minutes to say oh my son needs this or my son's feed is running dry or his feed is a third low or whatever, like really paranoid and worried. And if they had of just talked to her and found out what she had already been through to get to that ward. Like how her son had not been drinking for twelve hours previously and how he was just sort of left and nobody was really treating him. She felt, she really was his only patient advocate as much as nurses will mouth those words. In fact the mother felt she was the person who looked out for her son."

Researcher:Do you feel you experienced a perspective transformation?

Ann

"To a certain extent sure I think I did, just because I see nursing from a different light now. How I will practise

is a different story but I certainly see it in a different light."

Ann learned a new way to label her experiences in the hospital however this didn't seem to lead to greater understanding of how to change that environment.

Ann

"I learned about oppression, before it was just a feeling that I had and I could see it in everyone else. It just bothered me especially in the beginning with the way some of the nurses reacted to doctors and treated them like kings. I thought, why is it like that? I mean we all work together why do they jump when they bark? I mean I just couldn't understand. I always wondered why we have to call them Dr. so and so and why can't we just call them by their first names like we do the residents? And even then, some nurses call them Dr so and so and they don't even know our names. Granted there are more of us than there are of them. . . it's just not a really conducive environment to be working in when you feel like you are under the thumb all the time . . . it makes you think about everything that's going on."

Researcher:Do you feel you experienced a perspective transformation?

Elizabeth

"Somewhat in that it's broadened the problem. A whole transformation from one extreme to the other no. I mean I think I did look at, try to look at things from different angles. I don't know that I looked at them from those particular angles that we discussed. . . those three things phenomenology, feminism and social critical theory. One of the questions that I've asked is, are there any other theory out there that might be applicable to nursing that we should also look at? Like there's three and I can see that those three cover a large area and feminism I mean maybe humanism instead or as well as, I mean, I think there is a couple of other ones that might fit in."

Elizabeth perceived the curriculum as teaching a formula for achieving political change rather than as a avenue for personal transformation.

Elizabeth

"I'm not sure I like what I'm thinking I'm not sure

that I like this business about being the leader in the community and taking on these projects and things that's not really for me. I want to work with patients. That's why I'm into nursing in the first place. That's what I like about nursing. I love being with patients. I don't want, I'll be part of a group effort to change things no problem but I don't want to be in a place where I'm gonna be doing paperwork or day after day or whatever that's not for me. I go to some of these board meetings or some of the other meetings we've been told to go to and I come out of there thinking this is not what I want to do with my life. I do not want to sit here and discuss subcommittees and committees. I'm not, that's not my interest and I can see that that's where they're gearing us to go. Well this is what you need to do to change things and I understand that I don't mind being part of it but that's not what I want to do from eight o'clock in the morning."

Researcher:Do you feel you experienced a perspective transformation?

Liz

"Oh, as much as I hate to admit it probably yeah,

transformation perspective growth. I don't think I've been totally transformed into something. Transformation to me talks about a really radical change or a really radical difference or a kind of a really physical difference you know it's kind of like a caterpillar to a butterfly is a transformation. Whereas I don't feel like I'm, you know, I'm still a caterpillar but perhaps my head's at the other end now."

Liz enjoyed the experience of being back at school and learning new things. However, she questions and resists, the applicability of this learning to nursing.

Liz

"I didn't actually walk away with kind of greater knowledge like hard data knowledge. I walked away with a greater ability to think about knowledge which is interesting and you know what am I going to do with it I'm not too sure but it's interesting and I liked that....I heard the song 'Any loving is good loving' and it made me think that any learning was good learning. Which you know brings me to really believe that about the curriculum, that you know the fact that I've learned anything at all is a

good thing. How pertinent it is to being a nurse remains to be seen. I do feel, like in some of the learning that is taking place and the teaching, that nursing has been removed from it. I would like to see things related more specifically to nursing because that's what we are."

Have the students metaphorically changed from caterpillars to butterflies or have they become enclosed in a chrysalis? The students have learned during the semester of the bridge-in courses how to label some of their experiences through the lens of feminism, critical social theory and phenomenology. They do not report having experienced a perspective transformation, which would enable them to see how to incorporate these concepts into their day-to-day experience as nurses. There was however, a glimmer of a change in Eve's perspective. She was able to see the possibilities of nursing differently and the benefits of doing so for a mother and child in hospital. As Eve stated, "what a difference it could have made if they had been more together and have been working together and communicating together instead of like butting heads."

CHAPTER 5

Discussion

In the previous chapter I displayed the six themes constructed from the extensive interviews with the nurses in this study. In this section I present an analysis of these themes to construct an understanding of the returning diploma nurses earlier experiences in hospital training school and present experiences while attending an innovative baccalaureate program. This was done to answer the research question: How do returning diploma nurses describe their experience in the bridge-in semester, given their past hospital diploma school experience? Recommendations for future research will also be suggested.

Learning to be strong and silent

Academic requirements were standardized in the students' initial training. What made a school "tough" were the rules which shaped behavior. Knowledge alone didn't "make" you a nurse, your character did, your ability to fit into the traditional model of nursing. Although a career in nursing provided these students with an occupation which was congruent with the feminine role, it also required a bifurcation of personal self and professional self. The

traditional schools valued feminine attributes such as loyalty and obedience but required a sublimation of individual personalities in order to fit within the confines of the nursing role. The students soon learned that to be successful in school they must conform to the school's standards of behavior. These included precise adherence to behavioural objectives which governed their clinical and communication skills.

The students did learn through this socialization process. They learned to be "iron fists in a velvet glove", to suppress their individual personalities for the sake of a smooth professional demeanor and a firm command of their skills. As Garfinkel (1967), points out the students' were not "cultural dupes," they resisted the way in which they were taught. Their resistance was demonstrated in their determination to finish their schooling and "become" nurses in spite of their training. However, their training became part of their construction of what it means to be a nurse and this included a valuation of skill development and an expert or professional manner: the antithesis of the focus of the new curriculum. Coming into a new educational experience, from this perspective, it is understandable that the students saw the new curriculum as a swing of the

pendulum from one extreme to the other.

Swing of the pendulum

Theoretical discussions of feminism, critical social theory and phenomenology, although intellectually provocative were oppositional to the students' day-to-day experience within the medical system and experience in hospital training. These students were embedded within a hospital culture and professional ethic which valued their role and expertise in clinical skills within a medical patriarchal hierarchy. Lewis (1992) writes that ". . . for women, a dichotomy between desire and threat is reproduced and experienced inside the classroom itself" (p.170). This dichotomy was demonstrated by the students' desire to learn and their ambivalence of how that learning was connected to their everyday lives as nurses.

The relevancy of the theories of feminism, critical social theory and phenomenology to nursing practice is questioned by the students. As Ann stated ". . .it was just more trying to teach us the theories and it just touched very lightly on nursing. It was more focused on yourself". The inability to see a connection between their personal and professional identity, demonstrates the internalisation of

the bifurcation learned earlier and underlines the importance of understanding the students' historical situatedness.

Are the students then so embedded in previous socialization that they resist the new curriculum? Does the new curriculum's language and intent fail to recognize the contextual specificity and history of its students? I argue that the answer is yes to both of these questions.

Paulo Freire, the father of liberatory education, has described some of the pitfalls of using a critical pedagogy.

> This task implies that revolutionary leaders do not go to the people in order to bring them a message of 'salvation', but in order to come to know through dialogue with them both their objective situation and their awareness of that situation--the various levels of perception of themselves and of the world in which and with which they exist. *One cannot expect positive results from an educational or political action program which fails to respect the particular view of the world held by the people. Such a program constitutes cultural invasion, good intentions notwithstanding.* (Freire, 1970, p. 76, italics mine)

The term "cultural invasion" may seem unduly harsh to describe the curriculum in the bridge-in program. However, the goal of critical pedagogy, of providing an alternative to the dominant ideology, may result in the construction of "empowering education" which is itself oppressive. This phenomenon is demonstrated in O'Brien's work on nurses and health promotion.

O'Brien (1994) suggests that it is through nurses' emotional labor, the very manner in which they present themselves and the concepts of health promotion, that health policy is implemented. Although, done with good intentions O'Brien questions ". . . how "holism" and "client-centered" practice have impacted on health promotion programmes to shift the focus of new health initiatives away from collective, political relations of health towards individualistic and behavioural relations" (O'Brien, 1994, p. 406). The emotional labour of the nurse, her way of being, becomes the vehicle for the transfer of information which matches institutional health policy. The nurses' interpersonal skills are paramount in establishing rapport with individuals in order to have them incorporate health promotion behaviours into their lives.

> In this sense these emotional labours, easing the transmission of institutional health agenda, also participate in the continuing struggle between institutionalized health knowledge and practice and the habits, knowledge and practices developed in local cultural and social contexts. (O'Brien, 1994, p. 409)

The emotional labour of health promotion nurses in O'Brien's study, unwittingly negates individual's local, cultural and social contexts. Similiarly, from the student's perspective, the new curriculum also negated the students local, cultural and social contexts in its zeal for the

students "to actively engage in the creation of a counter hegmony"(Hills, et al, 1994, p. 223). In this way it may be possible that through the emotional labour required, to fulfill the curriculum's focus on self, yet another identity was formulated in concert with their bifurcated identity.

The three themes of: Bleeding for an A , Give me Meat and Potatoes, and Crossing the Language Bridge are all examples of the students' resistance to the innovative curriculum. They all stem from the curriculum's inability, from the students' standpoint as nurses, to establish a connection for them between theory and practice.

Bleeding for an A

Group process and journaling are foreign teaching tools to most of the students. Journaling was challenging for them. They are taught to document for hospital records precisely, and succinctly. This mandate is taken to the extreme in that complete sentences are not required for documentation of events. "When nursing information serves a variety of organizational purposes, precise documentation becomes a crucial feature of contemporary nursing work" (Campbell & Jackson, 1992, p. 479). The nurses are required to enter into the document only objective scientific

discourse. Entries which contain the emotions of the nurse are not appropriate.

Journaling then, provided the nurses with an opportunity to learn to express themselves through the written word. However, the boundaries of appropriate disclosure were not apparent to the students. Appropriate disclosure regarding their personal feelings was also of concern in the classroom discussions. They were unsure whether the discussions were about nursing issues or personal life issues. The curriculum explicitly challenges this separation and had hoped to provide the students with the opportunity for critical reflection. This intent was not obvious to the students. Cranton (1994) points to the students need to feel confidence as a prerequisite for reflection. "In order to begin critical reflection, the learner must feel empowered and have a sense of security and confidence" (p.86). The students in this study experienced confusion. For these students the foundation and support needed for critical reflection was not in place.

Give Me Meat and Potatoes

"Will health care be ready for us? Will there be a place for us? I need new skills!"(Fieldnotes). Clinical

skills are the foundation of what it means to do the work of the nurse for these diploma nurses. Despite the efforts of the curriculum to support alternative ways of being a nurse, the students viewed these efforts as theoretical frameworks which did not fit practical application in the hospital setting where they worked. As Liz questions "I was being with them and it was a whole new experience to just be and that's wonderful. I like to be but I just have to wonder how long can I be for and be paid? That's not what our health care system is paying me to do" Although the new curriculum informs students of new ways of "being", it doesn't acknowledge the limitations of working within a capitalist system. Nurses are paid for their labor, which includes "doing" for the patient as well as being with them.

The curriculum encouraged the students to explore community health, a site in which changes to the role of the nurse might be implemented. For example, the Comox Nursing Centre, an innovative project sponsored by the R.N.A.B.C., is held up as an example of nursing's future. However, even within this innovative project, it has been argued that traditional structural constraints continue to dictate practice (Amos, 1996). In addition, few job opportunities are available in the community at this time. The lack of

recognition of the difficulty in putting these theories into practice within a hospital setting coupled with a lack of practical skill development to do so, devalued the students' experience.

> Teachers frequently unintentionally devalue student experience despite the best political and ethical intentions. As a consequence, any sense of equality in the exchange between teacher and students is lost. In other words, a teacher's own pedagogy can be unintentionally elitist and autocratic. (McLaren, 1989, p. 226)

As McLaren points out, the unintended consequences of using critical pedagogy can be student disempowerment.

> Empowerment is not just a product of critical self reflection but also a prerequisite for beginning the process and an important component of continuing the questioning of basic beliefs and assumptions. (Cranton, 1994, p. 76)

The inability to start teaching from the students' social and cultural experience, using their language and valuing their historical situatedness creates unintentional elitism.

Crossing the Language Bridge

The language used to describe the students' nursing experiences came from the curriculum rather than the students themselves. The students were taught to construct their experiences within the jargon of critical pedagogy. For instance, the hospital could be described as an

oppressive patriarchal hierarchy. These terms were meaningless to the students. This is not to say that they did not experience oppression within a patriarchal hierarchy, but simply that these words to describe their experience were foreign.

The academic discourse of critical pedagogy provides teachers with a new construction of their role and a new way of talking about teaching and learning. It also provides a framework for describing the social and cultural structures within society which are oppressive. Critical pedagogy also suggests starting critical discourse from the students' standpoint, using their language to support a perspective transformation (Freire, 1970; Giroux, 1992; hooks, 1994; McLaren, 1994; Shor, 1992). Otherwise, the unintended outcome becomes, for the student, the replacing of one ideology and dogma for yet another. As one participant (Liz) points out in the following excerpt some students did learn the language, to improve their skills as student.

Liz

"I heard one of them say I'm just going to go along and do it from a phenomenological style because I know that's what they want and some of my classmates said that it's far

easier to just do it their way, I'm going to pretend that I thought health was being free of disease but now I've learned that health is a way of being in a resource and do the paper from a health promotion perspective."

The phenomenon, of students learning the skills of being a successful student are not unique to this curriculum (Olesen & Whittaker, 1968). These students also learned from their previous training how to conform to a school's standards of behavior. What makes this phenomenon unique in regards to this curriculum, is that its very intent in introducing the language of critical pedagogy is to provide the students with a language which fits their experience. These students question whether the language being taught can be used at all outside of the University setting. Liz comments, "It may be a good curriculum but I still don't know if the rest of the world is ready for us. You know, is it just going to isolate nursing even further than what we might have already felt isolated?"

Caterpillars or Butterflies?

Did the students in this study experience a perspective transformation? The curriculum hoped the students would

demonstrate this learning by their willingness to ". . . challenge the prevailing hegemony or predominant world view, to explore assumptions and biases embedded within it, and to actively engage in the creation of a counter hegemony" (Hills, et al, 1994, p. 223). The students' perspectives did change, the students did learn new ways to see the world and their part in it. Diane became more confident in expressing her opinions. She found her "voice." Betty learned about the importance of research. Eve learned to see nursing from the client's perspective. Ann learned to label her experiences. Elizabeth learned how she wanted to nurse and Liz learned to think about knowledge construction. This description of student learning does not do justice to the students' actual learning and can not possibly encapsulate all that occurred. However, it is apparent from the students' interviews that they are not, as yet, interested in actively creating a counter hegemony.

The student learned about the prevailing hegemony. They learned about the social and structural context of oppression, but perceived they were left without the tools to do anything about it in their daily lives. The curriculum encouraged political activities, lobbying etc., but did not teach the students alternative ways to deconstruct the real

power imbalances in their daily life in the hospital as nurses.

Summary

Cultural invasion was not the intent of the new curriculum. However, as cited previously, Paulo Freire (1970) warned educators: "One cannot expect positive results from an educational or political action program which fails to respect the particular view of the world held by the people. Such a program constitutes a cultural invasion, good intentions notwithstanding.(p.76)

As with the use of the Tyler curriculum model, nursing education has again appropriated a curriculum design without adequately accommodating the unique context of nursing practice. This is not to say that critical pedagogy can not be used in nursing education, but rather, that it must be acknowledged that nursing is a practice based discipline. Practical skills and physical care of the ill are deeply embedded within the art and science of nursing. They are central to the core construction of the identity of the nurse.

> Any emancipatory curriculum must emphasize student experience, which is intimately related to identity formation. Critical educators need to learn how to understand, affirm, and analyze such experience. This means not only understanding the cultural and social forms through which students learn to define

> themselves, but also understand how to use that student experience in ways that neither unqualifiedly endorse nor delegitimate it. (McLaren, 1989, p. 224)

The curriculum "revolution" can not succeed because the conditions for change are not in place. These conditions include; the students' realization and desire for change both in the work place and in their construction of personal and professional identity, teaching practices which begin with the students view of the world and lastly a hospital setting receptive to a new paradigm in nursing practice.

The students in this study struggled with the content of the curriculum and did not see a relationship between what they were learning and nursing practice. The critical perspective was, in many respects, perceived by the students as being foreign and imposed from above, rather than as something that grew from their own experience. Its language and intent was not easily grafted onto nursing practice in the institutional setting from which the students came, and to which they would return.

Curriculum based on the principles of critical pedagogy are difficult to implement. Some of the problems are: the student-teacher relationship, teaching within the confines of the University's institutional practices and the teaching

of theoretical constructs.

The caring curriculum emphasized the relationship between the student and the teacher. This valuation of the interactions between student and teacher is similar to the concept of "co-intentionality".

> Instead of a banking education which domesticates student, problem-posing offers a search for knowledge. In this mutual search, the teacher and student develop 'co-intentionality', that is, mutual intentions, which make the study collectively owned, not the teacher's sole property. This mutuality helps students and teachers overcome the alienation from each other developed year by year in traditional banking classrooms, where a one-way monologue of teacher-talk silences students. Co-intentionality begins when the teacher presents a problem for inquiry related to a key aspect of student experience, *so that students see their thought and language (subjectivity) in the study.* (Shor, 1993, p.26, italics mine)

The students in this study did not see their thoughts and language in the curriculum. It was therefore difficult for them to establish a co-intentional student-teacher relationship.

Although critical pedagogy provides educators with a new language and a sense of community of resistence to traditional teaching practices, the structures within the University confine practice.

> In the hierarchical model of the University, this learner-centred characteristic of adult education practice is replaced by a compliance with the structurally imposed requirements faced by both

> teachers and learners. The capacity of the University to dictate practice and norms is a power which it does not even pretend to share with those involved in the institution. (Schick, 1994, p. 23)

The institutional practices of the University therefore restrict the teacher's ability to spontaneously respond to the student's learning needs.

The theoretical constructs of feminism, critical social theory and phenomenology are complex and require considerable study to facilitate understanding. These beginning students may have experienced confusion since the philosophical foundations of feminism and critical social theory are divergent with those of phenomenology. Whereas, critical social theory and feminism see power imbalances in society as constructed societal structures, phenomenology seeks to describe the idiosyncratic lived experience of individuals.

Although critical pedagogy is difficult to implement, it may have been more successful, had the curriculum started with an understanding of the students' construction of nursing. A construction which is historically situated in skill development and an internalisation of a division between professional and personal identity.

Nursing education must be cautious. Teaching strategies

and pedagogy which claim to be empowering and transformative for students require careful scrutiny since, ". . . without this skepticism and modesty, 'liberation' can become another form of oppression: the imposition by an elite of a particular understanding of freedom" (Welch, 1985, p. 219).

In the case of this study, the desired liberation actually became a form of cultural invasion. The curriculum was an imposition of a foreign language and ideology which overran the students' perspectives and experiences, which are embedded within their gender socialization and reinforced by their learned and lived experience of nursing.

It is important to stress, that these are the unintended consequences that Attridge (1984) has described as "curriculum iatrogenesis" (p.119). One of the important findings of this study is that even where care and attention is taken to address issues of power and its effects within the experience of learning, such effects are not easily discarded. Instead, the effects of the curriculum are experienced by students' in multiple locations. Therefore, further exploration is encouraged to better understand how these effects can be turned to accomplish the goals of the curriculum, within a practice based discipline.

Recommendations for Future Research

Through the research process, it became apparent that this topic opens up many questions that need further investigation. The following are an example of some of these questions that could lead into the development of research questions. Why didn't the curriculum teach practical skills which the students wanted to learn? Why did the curriculum stress community nursing when there are few job opportunities awaiting these students in the community? And lastly why did they ignore the site of the majority of nursing practice, the hospital?

Future research studies could involve the development of joint research projects between hospital nurses and nurse educators from the University. This would provide nurses within the work place with a community of support outside the University.

The extension of this research project into a longitudinal study is another research possibility, exploring the constructions of the participants at the end of the baccalaureate program or two years following the completion of the program. Has their learning within the caring curriculum changed their nursing praxis? If not, why not? If so, in what ways?

Critical pedagogy hopes to expose the embeddedness of institutionalization. This study has suggested, that at this point in the students' education the social, historical, and cultural context of nursing and nursing education, remain largely hidden from the students. A longitudinal study may therefore help to reveal the particular conditions underlying a student nurse's ability to recognize those institutional constraints. Nursing educational research, by a critical observer, is crucial so that the hidden social, historical, and cultural context does not remain hidden through the business of enacting the curriculum.

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Appendices

Appendix A

Professional Growth Bridge-In

Course Description

This course is intended to provide participants with an opportunity to develop an awareness of the collaborative philosophy, and the beliefs and values upon which this particular nursing program is based. Participants will have the opportunity to explore such subjects as self as nurse, a nurse's work, teaching and learning, nursing as a caring profession and ethical nursing practice. These subjects will be considered from the participants' own experiences as well as from the theoretical perspectives of phenomenology, feminism, and critical social theory.

Ends-In-View

The course is aimed at providing an opportunity for participants to explore their experiences of nursing and the nurse's work, and to become aware of the philosophical orientation which guides those experiences. In addition, participants will be introduced to alternate philosophical and educational perspectives and have opportunities to consider these perspectives in relation to their own professional growth.

Course Process

The course is organized around five units. You will find required and optional readings listed by unit and the anticipated dates that we will be working on these topics.

Teaching/Learning Process

It is the faculty's intent to foster critical examination of issues relevant to the experience and practice of nursing. It is hoped that participants will begin to become critically aware of how and why their assumptions about the world and themselves influence the way in which they make meaning of their experiences and, in essence, create their experiences. With this end in view six main activities or learning process will be engaged in within this course. These activities include **observation, reflection, critical thinking, questioning, dialogue, and reflective writing**. Using your personal narratives and experiences the learning activities throughout the course will engage you in these processes.

Although this course is somewhat theoretical, it is our intent that a number of the ideas contained in it will be explored in relation to the Bridge-in Nursing Practice course. Whether you are currently taking the Nursing Practice course or plan to take it in the future, you will have opportunities to make meaning of the professional growth concepts within the Nursing Practice course. Conversely, the concepts within professional growth can help you make meaning of your practice experiences.

The Learning Process Within Nursing 320

Observation and Reflection (1)

Throughout the course I will ask you to use your powers of observation to take note of something within a past or present experience, reading, and so forth. Observation includes the seeing, hearing and sensing of events and experiences and includes a reflective component. This reflective component involves pondering the meaning of what your observations have illuminated. The processes of observation and reflection are intended to increase your awareness about yourself and your nursing practice. Through theses processes, preconceived ideas can be challenged. In essence, it is possible to begin to see the familiar everyday occurrences in your life in somewhat different ways.

Critical Thinking (1)

Critical thinking is a process which entails a continual questioning of observations, experiences, and of the taken-for-granteds inn our experiences and our world. Through critical thinking, past actions and events can be reinterpreted from a new vantage point and new possibilities can be explored.

Brookfield (1987) describes four components of critical thinking which will be integrated within this course. These include:

1. Identifying and challenging assumptions which underlie the ideas, beliefs, values and actions that people take for granted.

2. Challenging the influence of context on habitual perceptions, understandings, and interpretations.

3. Imagining and exploring alternatives.

4. Reflective skepticism in which people become skeptical of claims to universal truth or ultimate explanation.

Although the term critical thinking implies a rational thought process, emotions are also central to the critical thinking process. Asking critical questions about our previously accepted values, ideas and behavior can be anxiety-producing. As a result, confusion, anxiety, resentment, anger and resistance are some of the feelings which are commonly experienced as one engages in the process of critical reflection. It is our hope to be able to support you in this process, acknowledge the thoughts and feelings you may be experiencing, and to help you make meaning of them.

Questioning (1)

Questioning is central to the processes of observation, reflection and critical thinking. Questioning invites a reconsideration, a reiteration and/or an expansion of something that has been observed, experienced, valued, or assumed. Throughout this course we will pose, and ask you to pose, questions. The aim of these questions will be to invite you to observe and to reflect on your experiences, illuminate the taken-for-granteds within those experiences and to reconsider your perceptions,, interpretations and actions.

Three types of questions will be used: descriptive questions, contextual questions, and reflective questions (Hoskins & Stypka, 1992). Descriptive questions will be used to facilitate rich descriptions of your experiences, reactions, perceptions, concerns, goals and so forth. In addition, descriptive questions will be used to help you expand your observations, and assist you in telling the story or narrative of your experiences. Contextual questions will be used to facilitate exploration of relationships between your perceptions, ideas, feelings, beliefs, contexts, actions, and experiences. The purpose of context questions is to help you gain a fuller understanding of your patterns of experiencing, perceiving and acting. Reflective questions will be posed to facilitate self-exploration and examination of meanings, values and belief systems. Reflective questions help illuminate how interpretations are made and the elements which influence those interpretations. Through the use of reflective questions we will encourage you to go beyond simply recalling information to thinking more deeply about your thoughts, feelings, beliefs, values and taken-for-granted assumptions and their effect on your perceptions, actions and experiences.

Dialogue (1)

One of the fundamental beliefs underlying the collaborative curriculum is that learning is a collaborative process. We believe that the learning process cannot realize its full potential without some form of dialogue. Dialogue opens the possibilities for familiar everyday experiences and actions to be viewed from another's perspective. In addition, dialogue provides the opportunity for the processes of questioning and critical reflection to be expanded.

<u>Required Text</u>:

National League for Nursing (1988). Curriculum revolution: Mandate for change. New York: National League for Nursing.

<u>Recommended Text</u>:

Street, A.F. (1992). Inside nursing: A critical ethnography of clinical nursing practice. Albany, NY: SUNY

INTRODUCTION TO THE COURSE

COURSE STRUCTURE:

The course is divided into three major units:

1) Introduction to health, healing and health promotion
2) Health in the context of the family, and
3) Health in the context of the community

Each of the units is composed of individual sections. These sections will take us one to two class sessions to complete. Each unit is outlined below:

UNIT 1: INTRODUCTION TO HEALTH, HEALING AND HEALTH PROMOTION

- The personal meaning of health, healing and health promotion
- The context of health
- Evolution of health promotion principles, practices and paradigms

UNIT 2: HEALTH IN THE CONTEXT OF THE FAMILY

- Traditional approaches to family nursing practice
- Emerging approaches to family nursing practice

UNIT 3: HEALTH IN THE CONTEXT OF THE COMMUNITY

- The meaning of community
- What is a healthy community?
- Primary health care and health promotion of families and communities
- Nurses as healers with individuals, families, and communities

COURSE CONTENT

Building on your existing knowledge and experience as a registered nurse, this course provides opportunities for you to further develop a health promotion and caring perspective. Using your own experiences and ideas as a starting point, the course readings focus on theories and concepts related to health promotion, family nursing and community nursing. In the first unit, you will be introduced to a number of theories, concepts, and ideas related to health, health promotion and healing. The second unit focuses on how nurses provide health promoting care to both individuals in the context of the family and to the family as a whole. The final unit builds on the first two and expands our understanding of how nurses work with, and within, communities in a health promoting way.

COURSE PROCESS:

PRAXIS

Because of the linkage with the Practice Course, you will find yourself continually examining and re-examining your experiences in practice in light of the theory presented in this course. Similarly, you will also develop a critical and reflective approach toward the theories presented in this course based on your own practical experience. This process of dynamic interaction between experience and theory is called **praxis** and it is a critical component in our Collaborative Curriculum.

LEARNING ACTIVITIES

As you will soon discover, this course is constructed entirely around Learning Activities. Learning Activities include things like background readings, reflective questioning, narrative and reflective writing, and dialogue with learning partners. Learning Activities are constructed to assist you to complete the course assignments. The components of Learning Activities are briefly described below.

Reflective questioning is a process in which you are asked to consider and ponder your experiences, thoughts, emotions, attitudes etc. in relation to a particular phenomenon. The process of reflection is intended to increase your awareness of self and your practice. Narrative writing is closely related to "storytelling". You write about an incident, event or experience in a way that conveys the who/what/where/why/how of your experience. Reflective writing is less descriptive and more personal as it conveys your examination of the meanings, values, and beliefs of a phenomenon or event. Dialogue is a process of sharing your experiences and ideas with others in a respectful and reflective way that helps to expand your understanding.

LEARNING PARTNERS

A core belief of the Collaborative Curriculum is that it is important for both students and instructors to engage in ongoing dialogue. To this end, all students enrolled in the course will work throughout the term in a small group of learning partners. Although the group may be as small as two, ideally, you will be able to form a small working group of three or four learning partners. These groups will be formed during the second class. Please give some thought, in advance of this class, about groups you may wish to work in.

Having your papers proofed by your learning partners is a good way to improve the quality of the paper. Often, small inconsistencies, grammar or spelling errors can be picked up by other eyes.

COURSE NOTEBOOK

You may want to use a loose-leaf notebook to record your reflections and narratives as required for many of the Learning Activities. You will be required to photocopy some sections from this notebook as part of course assignments.

COURSE ASSIGNMENTS

There are two course assignments that have been constructed to help you integrate the course materials presented in the Learning Activities. Both of the papers are to be written in a scholarly manner. References must be cited according to the fourth edition of the Publication Manual of the American Psychological Association (called APA referencing for short).

Papers are to be submitted to the instructor by the time specified in this course outline. Extensions may be granted in cases of personal/family emergency. Should you require an extension, you must contact the instructor within 24 hours prior to the due date to arrange this. Papers submitted late without an extension will be have the mark adjusted accordingly - half a grade a day - for example, a B paper will become a B-.

THE ROLE OF THE INSTRUCTOR

In the new curriculum, the course leader functions as a discussion facilitator and a resource. You can expect that the instructor will attend class, having completed the readings, and reflected upon the subject matter. The instructor will keep office hours as arranged, will respond to questions and will return assignments in a timely fashion. Should you have any concerns/ questions, please feel free to approach me.

YOUR ROLE

The success of this course is dependent on three factors: your attendance, your preparation and participation. To this end, it is an expectation that you will come to class having done the assigned readings, ready to discuss with your learning partners and/or the class, your ideas on the readings, and situations from clinical practice which may or may not illustrate points under consideration. Each nurse has a whole range of experience which flavours our outlook and practice. By sharing these experiences, others can learn. You are invited to bring articles, poems, music, pictures or anything else you feel will enhance the course to class.

LEARNING RESOURCES

A booklet of readings is available in the book store for this course. There is no assigned textbook. If in your research you come across any articles that you feel would add to the discussion in class, please feel free to bring them along.

RNABC (1994). Creating the new health care: A nursing perspective. Vancouver, BC: RNABC.

Nursing 331: Nursing Practice Bridge-In

Place: Elliott Building, Room 160

Time: Thursdays, 14:30 - 17:30 (Bring your thermos of coffee.....this is a late afternoon class!!)

Instructor:

School of Nursing,
Phone:
Fax:
E-mail:

"At the point of encounter there are neither utter ignoramuses nor perfect sages; there are only people who are attempting, together, to learn more than they now know."

- Paulo Freire

"It is not best that we should all think alike; it is difference of opinion which makes horse races"

- Mark Twain

Introduction to Course:

As the name probably implies, Nursing Practice involves the practical application of skills and knowledge that you will be studying in other Bridge-In courses: Health Bridge-In, Professional Growth Bridge-In (and possibly Knowledge Development Bridge-In). While you are engaged in nursing practice activities (to be negotiated with instructor), you will reflect on what you "know" from your experience and other courses in other to "be" with families and "do" work again with a deeper understanding, hence, forming new knowledge. This is *praxis*, **a reflective process** which is evolutionary, based in reality, involves reciprocal interactions, and is cyclical in an ever-widening spiral of knowledge. If this all sounds a bit confusing right now, please be patient....it should make more and more sense as the course progresses!!!

As this course is being taken in conjunction with other nursing courses, it might be helpful to quickly review what these other courses are and what you should be learning in them:

In the **Health Bridge-In** co-requisite course, you will study the meaning of health, healing, and health promotion related to your own beliefs, values, and practices, as well as to your work with families and communities.

In the **Professional Growth Bridge-In** course, taken prior to or concurrently with Health Bridge-In and Nursing Practice, you have already or presently will be exploring the self as nurse, nurses' work, teaching and learning, nursing as a caring profession, and ethical nursing practice. These concepts are studied and analyze from three different perspectives: phenomenology, feminism, and social critical theory, and students will be asked to incorporate this theory into the Nursing 331 course as they explore their personal theories of nursing.

Learning activities in **Nursing Practice Bridge-In** will reflect the content of the Health Bridge-In and Professional Growth Bridge-In courses, and students will be asked to review readings from them to help them in their work.

Now, some questions I suspect you might be wondering..........................

"SO WHAT WILL I LEARN IN THIS CLASS, AND HOW WILL IT HELP ME AS A NURSE??"

Important questions! As all students in this course are experienced R.N.'s, usually with a vast wealth of valuable nursing experience, this course will *not* teach you how to "be" a nurse. Rather, it will give you the opportunity and time to reflect upon what kind of nurse you have "been," and what your previous nursing experience has meant for you. That is, you will have opportunities to consider what aspects of your nursing have brought you senses of accomplishment, pride, frustration, anger, joy, shame and so forth. From this reflection, you will hopefully arrive at some ideas of what you would like your nursing to look like in the future -- be it the same, slightly different, or radically different than what your nursing looks like now. Your readings in health, healing, feminism, critical social theory, etc., may also influence your developing ideas in varying degrees.

Given your reflection on who you are as a nurse, and where you see yourself as a future nurse, you will have opportunities to "try out" your nursing on two families: a "resource" family and a "clinical agency" family. Although these family visits may seem "artificial" (in the sense that nurses' busy schedules rarely allow them to spend 1- 2 hours one-on-one with clients in their homes) they will allow you the rare luxury of time with a client to

experiment with some of your ideas about nursing (and ideas being introduced in your other classes) with these families.

By the end of this whole process (and course), you should have a much better idea as to who you are a nurse, what "kind" of nursing it is that you do, where you might like to head as a nurse in the future, and how some of the ideas in this curriculum fit (or don't fit) for your own personal experience.

"WHAT WILL MOST CLASSES BE LIKE?"

Well, to begin with, there will be little or no presentation of "new" material in this class. That is, unless the class decides they want me to, I won't be lecturing or presenting new material / knowledge in this course. Rather, the classes will be structured to help you "make sense" and "make real" what you are learning in your other courses (i.e., "Professional Growth" and "Health." The emphasis will be on *comparing and contrasting* what you are learning in your other courses about nursing, health, and so on, and *what your "real-world" experience* (your nursing practice) *is of these ideas.*

Thus, in each class you can expect some or all of the following:

1) A fair bit of **discussion**, both as a class and in smaller groups. Most of this discussion will center around your practice experiences, and the extent to which your other course work is able to assist your practice / nursing experiences.

2) **Journal work**. Each class will devote approximately 30 minutes of journal work. This is time where both instructor and student alike will reflect and write about their nursing practice, and their experience / growth in this course. There will be an optional time for sharing journal ideas after the process of journalizing.

3) Opportunities for group **problem-solving.** As issues and problems arise (they always do!!) during practice experiences, students will be able to dialogue with group members -- and draw upon their experience and expertise -- to help gain insights and ideas around problems.

4) Possible **role-playing.** While some students dread role-playing (acting out situations), it can be a wonderful opportunity to gain confidence for real-life encounters, and to experiment with different approaches to situations.

5) **Other ideas??** As the class progresses, other experiences (e.g., films, guest-speakers, video-taping, poetry-reading, lectures, etc.) can be negotiated if the class feels a need for different kinds of experiences to help reach learning needs not being met.

"WHAT ABOUT ASSIGNMENTS?"

There is one marked assignment for this course, which is due on the last day of class (the end of Week 13, April 6th). This assignment is graded as either **Pass or No Pass.**

The **overall purpose of this assignment** -- which is a written paper -- is to communicate your ideas, thoughts and feelings about your progress in this course and your nursing practice.

Guidelines: Please, this assignment should be no more than 15 pages, double spaced and typed (with roughly 1 1/2 inch margins, so I have room to make comments). Please include a short **table of contents**, and I would encourage you to use **headings** (and sub-headings if needed) to organize your paper and guide the reader as topics change in your paper. I would also ask that you include an **introduction** (stating the purpose and content of the paper), as well as a **conclusion**, which summarizes the main points of your paper. As this may be the first paper many of you have written for some time, some time in class will be spent (if the class would like) on some aspects of writing (e.g., organization, outlines, etc.).

Content of Paper: This paper is an opportunity for you to thoughtfully reflect on the changes (or lack of changes) in you and your nursing practice, as a result of being in this course. This is your personal journey, and it should reflect your unique experiences both as a person and as a nurse. Each of you will be at a different place in your ongoing evolution as a nurse and in developing your personal ideas around nursing. This evolution will be influenced by your own beliefs, values, and experiences as a person, as well as your past nursing practice experiences and your experiences in this course.

Using the five domains of nursing practice identified by the RNABC for safe practice as an organizing framework (i.e., Health and Healing; Teaching and Learning; Clinical Judgment; Professional Responsibility; and Collaboration and Leadership), discuss experiences of your nursing practice with your families in the community.

Obviously, there is room for lots of variation in this paper, and different students will have many different ideas to include in their reflections for their paper. We will have opportunities in class to discuss ideas for this paper. **If you have been keeping up-to-date with your journal** (see below), **most of the ideas for this paper can be taken directly from your journal.** To get you thinking about your experiences and how you might write about them in your paper, here are some ideas you may wish to consider (many of these ideas are probably / hopefully in your journal:

- Think about the impact this course has had on you as a person
- Discuss where you started from in your view of yourself as a nurse and where you see movement in your health-promoting practice.

- Critique any experiences that prompted you to seek more information from the literature.
- Discuss your understanding of health, healing and health promotion:
- Thoughtfully reflect on what was hard, easy, boring, fun, worrisome, joyful, exciting, meaningful and/or meaningless as you worked with families and people in the community.
- Consider the difficulties (or eases) of applying what you been learning in your courses in "the real world."
- Consider the important ideas and actions to carry with you into your future practice.
- Review your journal for any other ideas you might find in there!

Marking of Paper: Please have a look at the "Clinical Appraisal Domains of Nursing Practice and Related Competencies" (at the end of this course outline); these are the competencies that will be used to grade your paper as either a "pass" or "no pass." If your paper reflects these competencies and quality indicators, it will receive a "pass;" if it fails to reflect these competencies and quality indicators, you may be asked to re-write or revise your paper. *Therefore, please be sure to carefully review the clinical appraisal competencies and quality indicators before commencing on your paper.* The clinical appraisal form will also be discussed in class.

"HOW WILL THE "NURSING PRACTICE" FAMILY EXPERIENCE WORK IN THIS COURSE??"

You will have access to two families in this course; a "resource" family and an "agency" family.

The resource family is self-chosen. It could be a family you know through work, a club, church, organization, an acquaintance, etc. This will be a family that you see only two or three times at the beginning of the course to "warm up" your interviewing and family visiting skills (around health and health promotion issues).

The second family -- the "agency" family is a family that will be provided by one of several dozen agencies here in the Victoria area. After you have provided us here at the School with an idea of what kind of family might help you meet your learning needs best, we will then try to match you with such a family that you will make approximately six home visits. The nature and purpose of these visits will be discussed in class, but are essentially opportunities for you to learn more about how families view the concepts you are learning in your other courses (i.e., professional growth and health bridge-in), and for you to experiment with possibly new ways of being a nurse.

"WHAT ELSE IS EXPECTED OF ME IN THIS COURSE?

Well, three things:

1. Class participation: As class discussion and reflection is such an important piece of this course, participation is very important. I will do everything I can to make class participation as safe, comfortable, and relaxed as I can, but please let me know if there is anything else we can create as a class to foster your participation. Also, regular attendance is very important, and I would ask you call me ahead of time if it looks like you will be unable to attend a class. Attendance will be noted, and *make-up work may be required if you miss more than 3 classes.*

2. Some Learning Activities: Short learning activities will be provided for you as the course progresses. These activities were designed to get you thinking and reflecting about your nursing and your family visits. By writing your reflections on these activities in your journal (class time will be allowed for this), you will build ideas which you can then use for your final paper.

3. Journaling: Keeping a journal can either be an enriching, exciting process by which you discover new things about yourself, or a painful, meaningless chore. With your help, I'd like to help ensure that the journal you keep in this course is more on the enriching and exciting side of things! We'll talk in class about ways we might make this happen.

This course will require that you keep a journal which includes your reflections on things that happen to you in class, your learning activities, and your experiences both at work and with your resource / agency families. Roughly 30 minutes of "quiet time" will be allowed at the beginning of each class to work on your journal, and your instructor will also be keeping a journal of his experience of the course. Your journal is **private**, and *no-one will read it except yourself*, unless you chose to share parts of it. You will, however, be asked to hand in a short synthesis (2-3 pages) of the main themes of your journal half-way through the course for the instructor to review and return to you. Also, it is expected that your journal will be the primary source of information for your final paper you submit. Keep a good journal, and your final assignment should be quite easy!! Further journaling guidelines will be reviewed early on in this course.

"HOW DO I GET IN TOUCH WITH THE INSTRUCTOR??"

My "official" office hours are Mondays from 14:00 - 16:00. This is the time where you have -- at least theoretically -- a 100% chance of finding me in my office. However, I know that this time doesn't work for everyone, or that all your questions won't come up Monday afternoons! So, if you need to get in touch with me at other times, you can try dropping by my office, or calling any time with a question or to make a definite appointment with me at another time. I have set aside all day Tuesday and Friday for writing a distance course, so I would ask that you please try not to disturb me those days. Thanks. I'm also available for as long as need be after our Thursday classes for anything you want to talk with me about then.

NURSING 340

PROFESSIONAL GROWTH:

KNOWLEDGE DEVELOPMENT IN

NURSING PRACTICE

BRIDGE-IN

Date:	Mondays
Time:	3:30 p.m. to 6:30 p.m.
Place:	HSD A254
Course taught by:	
Office Number:	
Office Phone:	
Office Hours:	Mondays, 1:30 p.m. - 3:30 p.m. Wednesdays, 1:30 p.m. - 4:30 p.m.

An introduction to thinking about the development of knowledge ...

> It is not easy to think like a woman in a man's world, in the world of the professions; yet the capacity to do that is a strength which we can try to help our students develop. To think like a woman in a man's world means thinking critically, refusing to accept the givens, making connections between facts and ideas which men have left unconnected. It means remembering that every mind resides in a body remaining accountable to the female bodies in which we live; constantly retesting given hypotheses against lived experience. It means a constant critique of language, for as Wittgenstein (no feminist) observed, "The limits of my language are the limits of my world." And it means that the most difficult thing of all: listening and watching in art and literature, in the social science, in all the descriptions we are given of the world, for the silences, the absences, the nameless, the unspoken, the encoded -- for there we will find the true knowledge of women. And in breaking those silences, naming ourselves, uncovering the hidden, making ourselves present, we begin to define a reality which resonates to us, which affirms our being, which allows the woman teacher and the woman student alike to take ourselves, and each other, seriously: meaning, to begin taking charge of our lives.

A. Rich (1978). *Taking Women Students Seriously*

OVERVIEW OF THE COURSE

Through this course, students will explore different sources of knowledge and how these sources are represented in everyday encounters in our lives as members of society generally and as members of the nursing profession in particular. A profession such as nursing has a long history of developing knowledge and in presenting that knowledge in ways which it hopes will be acceptable to others who make judgements about the 'soundness' of knowledge. As such, our knowledge has been influenced over time by a wide variety of factors such as gender, the local cultures where we practice and the history of nursing as a profession. We will explore the effects such influencing factors have had on how we presently think about knowledge and will examine some of the implications of knowledge development when we think of ourselves and the people we work with as 'knowers'.

PROCESS

The course will be offered over thirteen weeks in the Spring semester. The course is designed and offered in seminar format. For the most part, I will take the position of discussion facilitator, posing questions arising from the assigned readings. I will expect you to have familiarized yourselves with the assigned readings ahead of each session and to have reflected on relations between the readings, previous course discussions and your own experiences of nursing practice. I will incorporate your input as I provide additional background information to facilitate your understanding of the concepts.

There will be time set aside for breaks during the three-hour sessions. A mutually agreed upon format for breaks will be discussed during the first class.

ENDS IN VIEW

Although you may feel that a course which focuses on the development of knowledge might be very dry and abstract, my aim in this course is to challenge that prevailing view. During the course you will have opportunities to explore your practice, all the different forms of knowledge that you draw on in practice, so that you can, by the end of the course, think about what you do as a nurse not simply as work but as knowledgeable practice. The exploration will take place via three forms of learning: personal reading, engagement in classroom discussions around the readings and through assignments. I will expect you to make clear in the assignments how you are making connections between classroom discussions, readings and your own reflection on the development of your knowledge as a person, student and nurse.

The course content and experiences are aimed at providing you with opportunities for critically examining your own ways of representing who you are as a person and a nurse as well as opportunities to contrast your ways of knowing about yourself and nursing with those of other people

who have written about nursing and nurses. The emphasis on 'representation' is a crucial one. In this course, knowledge is treated as connected to our views of the world and that to explore our knowledge means that we must begin to explore how we understand the world in which we use our knowledge: how we represent our knowledge in the world.

You will have opportunities to share experiences of practice with your colleagues -- experiences which you believe have influenced your present practice -- experiences which, when drawn together as your own personal history, represents your own 'theory' of nursing practice.

We will examine three features which influence the development of our knowledge of ourselves and thus impact on how we can know as nurses: how we use **history** to create integrated personal and **gender** on the production and application of knowledge in practice; and how gender and history work together to produce a **cultural context** within which we practice as nurses. The course concludes with a discussion of the implications of thinking about developing knowledge as representing the power of language to create meaning. You will be encouraged to give consideration to the relationship between developing professional knowledge and practicing ethically.

EVALUATION

A detailed outline of the assignments, weighting of assignments and due dates will be handed out on the first day of class.

A note on the readings ...

In the following section I will present an overview of themes which will serve as a basis for discussion in each of the sessions. I also include required readings. As you will see, some of the readings will be used in more than one session. I would really like to make it clear to you that I do not intend for you to read these articles for full comprehension, especially not the first time through. Where an article (for instance, Hiraki [1992]) is used on more than one occasion you will undoubtedly pick up more from the article each time you peruse it.

What I would ask is that you obtain the article and read it through perhaps twice before you come to class. The first time, read the article quite quickly. Make a note on what seems striking to you. Then, read the article again, a bit more slowly this time. Again, make notes of anything that strikes you -- how does reading the article make you feel? Do you feel you understand what the author(s) are trying to say? Can you identify what's getting in the way of your understanding? Does the article bring any examples from your own practice to mind?

The Collaborative Nursing Philosophy

The philosophy of the collaborative nursing program is informed by humanistic, existential, phenomenological and socially critical orientations. These orientations are reflected in the way in which the program views persons, health and healing, health care, nursing and curriculum.

Persons

Persons refers to human beings, whether they are in an individual, family/group, community, or societal context. They are holistic beings who bring unique meaning to life experiences. People make choices based on the meaning they attribute to their experiences and their choices are influenced by both internal and external factors. Implicit in the choices people make, is the responsibility to be accountable for the consequences of their actions. Although ultimately alone and self-responsible, people live in relationships with others and are constantly evolving as they interact, and strive toward health.

Health

Health (as described by the World Health Organization) is the extent to which people are able to realize aspirations, satisfy needs, and to change or cope with the environment. The environment comprises all cultural, lifestyle, political-economic, interpersonal, structural and other ecological factors. Health is a resource, not an object of living: it is a positive concept emphasizing social and personal resources as well as physical capabilities. Promoting health involves enabling people to increase control over and to improve their health (World Health Organization). People in ill health (whether physical, social, psychological or spiritual) may still consider themselves to be healthy if they are able to lead, what they consider to be, satisfying lives. Health and healing co-exist and healing is not simply viewed as the movement along a continuum from illness to health.

Health Care

The right to health care for all is highly valued by our society and supported by the Canadian nursing profession. Accompanying this right is our belief in equal quality of, and access to, health care through fairly distributed resources within and among our communities. People should be full participants in making decisions about their health.

The complex and changing nature of health care has direct consequences for the way in which nursing is practised. Nurses have a vital role to play in shaping and responding to the challenges of health care in our society. Nurses must strengthen their mandate and their ability to promote health through continuous professional growth.

Nursing

Nursing is the professionalization of the human capacity to care. Nurses are in a unique position to help people understand their health-related experiences and to embrace their ability to make informed health care choices. Through caring relationships, nurses inform and involve their clients. This relationship empowers clients to make the best possible choices for their health and enhances the healing process.

Nursing involves a highly complex process of simultaneously using reasoning and intuitive thinking while providing care. Nurses must know, care, manage the context, and deal with the unpredictable; they must assume responsibility for their decisions and their professional growth and be accountable to their profession's standards and ethics.

Nurses work with many other disciplines, and in this multidisciplinary health care context, nurses provide a unique perspective to client care. The unique role of nursing is the nurse's ability to understand people's situations from their perspective and to participate with them through a caring, informed relationship to promote health responses to life experiences.

Curriculum

The curriculum of the Collaborative Program is defined as the interactions that take place between and among students, clients, practitioners and teachers with the intent that learning take place. Therefore, the quality of the curriculum depends upon the quality of these interactions and students, practitioners, and faculty are equally valued as partners in the learning process. Learning is a reformulation of the meaning of experience and leads to changes in attitudes, feelings, and responses. Learning is critically affected by the learner's concept of self, which is itself learned. The self concept is enhanced when learners have a need to know, perceive learning as relevant and meaningful, and believe they have a chance of success. It is further enhanced when the learner's past and present experiences are acknowledged, respected, and reflected upon. When learners share the responsibility for identifying learning needs, planning learning experiences, and evaluating programs, their self-confidence increases and they become increasingly self-directed. Learners learn best when they feel cared for and challenged and when they experience success.

Nursing is a discipline that values different ways of knowing. Knowledge is derived from the understanding of self, practice, theory and research, with each way of knowing informing and influencing the other. This form of praxis is a dialectical process through which knowledge is both derived from and guides nursing practice.

COLLABORATIVE CURRICULUM FOUNDATIONS

Metaperspectives

A. Caring, Health Promotion Perspective

Consistent with the philosophy and goals of the program, the curriculum is intended to be enlightened by a perspective of health promotion and an attitude of caring. Caring is understood as the attitude and activity of nursing and will be considered in every nursing course. It represents the moral imperative, the motive power underlying all nursing realities and possibilities. As Bevis (1989) explains, caring is not just a soft and sympathetic notion but rather a driving force which compels nurses to act ethically and justly. Caring reflects the theories of Watson (1989), Benner and Wrubel (1989), Leininger (1980) and others, and is seen to encompass moral, ethical, aesthetic, theoretical and practical nursing care. In addition,

> It focuses on the welfare, protection, or enhancement of the cared for. To care is to act, [it] involves feeling with the other, receiving the other unto oneself, sensing with and understanding the other... the commitment of energy to the service of the other. [It] is primarily relatedness and connectedness...
>
> (Nyberg, 1989)

Implicit within the notion of caring is the obligation, derived from critical social theory and an important part of the curriculum philosophy, for the carer to challenge the prevailing hegemony or world view, to uncover the beliefs, values, biases which underlie the inequalities within it, and to counteract these on behalf of the client. It is from this obligation that nursing's advocacy role arises. (Allan, 1990)

The health promotion perspective is the second metaperspective of the curriculum and is intended to imbue every course. It builds on the notions of health as defined by W.H.O. and described in the philosophy (pg 3). It acknowledges the need for a socio-ecological orientation, that is, an emphasis on understanding persons within their broad contexts and their personal situations, and how health influences and is influenced by these environments. It recognizes the broad base of factors which influence health (RNABC, 1992) and requires a multidisciplinary focus where nurses must work with a variety of health care provides and other disciplines to support clients' initiatives to increase control over and improve their health. Health, as a resource for living, is not controlled solely by health care professionals or communities or clients. The pursuit of health is a partnership where all work together, contributing to the health effort.

Appendix C

Demographic Questionnaire

The purpose of this research is to explore the impact of the Collaborative Nursing Program's curriculum on returning nurses. The purpose of this demographic questionnaire is to collect data which will be used to select participants for the research study. The research study will involve audio-taped interviews, and field observations. The audiotaped interviews will be conducted at the beginning of the semester and again at the end of the semester. Each interview will be approximately an hour to an hour and a half in duration. All of the data for this study will be collected during the bridge-in portion of the curriculum. Your assistance in completing this questionnaire as accurately as possible is very much appreciated. All information on this form will be treated as confidential and anonymous. You participation or non-participation in this study will have no effect on your grades or standing at the University of Victoria. Your teacher will not have access to any of the information collected during this study, nor will they be aware of the names of the students who participate in the study.

---

1. Name ____________________________________

2. Phone Number: __________________________

3. Age: ___________

4. Sex: ___________

5. Please indicate the area of nursing in which you have the most experience (eg. Pediatrics, surgical, medical, psych. nursing, other)

____

Number of years experience in this area: ________________

6. Are you presently in the same area of nursing?

____

If not, which area are you presently in, and how long have you been in that area?

____

7. Please circle where you obtained your nursing education

Community college
Hospital based program
Other (specify) ________________________

8. How many years experience do you have working as a registered nurse? ________________

9. In which year did you graduate from nursing school?

_____

10. Are you familiar with the goals of the curriculum in the Collaborative Nursing Program? __________

Appendix D

CONSENT FORM

I understand that the purpose of this research is to examine the impact of the Collaborative Nursing Program's bridge-in curriculum as described by returning registered nurses. I understand that data will be collected regarding my impressions, opinions and experiences of the curriculum through the use of a questionnaire, field observations, audiotaped interviews and a focus group. I understand that the interviews will be approximately one to one and a half hours in duration and will be conducted at the beginning and the end of the semester. I further understand that the focus group will be conducted at the end of the semester, and will be approximately an hour in duration. I understand that this data will be collected during the bridge-in portion of the Collaborative Nursing Program from January-May, 1995.

I understand that the researcher will use the data from this study as part of the requirements for a Masters in Nursing degree as well as for possible feedback purposes for the nursing curriculum.

I understand that my participation is completely voluntary and that I can withdraw from the study at any time without explanation.

I understand that any data collected in the study will remain confidential; field note observations, interview audiotapes and questionnaire results will be kept in a locked filing cabinet. I understand that my interviews will be audiotaped and that the tape will be erased immediately after my thoughts, feelings and experiences that I talk about are coded in written form. Furthermore, I understand that my name will not be attached to any published results and that my anonymity will be protected by the use of pseudonyms. I understand, however, that my anonymity may be compromised by my participation in the focus group, wherein other participants may recognize me and will hear me discuss the results of the study.

I understand that my teachers will not have access to any

of the information collected during the study nor will my teachers be aware of my participation in the study. My participation or non-participation in this study will have no effect upon my grades or standing at the University of Victoria.

Participant's signature............................

Date signed..

Researcher...

Supervisor...

REGISTERED NURSES ASSOCIATION OF BRITISH COLUMBIA

TABLE 4

Registered Nurses Employed in British Columbia by Place of Employment
1993 - 1996

EMPLOYMENT	1993		1994		1995		1996*	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Hospital (Gen, Mat, Peds, Psych)	16,586	61.71%	16,771	61.66%	16,853	61.47%	17,824	64.16%
Rehabilitation	216	0.80%	235	0.86%	254	0.93%	221	0.80%
Extended Care	1,341	4.99%	1,307	4.81%	1,293	4.72%	1,266	4.56%
Psychiatric Hospital/MH Centre	399	1.48%	498	1.83%	542	1.98%	(Psych Hosp included above)	
Mental Health Centre							296	1.07%
Long-Term Care Facility	1,887	7.02%	1,972	7.25%	2,064	7.53%	2,304	8.29%
Home Care	799	2.97%	835	3.07%	817	2.98%	557	2.01%
Community Health Agency	1,611	5.99%	1,659	6.10%	1,708	6.23%	2,285	8.23%
Business/Industry Occupational Health	160	0.60%	•151	0.56%	139	0.51%	165	0.59%
Physician's Office	556	2.07%	556	2.04%	552	2.01%	568	2.04%
Education Institution	730	2.72%	738	2.71%	757	2.76%	690	2.48%
Self-Employed	241	0.90%	260	0.96%	309	1.13%	274	0.99%
Private Nursing Agency	119	0.44%	142	0.52%	178	0.65%	137	0.49%
Association/Government	310	1.15%	383	1.41%	460	1.68%	362	1.30%
Nursing Station/Outpost	44	0.16%	64	0.24%	75	0.27%	114	0.41%
Other	1,686	6.27%	1,443	5.31%	1,285	4.69%	661	2.38%
Unknown	192	0.71%	183	0.67%	132	0.48%	56	0.20%
TOTAL	26,877	100.00%	27,197	100.00%	27,418	100.00%	27,780	100.00%

RNABC data compiled from UBC Health Human Resources Unit ROLLCALL series, Table 4a

* Some adjustments to categories and name changes to conform to Core Data Agreement with other provinces, CNA, Stats Canada, and CIHI

VITA

Surname: Scobie   Given Names: Carol Anne

Place of Birth: Windsor, Ontario, Canada

Educational Institutions Attended:

St. Joseph's School of Nursing	1977 to 1980
University of Victoria	1990 to 1992

Degrees Awarded:

B. S. N.	University of Victoria	1992

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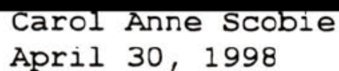
Title of Thesis:

Curriculum Revolution: Transformation or Cultural Invasion?

Author



Carol Anne Scobie
April 30, 1998