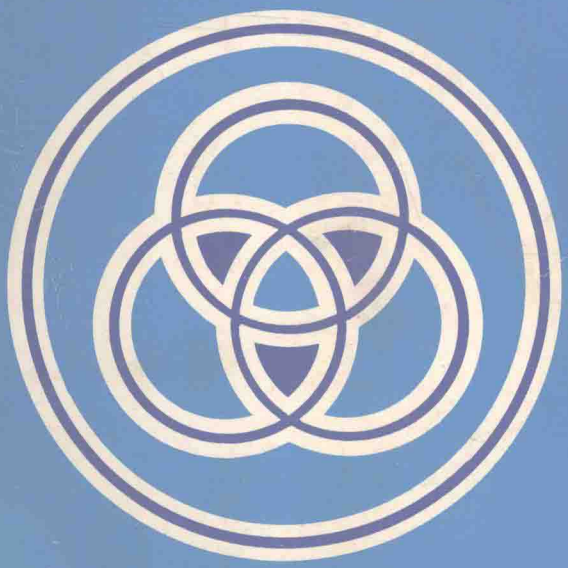
EM OLIVIA BEVIS

CURRICULUM BUILDING IN NURSING

a process

SECOND EDITION



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To

Honor Beecroft Dufour

supportive

facilitative

creative

communicative

motivating

loving

FRIEND

When I dwell in my pit called despair
My sensitized soul is all aware
Of man's depraved, bestial, brutalization of men.

And then

Quite by accident my leadened self will find
Some quiet, sudden sample of how man's mind
Has worked some logical design that bares
the humanism of men

Again.

Em Olivia Bevis

PREFACE

The purpose of this book is to provide a source for those engaged in the process of nursing curriculum formation, revision, or study. The text is based on the assumption that most of the difficulties of curriculum building stem from two basic causes: (1) the problems arising from lack of procedural knowledge about curriculum building process in nursing and (2) the problems inherent in changing.

This book is designed to facilitate the work of the curriculum builder by providing a guide through the maze of curriculum theory and by making direct, explicit applications to nursing curriculum problems. The book is predicated on the assumption that the key to successful curriculum building or change is the involvement of all those who must live and work with the changes; thus examples of devices for involving people are placed at the end of each chapter. These example heuristics are merely tools or devices; like any heuristic they can be used if appropriate or can be stimulants to the imaginations of curriculum builders for devising their own heuristics for curriculum change.

I have tried to pare curriculum theory to the essentials, to define terminology, and to provide examples, illustrative figures, and models for clarity and practicality, since as a graduate student and as a curriculum builder, I found the literature abundant but difficult to apply to nursing.

I have attempted to deal with the difficult subject of nursing theory because its direct relationship to nursing curricula seems very important to me, and it was obscure when I first began to struggle with curriculum building. The decade of the 1970s has seen an explosion of nursing theories. The 1980s will see many more generated, and their sum will make curriculum content in nursing easier to form into holistic nursing patterns.

This book is not intended as a thorough source on curriculum theory; specialists in the field of education are available for that. This is a "how to" book designed to help those who need concrete ideas about how to use curriculum theory in nursing education and how to involve the total faculty in developing their own ideas and facilitate the translation of those ideas into a workable curriculum.

In 1968 the United States Department of Health, Education, and Welfare, Public Health Service, awarded a training project grant, "Identifying the Core Content of an Advanced Nursing Curriculum," to California State University, San Jose. The experiences gained with this curriculum endeavor gave me the motivation to write this book. I am grateful both to the university and to the Public Health Service for the opportunity they gave me to participate in curriculum change.

Since that date my colleagues across the United States and Canada have generously shared with me the problems and joys of their curriculum change attempts. Participation with them has added to my knowledge of the curriculum development process. I offer my sincere and deepest appreciation to the following friends and colleagues who have helped me.

Dr. Shepard Insel contributed greatly to my personal growth and helped me learn to facilitate curriculum change. Dr. June Bailey and Dr. Frederick McDonald have been mentors and friends and have provided direction and substance to thoughts and ideas.

Dr. Margaret Jacobson has been a constant in my life since I began to work in curriculum change. She is warm, reinforc-

ing, knowledgeable, and generous with her expertise and with herself. Her contributions to this book are immeasurable.

Mrs. Fay Bower, my close friend and colleague, provides me with support and motivation when I lag. She has an unerring eye, provides dependable, believable feedback, and keeps me honest.

Mrs. Judy Deal Spencer, who from love and friendship read and critiqued the first edition manuscript in the midst of moving and coping with a family, has my warm gratitude. She made her contribution during an author's most harried time—the last minutes before sending the manuscript for final typing. Judy corrected 2,347 spelling errors. Her help was sorely missed during the preparation of this second edition.

My friends and fellow teachers at the Department of Nursing, San Jose State University, San Jose, California, have my expressed affection and gratitude for the work we did together for the five years of the Curriculum Project, 1968 to 1973. I loved their ability to dream of better ways to teach nursing, their readiness to take the risks necessary to make the dreams reality, and their ability to change changes as new forms and shapes emerged; in this way they made real the process of curriculum change. It was impossible for me to be a member of this group and not grow. I am grateful to these friends for the rich gift of themselves they make to the students, to each other, and to the process of curriculum change. I learned a great deal from them.

I am grateful to Dr. Dorothy T. White who, with very few constraints, gave me carte blanche to try all my wild, weird, and wonderful (depending on one's perspective) ideas at the Medical College of Georgia, Savannah Satellite. She provided support, reinforcement, and administrative clearance that freed me to do what I love to do: teach, develop curriculum, and structure courses and learning activities. The continued testing of ideas and personal growth made possible by this freedom is reflected in this edition.

Mrs. Martha Anderson Coleman and Mrs. Joyce Popham Murray, my two colleagues and friends at the Savannah Satellite, give me love, support, and stimulation on a daily basis. They are a bonus in my life. I truly never go to work without a feeling of gladness that I am fortunate enough to work with them. This edition inevitably has their mark on it.

Miss Marsha Brandon, at Medical College of Georgia, gave her Thanksgiving vacation to take the vague directions and messy manuscript I gave her and with intelligent enthusiasm reorganized the first five chapters into the new format of this second edition. Thank you, Marsha.

Mrs. Verle Hamilton Waters, knowledgeable, wise, mature, and good, has taught me so much about curriculum that I cannot begin to communicate it all. She has an endless supply of love that nourishes growth. I am fortunate that some fell on me and thereby into this book.

Since the advent of the first edition, my grandmother, Mrs. Annie Bullock, who was my constant supporter, died at age 93. "Miss" Annie originally encouraged me to write this book. Margaret Mead says that grandmothers are the inseminators of culture. For me this was certainly true, and I consider this book partly Grandmother's.

Dr. Shirley Chater, whose ideas I so much admire, has influenced my thinking about curriculum. It was she who pointed out to me that conceptual frameworks could logically be categorized into setting, student, and subject. She made her early thoughts and writings on the subject available to me and provided me with stimulation, support, and friendship. Her conceptual framework model on the cover of this book is a tribute to her impact on my thinking.

Last, I thank my husband, Julian, who is a blessing in my life. His love, support, protection, and egalitarianism help me continue to feel good about writing. His love of words, like mine, is a source of joy to us both, and our stimulating discussions add a dimension of precision to this book.

Em Olivia Bevis

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INTRODUCTION

Once there was a knight riding across England's roads and byways. He was gloriously armored and gauntleted and looking for good deeds to do, fair maidens to rescue, Holy Grails to quest for, and dragons to slay. So far he had found none. As he rode along he noticed a small brown sparrow lying on its back in the dust of the road with its spindly little legs sticking up, stiff and straight into the air. The knight reined in his mighty mount and hailed the sparrow.

"What ho? what ho? little sparrow. Why do you lie in the road dust with your spindly little legs sticking up stiff and straight into the air?"

"Oh dear knight sir," replied the sparrow, "haven't you heard? The sky is going to fall."

"And you think you can hold it up all by yourself with those spindly little legs?" bellowed the knight sir.

A deep sigh escaped the sparrow as he replied, "One does what one can, kind sir, one does what one can."

What nurse educator cannot identify with the frantic little sparrow? Sometimes it looks as if the sky *is* going to fall in on nursing. Nursing care demands are exploding in kind, quality, and quantity; for many, health care is unavailable or maldistributed; health care costs are escalating beyond inflation into the ridiculous; massive health problems endanger the world; all health workers' jobs, requirements, and constraints are being legislated to the point of confusion; and health care delivery systems and health worker educational systems are grossly obsolete and inadequate. Health care consumers are demanding better quality care and more humanistic care. Nursing is responding to the threat of a falling sky in all the many ways that people and organizations respond to stress: some are stunned into immobility, some are confused and going in circles, some are engaged in change activities, but all are "doing what one can, kind sir, doing what one can."

The rapidity of change in nursing has resulted in what Toffler has named "future shock."[1] Nursing has passed through the phase of immobility and into the phase of fermenting activity. Nursing educators all over the nation are "doing what one can." The fermenting activity manifests itself in a universal restlessness among nursing educators, nursing practitioners, and nursing students.

Restlessness is the behavior of anxiety—that ill-defined feeling that something is wrong somewhere, that something threatens, that a need is unmet, a problem unsolved, or things simply are not as they could be.

Nursing schools are restless; faculties find themselves a little dissatisfied; teachers have an uneasy feeling that they could be doing a little better job or that there are health problems to which students are unprepared to respond.

This restlessness manifests itself in a desire to change what is now being done to something else in the belief that after the change things will be better somehow.

The need to change—the restlessness—has its basis not in the dreamer's fantasy of a better world but in the reality of

life. In a situation where there are many constants and few variables, little change is necessary to produce the conditions that provide for satisfaction, stability, and low human anxiety. In a situation where there are many variables and few constants, change becomes a way of life and necessary to the productive, satisfied state of being. There are few constants and many variables in all facets of life today. The multiplicity of the variables affecting human institutions made itself felt explosively in the 1960s in violent attempts to change social institutions that were contrived for maintaining stability, in other words, organized so that they would change little. By the middle 1970s social institutions were learning how to respond to social need and accommodate the many variables efficiently. The restlessness of nursing faculties and the pursuit of curriculum change are attempts to accommodate, constructively and efficiently, to the variables in society that affect health. It is hoped that the outcome will be more effective than the solution which the sparrow devised, but the motivation is the same—nursing faculties and organizations are "doing what they can."

According to Chapter 2, conceptual frameworks are derived from factors in three areas: knowledge or subject, setting, and students. Alterations in any of these elements alter the conceptual framework and, in the viable curriculum, alter the curriculum. Changes in all three of these areas are occurring so rapidly that curriculum innovation in nursing is epidemic. This epidemic has a multitude of etiologies, only a few of which will be discussed here.

KNOWLEDGE EXPLOSION

The twentieth century scientific and technological "knowledge explosion" has forced educators everywhere to reexamine their curricula. Nursing applies theories from numerous scientific fields and is rapidly building a body of knowledge uniquely its own. Updating the curriculum through the simple technique of adding that which is new is no longer feasible.

There exists no conclusive evidence about what information or skills are necessary to conduct the business of nursing. Nursing leaders, through the professional organizations and through the official publications of those organizations, have expressed some common agreement about the characteristics of nurses that they believe are necessary to perform nursing functions and fulfill nursing roles. The described characteristics are congruent with the educated mind.[2] It is therefore paradoxical that after so many years of describing the processes necessary to nurse, nursing curricula still focus on the information necessary to nurse rather than on the processes necessary to develop the desired characteristics. This can be accounted for, at least in part, by the success of most schools of nursing in producing a high percentage of students who pass state board examinations for licensure after completing a curriculum based on the ability to "recall" data.

The "knowledge explosion" has placed educators in the untenable position of teaching to a built-in obsolescence. Much of the theoretical or informational material communicated to students is obsolete before it has been in use for five years. Much more material is outdated within one half of the graduate's professional life, and only a small part of the information presented to students is useful throughout the professional life span. The great dilemma of nursing educators is that no one knows what information will survive in the rapid validation and generation process now occurring in the physical, biological, social, and nursing sciences. Another difficult problem for the information-oriented curriculum is that for many years learning psychologists have demonstrated definitively that less than 25% of content material "learned" is available for recall in two years,[3] unless it is used and reinforced regularly or organized around meaningful life processes.[4] Thus the knowledge ex-

plosion, taken alone, mandates the use of modern technology for enabling students to have the greatest possible informational input with the least possible expenditure of time and effort and the minimum amount of direct teacher contact.

HOLISM AND THE NURSING MODEL

Another powerful impact on nursing is an increased awareness of the shortcomings of the medical model for either teaching nursing or providing care. Nurses are seeking to build a nursing model that addresses itself to nursing's domain of practice, to the care of human beings as wholes, and to organismic responsiveness in the delivery of nursing services. Dualism, the division of man and the sciences that explains him in terms of mind and body, seems better suited to the disease-oriented systems of medicine than it does to nursing. Nursing's domain of practice is what happens to people before, during, and after health problems. Medicine's domain of practice is the diagnosis and treatment of diseases in people. Nurses work with humans as wholes, since in nursing's domain of practice the whole person responds to health needs and this holistic response demands organismic nursing care. Nursing science is currently seeking ways to elaborate this within its practice domain; therefore it is generating theories about its practice domain that have holistic perceptions of clients and organismic nursing care responses. These new theories entice educators to take a new look at curriculum.

SETTING CONSUMERS' DEMANDS

Population growth, human longevity, health insurance, governmental commitment (subsidies, grants, Medicare, and so forth), and consumer expectations and demands have combined to place a strain unequalled in history on the nation's health facilities. Hospitals and health agencies have expanded services and facilities rapidly to meet the needs of the growing population. Nursing service requirements have been expanded both qualitatively and quantitatively, and there is no apparent end in sight for the expanding role of the nurse.

Accompanying the vastly increased demand for nursing services is a change in the philosophy about where the responsibility for educating nurses lies. Currently, educational philosophy places the responsibility for nursing education in institutions, the functions of which are primarily educational. Consequently, hospitals are closing their schools of nursing, and more and more colleges are opening programs. In its early years the transition of educational and training responsibility from hospitals to colleges created an identity crisis in nursing that set off a thirty-year period of self-examination and search for identity. The establishment of a nursing identity separate and apart from medical education and hospital apprenticeship enabled nursing to acclaim its independence without knowing how to achieve a content discipline uniquely its own. The firm entrenchment of nursing in institutions of higher learning has enabled nurses to use the academic tools of research and educational methodology to identify, select, and organize nursing's body of knowledge interdependently with other relevant disciplines.

INFLATION IN NURSE PREPARATION COST

Nationally accepted average teacher-student ratios of 1 : 8 in nursing have proved to be unacceptably expensive to colleges and universities. The expense of educating associate and baccalaureate degree nursing students threatens the existence of many collegiate nursing programs. Expensive programs are receiving close examination by college authorities beset by alumni and taxpayers who, in response to the educational revolution, inflation, and the "tight money" market, are urging financial cutbacks. Nursing programs have received financial backing from federal and state sources in the form of grants to students and faculty. This financial backing has, to

date, allowed many programs to exist; however, current federal funding trends threaten to curtail most forms of student training grants.

College administrative personnel are justly pressuring nursing administration and faculty to find more efficient ways to teach so that nursing school budgets may be brought more in line with other college program budgets in expenditures per full-time student. An increasing proportion of students are selecting nursing as a major, and nursing faculties are being expected to increase their student load while still maintaining safe student supervision in nursing settings.

Services and facilities, expanded and altered to serve the needs of a rapidly growing population with altered care demands, have placed a strain on existing educational facilities. There is emerging a vastly different kind of graduate to fill nursing position vacancies. Nurses are more assertive, independent, and willing to speak out in behalf of themselves and their clients, and, consequently, nursing salaries have increased substantially. This series of events has made the nursing major a more desirable choice for students, and most nursing schools have many more applicants than spaces. Thus nursing educators are increasingly exploring curriculum innovations that will improve nursing education efficiency while making it more responsive to current health care needs.

NURSE REGISTRATION AND LICENSURE

The wide variety in the length of time and type of educational program required for a nursing student to qualify for the same licensure examination is nursing's most startling paradox. Two years in an associate of arts degree program, three years in a hospital program, or four or five years in a baccalaureate college or university qualifies a candidate for the same licensing examination and thereby the same legal practice privileges. This custom defies logic and produces such confusion in the consumer public that legislators are now seeking to pass laws more closely regulating nurse education and licensure. Some states are resolved to alter the whole licensure structure, creating two levels of nursing—associate of arts degree nursing and baccalaureate degree nursing. Resolutions about this choice are stimulating debates and examination of the licensure structure. These issues affect curriculum planning.

Florence Nightingale predicted in the late 1800s that if nursing adopted a system of state licensure, the result would be to "stereotype mediocrity." Although more benefits than liabilities have been derived from the state licensure system, Nightingale's fear has been realized. Nursing, however, not the law, is responsible for the lack of delineation of practice characteristics and licensure requirements. The demands of the public, through political pressure groups, for equal education and employment opportunities combined with the social legislation that is increasing medical care to larger numbers of the population make legislators ready to enact laws that will gravely affect nursing curricula and practice. Nursing resists change in the licensure structure because that very structure provides social, employment, and monetary rewards to the "registered nurse" regardless of any preparation or practice criteria. Changes in the licensure structure to reflect the quality and quantity of job preparation threaten the status and pocketbook of the largest segment of nursing practitioners.

Nursing curriculum architects must not only work at developing the best possible nursing curriculum for their particular setting but also must concomitantly work toward a system of state licensure that is designed to evaluate varying types of nursing job preparation. To do this, nursing must decrease the status and monetary threat to the majority of nursing practitioners by devising ways whereby continued preparation will enable the nurse to

qualify for successive licensure examinations.

Nursing curricula cannot be developed in a legal vacuum. One of the basic commitments of any nursing education program is that the graduate be eligible to stand the licensure examination with the reasonable expectation of passing it. A change in the licensure structure would not change the process of curriculum building; it would change one of the outcomes of that process.

STUDENTS

Curriculum patterns are altering drastically to respond to the needs of students. Many nursing school faculties are sincerely reaching for ways to facilitate student progress through the maze of possible programs. Open curriculum efforts embrace the idea that nursing need not be an obstacle course, one type of program discounting another and forcing students to repeat content learned in other schools leading to lesser degrees. Open curriculum proponents believe that nursing education can facilitate the progress of nurses from lower diplomas and degrees to higher ones without undue redundance and that the nursing academic obstacle course can be changed into a racecourse without jeopardizing the quality of education or the skills required of graduates. Other programs are innovative in expediting students' achievement through continuous progress programs such as that pioneered by Arizona State College in Tempe, Arizona, and external degrees by examination, pioneered by the State University of New York. Two plus two programs, second step programs, continuous progress programs, external degree programs, degree by examination, and the generic masters' programs are among the options open to faculties who are attempting to respond to students' needs as exhibited by the kinds of preparation students can have, their individual learning styles and pace, and their career goals.

Students' characteristics alter with trends. Those who teach in post–high school programs find students more aware of their rights, less doubtful and willing to submit to the tyranny of the system without redress, more assertive, and less hostile than a few years ago. Television provides exposure to a wider range of stimuli than ever before, and students come to nursing more sophisticated and more aware of social and political currents affecting nursing. The movement of society toward sexual equality in rights, privileges, and responsibilities is probably the social factor most influential in nursing today. Nursing is departing from its sex-role stereotype to be equal partners-colleagues with others in health care. Autonomy, accountability, and authority are the hallmark of the new nurse. Nursing curricula are including elements that reinforce this trend and utilize its momentum for nursing.

The process of curriculum building is the same regardless of the problems encountered and regardless of the difference in program objectives. The content one introduces into process varies, depending on factors unique to each nursing program; therefore the curriculum outcome also varies.

This book deals with the process of curriculum building for nursing in the hope that the process itself can be adapted by faculties and students to the development of nursing curricula which will improve the quality of patient care regardless of the type or setting of the nursing program.

NOTES

1. Toffler, Alvin: Future shock, New York, 1970, Bantam Books, Inc., pp. 10-12.
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