

Current perspectives in nursing education

The Changing Scene

Edited by
Williamson

Volume Two

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Practice and
Perspectives in
Nursing Series**

VOLUME TWO

Current perspectives in nursing education

The Changing Scene

Edited by

JANET A. WILLIAMSON, Ph.D., R.N.

Associate Professor and Head, Department of Nursing,
The Pennsylvania State University,
University Park, Pennsylvania

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VOLUME TWO

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Contributors

EVELYN R. BARRITT, Ph.D., R.N.

Dean and Professor, College of Nursing,
The University of Iowa,
Iowa City, Iowa

MARIE BERGER, M.S., R.N.

Assistant Professor, School of Nursing,
Health Sciences Center,
University of Oregon,
Portland, Oregon

NANCY BERGSTROM, M.S., R.N.

Predoctoral Fellow, School of Nursing,
University of Michigan,
Ann Arbor, Michigan

JACQUELINE CLINTON, M.A., R.N.

Predoctoral Fellow, School of Nursing,
University of Michigan,
Ann Arbor, Michigan

SISTER ROSEMARY DONLEY, Ph.D., R.N.

Associate Professor, School of Nursing,
University of Pittsburgh,
Pittsburgh, Pennsylvania

MARION A. DOUGAN, M.Litt., R.N.

Assistant Professor, Department of Nursing,
The Pennsylvania State University,
University Park, Pennsylvania

LAURENE GILMORE, Ed.D., R.N.

Dean, Capstone College of Nursing,
University of Alabama,
Tuscaloosa, Alabama

HELEN K. GRACE, Ph.D., R.N.

Professor and Dean, College of Nursing,
University of Illinois at the Medical Center,
Chicago, Illinois

BARBARA WALIKE HANSEN, Ph.D., R.N.

Associate Dean for Graduate Studies and Research,
School of Nursing, University of Michigan,
Ann Arbor, Michigan

JOANN S. JAMANN, Ed.D., R.N.

Associate Professor and Assistant Dean,
Graduate Affairs, College of Nursing,
Rush University,
Chicago, Illinois

LUCIE S. KELLY, Ph.D., R.N.

Professor of Nursing (in Public Health),
School of Public Health and School of Nursing,
Columbia University,
New York, New York

CAROL L. PANICUCCI, Ph.D., R.N.

Coordinator, Family Nurse Practitioners,
Department of Community Health and Medical Practice,
University of Missouri,
Columbia, Missouri

MARTHA E. ROGERS, Sc.D., R.N.

Professor, Division of Nursing,
New York University,
New York, New York

MARJORIE STANTON, Ed.D., R.N.

Professor and Associate Dean,
School of Nursing, Wright State University,
Dayton, Ohio

SANDRA STONE, M.S., R.N.

Assistant Professor, School of Nursing,
Health Sciences Center,
University of Oregon,
Portland, Oregon

BARBARA A. THERRIEN, M.N., R.N.

Assistant Professor of Nursing,
Department of Nursing,
The Pennsylvania State University,
University Park, Pennsylvania

JANE F. TOWERS, M.S., R.N.

Assistant Professor of Nursing and Family and Community Medicine,
Department of Nursing and Department of Family and Community Medicine,
The Pennsylvania State University,
University Park, Pennsylvania

JANET A. WILLIAMSON, Ph.D., R.N.

Associate Professor and Head, Department of Nursing,
The Pennsylvania State University,
University Park, Pennsylvania

Preface

This is an exciting and challenging time to be a part of the profession of nursing. We are becoming increasingly better educated, more sophisticated politically, more independent in our actions, and more concerned over the health of society in general.

The chapters included in this volume are intended to reflect certain aspects of this evolution in nursing, particularly in nursing education. Any volume on issues or perspectives can represent only a sample of the possible topics that could be addressed. The focus in this volume is the real world, always with an eye on the future. There is much to be proud of in nursing today, and we should never lose the perspective of where we have come from or how far we have traveled. Yet the focus cannot be totally on the present. Sometimes the solutions for today's problems may endanger the future; the future must always be a consideration of the present.

This collection is also intended to reflect the emergence of the scholar in nursing. Nurses have for a long time fulfilled a professional role in society. We are now witnessing a more frequent emergence of the scholar in nursing—the learned individual, the individual who generates knowledge as well as acquires and uses knowledge. These nurses are no longer bound by the traditions of the past; they are open, questioning and critical, and willing to invest of themselves to help mold nursing of the future.

An editor can only hope, as the manuscript goes to press, that the chapters included will be relevant, informative, and thought provoking. I believe these are.

Janet A. Williamson

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The Changing Scene

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1 Emerging patterns in nursing education

MARTHA E. ROGERS

Nursing's evolution—from prescience to science, from vocation to learned profession, from apprentice-type training to higher education—is marked by a growing diversity of educational opportunities coupled with change from hospital-based initial programs to college-based associate degree and baccalaureate degree programs and to the development of graduate education in nursing. An emerging sense of intellectual and social parity with other health disciplines furthers nursing's claims to a leadership role in advancing public health and welfare. Concomitantly, some major difficulties have been encountered in the attempt to devise a viable system of education commensurate with nursing's scope and purposes within a world of escalating social, educational, scientific, and technological changes.

The heterogeneity of persons labeled "nurse" commonly prevents communication between nurses. Because value for career differences in nursing is denied, the public is left at the mercy of a largely undifferentiated mélange of personnel. Nursing's educational system prepares persons for three different entry levels to practice but licenses for only two of these levels: (1) registered nurse practice (for which associate degree programs and hospital schools prepare), and (2) practical nurse practice. There is no legal guarantee for safety to practice at the baccalaureate level of preparation. At the same time, the baccalaureate degree with a substantive upper division major in nursing is the cornerstone of nursing's educational system. This is the first professional degree in nursing, comparable to the M.D. degree, the D.D.S. degree, the bachelor of engineering degree, and the like, all of which are first professional degrees.

The baccalaureate degree in nursing provides the foundation for graduate study in nursing. Preparation for registered nurse and practical nurse practice evolves within the larger framework of baccalaureate preparation. That baccalaureate degree graduates currently take the same licensing examination that associate degree and hospital school graduates take signifies only that baccalaureate degree graduates are safe to practice at the registered nurse level. Safety to practice at the baccalaureate degree level has never been validated. It would be equally appropriate to license dentists according to their performance on a licensing examination for dental hygienists, or to license medical doctors according to their performance on a licensing examination for physician's assistants.

Actually, failure to license for the baccalaureate degree level of practice is a symptom of a much more serious problem. Efforts to identify nursing's uniqueness for those who

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perceive nursing as having no knowledge base of its own have led to continuing emphasis on functional roles and technical skills: the art of doing. In contrast, efforts to develop a theoretical base for nursing are beginning to bear fruit. Baccalaureate and higher degree programs in nursing are increasingly characterized by inclusion of nursing theories and their practical use. Nursing's substantive knowledge base is taking shape. Nursing's identity as a scientific field of endeavor is demonstrable.

In addition to the above approaches, another group of nurses have sought identity as "physician extenders" under the label of "nurse practitioner" and other misleading titles. This group represents an exodus from nursing. Though many members of this population continue a head-in-sand denial of their new occupation as that of assistant to the physician, such denial is neither credible nor tenable. The nurse practitioner/physician extender movement has introduced considerable confusion into nursing's efforts to evolve valid, substantive higher education in nursing. Consequently some further clarification of this career seems necessary before educational patterns for nursing are explored.

The physician assistant movement is almost a decade old. From the beginning, the power and profit potentials in recruiting nurses out of nursing programs and training them for selected medical tasks in order to increase physician time and income have been clearly stated in the medical literature and in medical meetings. Nursing's gullibility in falling prey to a euphemistic merry-go-round has been equally apparent. Today the title "nurse practitioner," regardless of modifiers (such as family, geriatric, pediatric, or primary care), not only means "physician extender" (that is, a nurse who is practicing medicine under the supervision of a physician), but the term "nurse practitioner" is actually slated for early deletion as the term "physician extender" becomes written into law. A few pieces of documentation drawn from a mass of material should serve to make these points explicit.

A document titled *A Report to the Congress—Progress and Problems in Training and Use of Assistants to Primary Care Physicians* and dated April 8, 1975, was published by the Department of Health, Education, and Welfare. The report notes that a new worker, identified as an assistant to the primary care physician and known as a physician extender, has been added to the health care system. This worker is prepared to relieve the physician of medical tasks. The report further states:

Graduates of training programs supported by the Department of Health, Education, and Welfare are referred to by a variety of names including physician assistants, physician associates, community health medics, medex, family nurse practitioners, child health associates and pediatric nurse practitioners. In the report the aforementioned titles were utilized to refer to specific programs. However, the term physician extender referred generally to graduates of all programs reviewed (1975).

Moreover graduates of the above programs were all prepared to perform the same functions.

In August, 1976, the New York State *Regents' Tentative State-wide Plan for the Development of Post-Secondary Education* used the label of "physician extender" to apply to both physician's assistants and nurse practitioners, calling for a common curriculum and specifying medical supervision.

Fact sheets on the *Nurse Training Act of 1975* dated September, 1975, clearly differentiate between advanced nurse training programs designed to provide higher education in nursing and nurse practitioner programs in a range of schools and agencies requiring medical consultation and supervision.

Bills currently in the United States House of Representatives and the Senate (HR 2504 and S 708) specify "physician extender" to mean physician assistant, nurse practitioner, nurse clinician, medex, or any other trained practitioner who performs authorized medical services under physician supervision. As the representative of the American Medical Association (AMA), E. T. Beddingfield, Jr., M.D., in speaking to the Senate regarding Bill 708, specifies "that actions of the extender should be viewed as the extension of the physician and therefore the physician should retain sole supervision of the extender." (Statement of the AMA Re: S 708, Physician extender services, March 29, 1977.)

Promotional material for a new book, *Together: A Casebook of Joint Practices in Primary Care*, just published by the National Joint Practice Commission (AMA and ANA) reads ". . . a nurse in joint practice frees physician time spent and facilitates the practice of medicine." No mention is made of freeing nurse time and facilitating the practice of nursing. It is quite clear that "primary care" means primary medical care in this publication and that joint practice as discussed in this book is essentially the joint practice of medicine. This of itself is not necessarily bad—for medicine and for physicians. It does raise a serious question, however, about the depletion of nurses and nursing practice.

Nurse practitioner programs are open to registered nurses regardless of their level of preparation in nursing (that is, hospital school diploma, associate degree, baccalaureate degree, or master's degree), and all are trained to carry out the same physician extender functions—under medical supervision.

The "physician extender" population may or may not be a permanent addition to the health care scene. Already there are predictions of an oversupply of medical doctors by the early 1980's. At the same time, large amounts of government and private monies are going into the training of additional numbers of these workers with little evidence of regard for the social and health needs of people. Whatever the outcome, nurses who have chosen to become physician extenders no longer have a legitimate claim to practicing nursing. Actually, the use of a single title, "physician extender," to identify this common population of workers who are currently functioning under a range of titles would seem to be highly desirable. The confusion arising out of applying the term "nurse" to a group no longer in nursing would stop. The public would be served more honestly, and the distractions of ambiguous misnomers would cease to clutter up the development of valid educational programs in nursing.

Human need is properly the determining factor in proposing directions for nursing education. Historically, modern nursing has provided signal leadership in initiating and implementing socially responsible health measures of local, national, and international scope. Today the very survival of nursing is in question. That people want and need knowledgeable nursing practice can be authenticated. Moreover such services are not available from any other source. The scope of nursing exceeds that of any other health

discipline. The uniqueness of nursing can be spelled out in the phenomenon central to nursing's concern—unitary man. Why then is nursing's evolution as a scientific field dedicated to human service in critical danger of extinction?

Nurses are often prone to blame forces that they perceive as beyond their control for the problems that beset them. In reality, the resolution of nursing's problems begins with nurses. Confrontation with nursing's well-developed and well-documented antieducationism, dependency, low self-worth, and naiveté is a necessary condition for creative and productive change. Clear differentiation of careers in nursing, legal identity of nursing's valid baccalaureate degree graduates, professional autonomy, and direct responsibility to the people nursing purports to serve are of paramount importance in the evolution of a viable system of nursing education.

The larger frame of reference within which educational patterns in nursing evolve cannot be ignored. Today's pragmatics of economic inflation, political maneuvering, corporate controls, governmental bureaucracies, massive battles for power, and outrageous profiteering place large constraints on socially oriented proposals for knowledgeable and safe health and welfare services. National health insurance flounders at the behest of corporate giants and organized medicine. Narrowly conceived and short-sighted plans to limit health care to medically controlled, disease-oriented services proceed. The broad scope of health services are diminished.

The existence of a health care crisis is well documented. Nursing, as a major social resource, carries signal responsibility in setting new directions and for giving leadership in determining and implementing the nature of changes that will take place. The education of nurses capable of furthering these goals is of critical importance. Large amounts of knowledge, courage, and compassion are needed. A blueprint for action is imperative.

The distinguishing feature of transition in nursing education lies squarely in the identification of an organized body of abstract knowledge specific to nursing and arrived at by scientific research and logical analysis. The validity of higher education in nursing rests in the transmission of this body of knowledge. Ability to use this knowledge safely in human service is integral to the educational process, but "doing," of itself, does not provide either the substance or the justification for the higher learning. Nursing as a learned profession is both a science and an art. As such, the term "nursing" becomes a noun connoting the body of scientific knowledge specific to nursing in contradiction to traditional usage of the word "nursing" as a verb.

A science is open-ended, never finished. It is identified by the phenomenon of its concern. An organized conceptual system provides the source from which principles and theories are derived. The science of nursing seeks to describe, explain, and predict about the nature and direction of unitary human development. Knowledge is translated into service as the goals of maintaining and promoting human health and welfare and caring for the sick and disabled are implemented. The science of nursing is a new product, an emergent, arrived at by synthesis. The practical significance of theories becomes explicit as knowledge is used to guide and enhance practice.

The structure of nursing's educational system is falling into place despite continuing argument and debate. More than a decade ago, the American Nurses' Association (ANA)

House of Delegates approved a position paper on education for nursing prepared by the Committee on Education with a goal of 20 years for achievement. Among the recommendations of this position paper were the placement of nursing education squarely within the nation's educational mainstream and the baccalaureate degree as the necessary credential for professional practice in nursing. Some 15 years earlier, associate degree programs in nursing had been introduced to replace hospital schools, the National Nurse Accrediting Service had been established, and baccalaureate degree programs had already begun to take on more of the characteristics of valid higher education in nursing.

During the past decade, hospital schools have continued to decrease significantly in numbers and in enrollments. Associate degree programs have demonstrated rapid expansion throughout the country. Differentiation between baccalaureate degree education and that provided in associate degree and hospital school programs is demonstrable. In 1974-1975, approximately four fifths of admissions to schools of nursing (exclusive of practical nurse programs) were into baccalaureate and associate degree programs. The move into the nation's educational mainstream is explicit.

Despite these changes, all is not well with nursing's drive to improve the education of nurses. The movement to resurrect hospital schools still has advocates. One must speculate on the implications of such a move as a means of furthering the push for institutional licensure. Administration witnesses to the U.S. House Appropriations Committee in support of President Ford's 1977 Budget Proposal, which did away with all capitation monies for nursing, proposed "that they saw no need to depart from the traditional method of financing nurse education at hospital-based schools through patient care costs" (Flood, 1976). President Carter's 1977 Budget Proposal continues the predominantly zero budgeting for nursing. One must wonder if there is any relationship between the fact that medical associations were by far the largest special interest contributors to the 1976 Senate and House election campaigns and the inclusion of funding for nurse practitioner programs, while support for programs in nursing were not included.

The number of baccalaureate and higher degree graduates, associate degree and hospital school graduates, and practical nurse graduates employed in the United States totals more than 1¼ million persons. Concomitantly only about 12% of this population hold baccalaureate and higher degrees. Yet human safety depends on an adequate number of baccalaureate and higher degree graduates to make the larger judgments and to assume the overall responsibility for associate degree, hospital school, and practical nurse personnel. Not only is there still a critical shortage of baccalaureate and higher degree graduates in nursing but nursing's least prepared cohort of workers, practical nurses, have called for licensure and certification for specialized functions and responsibilities. These are incredible situations that shriek of the social irresponsibility of many nurses and of vested interests outside of nursing.

Social irresponsibility is further explicit in the 1985 proposal of the New York State Nurses' Association, which purports to differentiate careers in nursing while in reality maintains the status quo under new terminology. In fact, the public would be faced with large numbers of nurses claiming to have knowledge they would not possess. Dishonesty is thus added to social irresponsibility.

Professional, technical, and vocational careers in nursing are a reality. Differentiation of these careers derives from the nature and amount of knowledge possessed by each. Experience is not a substitute for learning and functions do not, per se, identify career differences. What one does is determined by what one knows. Intellectual judgments are indispensable correlates of the translations of knowledge into practice.

The baccalaureate degree represents nursing's first professional degree. This is the cornerstone of nursing's educational system. Graduates of these programs constitute nursing's beginning "independent practitioners." Their practice has been identified by the Society for Advancement in Nursing (SAIN) as follows:

The practice of the profession of nursing as an 'independent nurse' is defined as the utilization of substantive knowledge in the science of nursing characterized by a prerequisite foundation in the liberal arts and sciences and an upper division college major in nursing for the purpose of maintaining and promoting human health, preventing illness, diagnosing potential and actual health problems, caring for and rehabilitating the sick and disabled, achieving a dignified death, and such additional acts as are proper to be performed by an independent nurse. The 'independent nurse' is: (a) responsible for making nursing judgments based on that substantive nursing knowledge essential for implementing these judgments for human betterment, (b) responsible for appropriate supervision and direction of associate degree and hospital school graduates, practical nurses, nursing assistants, and other allied nursing personnel, and (c) directly accountable to the public for the judgments made and the services rendered.

Within the nursing profession there is a continuing need for persons prepared for the registered nurse level of practice. This represents a career in nursing that society values and needs, a career worthy of honor and respect in itself. These nurses make decisions within the scope of their preparation and function with appropriate direction from nursing's baccalaureate and higher degree graduates. According to SAIN:

The practice of nursing as a 'registered nurse' is defined as performing tasks and responsibilities requiring general education and a nursing major of junior college level for the purpose of participating in maintaining and promoting health, preventing illness, identifying potential and actual health problems, caring for and rehabilitating the sick and disabled, achieving a dignified death, and such additional acts not requiring the skill, judgment, and knowledge of an 'independent nurse.' The 'registered nurse' is: (a) responsible for making nursing judgments within the level of her/his preparation and assigned responsibilities, (b) responsible for implementing direct nursing services to people in a range of settings under the appropriate direction of the 'independent nurse,' and (c) directly accountable to the public for the judgments (s)he makes and services rendered.

Practical nurses constitute an additional group within nursing. Practical nursing requires less than college level preparation and emphasizes training for selected tasks. Again, according to SAIN:

The practice of nursing as a 'licensed practical nurse' is defined as performing selected tasks and responsibilities within the framework of maintenance and promotion of health, prevention of illness, care and rehabilitation of the sick and disabled, achieving a dignified death, and such additional acts not requiring the skill, judgment, and knowledge of an 'independent nurse' or a 'registered nurse.' The 'licensed practical nurse' is: (a) responsible for implementing direct nursing services to people in a range of settings under the