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A THEORETICAL FRAMEWORK FOR A PROGRAM OF GRADUATE EDUCATION
FOR TEACHERS AND ADMINISTRATORS IN NURSING EDUCATION

DISSERTATION

Presented to the Graduate Council of the
North Texas State University in Partial
Fulfillment of the Requirements

For the Degree of

DOCTOR OF EDUCATION

By

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The problem with which this investigation is concerned is the development of a theoretical framework for a program of graduate education for the preparation of teachers and administrators in nursing education.

The theoretical framework for the program was developed after extensive research of the literature concerning graduate education generally and nursing specifically.

Additional data were obtained from four different questionnaires sent to the presidents, chairmen, and faculty of all Texas colleges with programs for an Associate Degree in Nursing as well as to 100 students and 100 graduates representing all Texas programs for the Associate Degree in Nursing.

The purpose of the study was to review the history of nursing, its development as a profession, and its system of education, including past, present, and future trends in each category of education. This survey gave a perspective to the graduate program proposed in this study.

Then all fifty-seven accredited graduate nursing programs in the United States were analyzed to determine the current nature of graduate education in nursing and innovations initiated by specific graduate programs, as substantiated by the literature.

The data from the questionnaires sent to all the Texas programs for the Associate Degree in Nursing paralleled the developments and facts revealed in the literature.

From all of this information, a theoretical framework for a graduate program in nursing was developed. A description of the program follows.

A master's degree received from an accredited university is considered the acceptable minimum preparation for positions of faculty and administrators of basic educational programs in nursing. The following graduate curriculum was developed in order to strengthen this preparation.

The student in the master's degree curriculum is provided with the opportunity to capitalize on past knowledge, skill, and education acquired in any setting and to build on this foundation. A research, teaching/administration, and advanced clinical nursing interdisciplinary core of nine credits is required in the program. Then, with the help of the faculty in considering the student's learning needs and career goals, a minimum of twenty-seven additional modular units are incorporated into the program.

The student is then assisted by the faculty in determining program behavioral objectives and specific modular unit behavioral objectives. Evaluation of the student's work and progress and successful completion of the program will be based on the developed objectives. These are recorded on the student's transcript in lieu of grades.

The minimum criterion of acceptable behavior is a satisfactory completion of the broad expected behaviors established for the graduate program. Implementation, accountability, and demonstration of these objectives are determined by each student as guided by the faculty.

When the objectives have been met, the student is eligible for a Master of Arts or Master of Science Degree in Nursing Education.

It is recommended that an experimental program be established to test the proposed graduate program and the postulates underlying it. In addition, it is recommended that the findings be analyzed in order to determine the adaptability and applicability of this program to other professional graduate educational programs.

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CHAPTER I

INTRODUCTION

In 1951 Montag developed the program for the Associate Degree in Nursing for the preparation of the nurse with predominantly technical functions and proposed a program for the preparation of the nurse personnel for faculty positions in these programs. Montag considered preparation of these teachers and administrators vital to the success of the program for Associate Degree in Nursing.¹

Since the development of the program for Associate Degrees in Nursing, these programs have multiplied throughout the United States. Twenty-three of these programs are in Texas alone.² The growth in this program has greatly increased the need for qualified teachers and administrators to administer these programs.

In Texas two universities provide for graduate education in nursing; however, neither university has a specific program to prepare teachers and administrators for Associate Degrees in Nursing programs. Consequently, research was needed to determine if the present graduate education

¹Mildred L. Montag, The Education of Nursing Technicians (New York, 1951).

²List of Associate Degree Programs, Board of Nurse Examiners for the State of Texas (September, 1972).

programs in Texas and throughout the country are adequate to meet the growing need for additional qualified teachers and administrators for Associate Degrees in Nursing programs. If current graduate programs are inadequate, then changes must be considered.

Statement of the Problem

The subject of this study is the development of a theoretical framework for a program of graduate education for the preparation of teachers and administrators in nursing education.

Purposes of the Study

The study had six purposes:

1. To review the history of nursing and its development as a profession.
2. To review the history and development of different levels of nursing education in the United States, including diploma, baccalaureate, associate, and graduate education.
3. To determine the current nature of graduate programs to prepare teachers and administrators for the program of Associate Degree in Nursing.
4. To propose and develop a theoretical framework for a program of graduate education to prepare teachers and administrators for the program of Associate Degree in Nursing.
5. To compare current programs of graduate nursing education with the proposed theoretical framework.

6. To develop an instructional theory of graduate education for the preparation of teachers and administrators in nursing education based on the theoretical framework.

Background and Significance of the Study

"No occupation can be understood or intelligently followed if it is not, to some extent at least, illuminated by the light of history."³

The Latin word nutrio (to nourish) is the root of the word nursing. Originally it referred to the mother-care of helpless infants. Later it was used "for care of the sick, injured or infirm persons of all ages."⁴

After its initial mother-care start, nursing soon acquired a number of specific duties which added to the concept of care. Then during the Christian era the terms vocation and profession came into general use. At first they were associated with a divine call to some form of religious or charitable service. Gradually, the meaning of the term profession widened to include secular occupations requiring advanced study and higher ethical standards.⁵

Florence Nightingale, the founder of modern nursing, placed nursing in the group of healing arts. The Nightingale system was introduced in the United States by Linda Richards,

³Isabel M. Stewart and Anne L. Austin, A History of Nursing (New York, 1962), p. 3.

⁴Ibid., p. 4.

⁵Ibid., p. 8.

America's first trained nurse. The first school in the United States was organized on the Nightingale system at Bellevue Hospital Training School, May 1, 1873.⁶ Not until 1889 was the first collegiate nursing program established at Columbia University with eighty-eight students.⁷ Nursing education, then, was established as hospital- or college-based.

In 1952 the program for Associate Degree in Nursing was created and carried out successfully on an experimental basis. Plans for graduate programs to prepare teachers and administrators for these programs were included in the experiment and were considered vital to the success of the programs. The ideas covering the preparation of teachers and administrators are presented by Montag in chapter five of The Education of Nursing Technicians. The chapter discusses the qualifications and functions of the teacher and administrator. Course outlines with objectives are stated.⁸

After the experimental phase, a five-year project to expand programs for the Associate Degree in Nursing was developed. New York, California, Florida, and Texas were selected to participate. The Kellogg Foundation provided

⁶Sister Charles Marie Frank, C.C.V.I., Foundations of Nursing (Philadelphia, 1959), p. 165.

⁷Isabel Maitland Stewart, The Education of Nurses (New York, 1943), p. 277.

⁸Montag, The Education of Nursing Technicians, p. 8.

financial support. The results of each state's experience are reported in Anderson's book, Nursing Education in Community Junior Colleges.⁹

Three of the four participating states were successful in initiating graduate programs to prepare the teachers and administrators. In Texas, however, a program of graduate teacher preparation was planned to be administered by the University of Texas School of Nursing, but "there never was at any time any student enrolled in the proposed program."¹⁰

As previously stated, Texas now has twenty-three programs for Associate Degree in Nursing.¹¹ How are the professional teachers and administrators prepared for these programs? Is the present system adequate? If not, what is needed in graduate education to help the teachers and administrators to fulfill the responsibilities of their jobs? These are problems to be probed before a new program can be developed.

Guideline Questions

The following questions served as guidelines for the study:

⁹ Bernice E. Anderson, Nursing Education in Community Junior Colleges (Philadelphia, 1966), p. viii.

¹⁰ Ibid., p. 238.

¹¹ List of Associate Degree Programs (September, 1972).

1. What is the nature of current programs of the Associate Degree in Nursing?
2. What is the nature and adequacy of the preparation of Texas teachers and administrators in the programs of Associate Degree in Nursing?
3. What are the expectations of supervisory personnel with regard to the preparation of teachers and administrators of the programs for Associate Degree in Nursing?
4. By what criteria are teachers and administrators assessed as being successful or unsuccessful?
5. What are the current needs for the employment of personnel as teachers and administrators in the programs of Associate Degree in Nursing?
6. What should be the professional expectations for all personnel employed as teachers and administrators in institutions of higher learning?
7. What should be their program of pre-professional education in the light of these expectations?

Definition of Terms

For the purpose of this study, the following terms are defined as follows:

Graduate education is the formal, advanced learning experience beyond the bachelor's degree, planned and conducted in the United States in an institution of higher learning.

The program of Associate Degree in Nursing is the technical (semi-professional) preparation of nurses who perform registered nurse functions in giving direct care to patients under the supervision of nurses with broad professional preparation. The program, conducted primarily in two-year junior or community colleges, leads to an associate degree in arts or science with a nursing major. The graduate is eligible to take the State Board Examination in order to become a registered nurse.

The program of Baccalaureate Degree in Nursing is the broad professional preparation of nurses conducted in an institution of higher learning. The four- or five-year program leads to a bachelor's degree in arts or science with a nursing major. The graduate is eligible to take the State Board Examination in order to become a registered nurse.

The program of Diploma in Nursing is primarily hospital-school preparation, which, generally, after three years of education combined with giving service to the affiliated hospital, leads to a diploma degree. The graduate is eligible to take the State Board Examination in order to become a registered nurse.

Theoretical framework for an instructional theory of graduate nursing education includes the components of philosophy, objectives, content, evaluation, and statements about the interrelationships between and among the key components

of institution and setting, student and goals, and program objectives.¹²

ADN is an abbreviation for Associate Degree in Nursing.

ANA is an abbreviation for the American Nurses' Association, the recognized national professional organization for nurses.

NCSNNE is an abbreviation for the National Commission for the Study of Nursing and Nursing Education, directed by Lysaught.

NLN is an abbreviation for the National League for Nursing, the national accrediting organization of nursing education programs.

Assumptions

Two assumptions were made regarding the study:

1. The ADN programs of Texas, which include rural and urban settings, are similar in nature and needs to ADN programs throughout the country.

2. The need for graduate preparation as perceived by teachers and administrators in ADN programs in Texas will not be significantly different from the needs as perceived by teachers and administrators in ADN programs throughout the country.

¹²Holly Wilson and Shirley Chater, "Graduate Education Challenge to the Status Quo," Nursing Outlook, XXI (July, 1973), 443.

Procedure for Collecting the Data

The procedure for collecting the data for this research follows.

1. A review of the history of nursing and its development as a profession was obtained from an extensive search of the literature. Primary sources, including writings of significant historical persons, were examined as well as historical books and articles on nursing published between 1960 and 1973.

2. A review of the history and development of different levels of nursing education in the United States, including diploma, baccalaureate, associate, and graduate education, was obtained from an extensive search of the literature. The recommendations from the NCSNNE¹³ report were examined. The NCSNNE findings resulted from an analysis of past and current nursing practices and educational patterns and include future projected needs. This document provides comprehensive data regarding nursing as a profession and nursing education. An extensive search of the literature published between 1960 and 1973 on the historical development of nursing education to the present time was conducted.

3. The deans of each of the fifty-seven accredited graduate master nursing programs listed in the 1972 issue of

¹³Jerome Lysaught, An Abstract for Action (New York, 1970).

NLN Master's Education Pamphlet were contacted by letter and requested to send a current catalogue of their graduate nursing program. These catalogues were analyzed according to degree requirements, philosophy, and objectives of the graduate school of nursing, curriculum and description of nursing course. The list of schools examined is in the Appendix. The data provide evidence as to the current nature of graduate nursing education.

In order to determine present and future needs of graduate nursing preparation for teachers and administrators in nursing programs, the literature from 1969 to 1973 that deals with graduate education in general and nursing graduate education in particular was examined.

4. Three graduate nursing programs listed in the 1972 NLN Master listing identify their curricula as being specifically for teachers and administrators in ADN programs. The deans of each of these three graduate nursing programs were contacted by letter (Appendix, p. 189). A request was made for a copy of their current graduate school catalogues and a copy of outlines and objectives of all courses designated as required for the graduate degree.

5. Four different questionnaires were developed to obtain data. They were submitted to a panel of distinguished judges, experts in the field of ADN education and graduate education in nursing. These experts were asked to respond to the format of the questionnaires and the pertinence of

the questions (Appendix, p. 190). Suggestions from three of the four judges were incorporated into the questionnaires before preparation and distribution. The fourth judge could not be contacted by telephone to see if changes need to be made in the questionnaire. Comments came from the fourth judge after the questionnaires were prepared for distribution.

Descriptions of the questionnaires and method of data collection follow.

a. Questionnaire Number I (Appendix, p. 191), preceded by a letter of introduction (Appendix, p. 195), was sent to the president of each junior college in Texas having an ADN program. It requested data concerning the president's and/or a designated person's opinion as to (1) the appropriateness of the teachers' and administrators' education and experience for their jobs and (2) suggestions as to what graduate education could offer in both theory and practice that would help in preparing teachers and administrators to function effectively in ADN programs.

A list of the names and addresses of the presidents to be questioned was obtained from the State Board of Education.

b. Questionnaire Number II (Appendix, p. 196), which was to be completed by the department head or chairman of each ADN program in Texas, was developed to obtain information concerning the education and experiences of each member of the professional staff of that program.

c. Questionnaire III was completed by a person designated by the chairman of each department (Appendix, p. 199). The questionnaire was developed to gain data about teachers and administrators who have the following position and/or academic qualifications: (1) department head, (2) person with a master's degree in nursing specifically for teaching or administration in junior college programs, (3) person with a master's degree in nursing not specifically for junior college preparation, (4) person with a master's degree in another field, (5) person whose highest degree is a bachelor's degree in nursing, (6) person with a bachelor's degree in another field, (7) person without a degree. Their opinions concerning the effectiveness of their education and experience prior to teaching in ADN programs and opinions of what is needed in graduate education in theory and/or clinical to help them function effectively were also solicited.

d. In addition, the department chairman was requested to select five currently-enrolled, second-year students, and five students who had graduated two years previously (choosing one superior, three average, and one poor student in each category) and to have them complete Questionnaire IV (Appendix, p. 205).

Questionnaire IV was designed to gain opinions of current ADN students and students graduated two years previously concerning the faculty of the ADN program.

A letter of introduction (Appendix, p. 207) was included to the chairmen. A list of the names and addresses of the chairmen of ADN programs in Texas was secured from the Board of Nurse Examiners for the State of Texas.

All four questionnaires were mailed with a designated date for their return. A follow-up letter requesting return of the questionnaires not received was sent later.

Procedure for Treating the Data

Chapter II presents the data on the history of nursing, the development of nursing as a profession, and its system of education.

Treatment of the data determining the current nature of graduate programs to prepare teachers and administrators for ADN programs (purpose three) is recorded in Chapter III. The programs which identify a graduate curriculum specifically for teachers and administrators for ADN programs are discussed according to the degree requirements, philosophy and objectives of the graduate school of nursing, and course descriptions of the nursing courses.

Information from the previously described questionnaires was tabulated and recorded in tabular and narrative form where appropriate in Chapter IV.

The development of a theory of graduate education to prepare teachers and administrators for ADN programs (purpose four) is recorded in Chapter V.

Summary

The present study attempts to develop a theoretical framework which could serve as the foundation for a graduate program to prepare teachers and administrators for nursing education. The theoretical framework is based on a review of historical development of nursing as a profession and its system of education, a survey of current graduate programs, four surveys to determine roles and responsibilities of teachers and administrators in ADN programs, and an extensive search of the literature to determine future predictions of curriculum for graduate nursing programs.

CHAPTER II

HISTORICAL REVIEW OF NURSING AND NURSING'S SYSTEM OF EDUCATION IN THE UNITED STATES, 1873 TO THE PRESENT

History of Nursing to Modern Nursing

Ancient Nursing to 500 A.D.

In antiquity, care of the sick took different forms for primitive people and for civilized people because of the differences in their cultures and behavior patterns.

Primitive people's concept of disease and methods of treatment were affected by their belief in animism. Primitive man assumed that all things--man, animals, and inanimate objects--were alive and had a spirit which was endowed with powers that could bring good or evil to them. As a result, superstitions that sickness resulted from the evil spirit predominated. The obvious treatment was to eliminate the cause of the sickness. In most cases, the procedure was to drive out the evil spirit, placate the offended gods, punish the human enemy, and appease the dead. Some of the methods of treatment utilized by the primitive medicine man to treat the sick were

(1) magic treatments including incantations, exorcisms, ceremonials, rites, songs, and dances;

(2) manual treatments including massage to pound the patient's body to drive out the evil spirit, and trepanning or drilling a hole in the patient's skull to allow the evil spirit to escape;

(3) therapeutic baths administered by placing the patient in hot or cold water in order to sweat or freeze the evil spirit out;

(4) burn techniques from counter-irritants and fire to eliminate the evil spirit;

(5) chemical drugs consisting of purgatives or emetics to expel evil spirits through the orifices of the body, deodorants to drive them away by strong odors, and medicines to nauseate the patients.¹

Care of the sick for the civilized peoples of Egypt, Babylonia, India, China, Ireland, Israel, Greece, and Rome was affected by the prevailing religious practices, philosophy or beliefs, cultural developments, superstitions, and medically significant facts. Each nation had specific influences that shaped the care and treatment of the sick. Some of the influences affecting civilized peoples are mentioned below.²

¹Isabel M. Stewart and Anne L. Austin, A History of Nursing (New York, 1962), p. 3.

²Sister Charles Marie Frank, C.C.V.I., Foundations of Nursing (Philadelphia, 1959), pp. 3-17.

Egypt.--Egyptians practiced animism. They believed in dualism, a belief in one divine power for good and another for evil. The practice of medicine was astrologically oriented. Imhotep, the first physician known to history, was credited with initiating the technique of the enema. On the whole, Egypt was a healthy country and had many physicians.

Babylonia.--The Babylonians emphasized polytheism, belief in and worship of many gods. Illness was believed to be caused by the violation of a taboo. They believed that insects and small animals were carriers of disease.

India.--Buddhists in India were nihilistic and believed that progress included destruction as an end in itself. The Brahmanists of India were pantheistic and believed that reality consisted of a single being of which everything was a part. Hospitals were established which were dispensaries rather than places for the care and treatment of the sick. The Vedas, a complete medical encyclopedia, were compiled. In addition, the people of India were advanced in the practice of surgery, with their greatest contribution being in pharmacy.

China.--The Chinese were polytheistic, animistic, and idolatrous. Evil spirits were thought to be responsible for disease. The Chinese writings make reference to materia medica and theories of pulse.

Ireland.--Polytheism and idolatry prevailed. Hospitals were maintained for the care of the sick. The practice of medicine was passed from father to son.

Israel.--The Hebrew, Jewish, or Israelite people were monotheists, believing in a personal God, who was concerned with the individual person. Hebrew medicine was free from superstitious practices. Preventive medicine in the form of personal and social hygiene was stressed. Moses was credited with organization and ordinances which protected the health of the Hebrews.

Greece.--The Greeks were polytheists, worshippers of many gods. They were reflective thinkers about their universe. Hippocrates, a prominent Greek, brought medical science into prominence through strict application of inductive thought and through the use of the case-study method in medical practice.

Rome.--The Romans were worshippers of many gods. As a part of their philosophy, they believed in various phases of public health, including sanitation. The scientific development of anatomy and physiology reached its peak with the Romans. Galen, an experimental physiologist of Rome, added the scientific experimental method to the Hippocratic case-study method.

During ancient times, nursing, for both civilized and primitive peoples, was allied to medical progress. As the need demanded, women referred to as nurses assumed the responsibility for administering the designated treatments and caring for individuals, as prescribed by the medicine man or physician.

Nursing during the Middle Ages:
500 to 1500 A.D.

Care of the sick during the Middle Ages became a religious duty performed by (1) military nursing orders such as the Knights of St. John, Teutonic Knights, and Knights of St. Lazarus; (2) regular nursing orders such as the Augustinian Sisters at the Hotel Dieu in Paris, the order of St. Dominic, and numerous Catholic orders of nuns; and (3) secular nursing orders developed primarily to nurse the sick rather than perform religious duties.³

During the Middle Ages, nursing care consisted mostly of providing for the patient's physiological needs, giving medications, bathing and dressing wounds and ulcers, and caring for spiritual needs. Nursing equipment characteristic of today was not available. There were no thermometers,

³Gerald Joseph Griffin and Joanne King Griffin, Jensen's History and Trends of Professional Nursing, 5th ed. (St. Louis, 1969), pp. 12-22.

syringes, or accessories. Nursing practices were restricted because of prejudices toward the human body, which was considered unclean and inferior.⁴

Dark Period of Nursing: 1500 to 1840

Following the period of predominance of the religious nursing orders during which time nursing care reached some maximum quality, a period of decline in the quality of nursing followed. This decline in the quality of nursing was due partially to the (1) oppression and overwork of the various nursing orders, (2) decline in the number and quality of monastic affiliated hospitals, and (3) rise of the town or city hospitals, which were substandard in comparison to the monastic affiliated hospitals.

There was also a decline in the quality of individuals who chose to be nurses and a subsequent decline in the quality of nursing care.⁵

Development of Modern Nursing: 1843 to
1910--The Nightingale Revolution

Florence Nightingale was the dominant figure in modern nursing. By the nineteenth century the following had occurred:

1. Medicine had developed into a scientific practice.

⁴Ibid.

⁵Stewart and Austin, History of Nursing, pp. 76-98.

2. The general state of society and hospitals had developed into one which was amenable to nursing.

3. The protestant countries had become aware of the need for an organization of nursing orders similar to Catholic nursing orders, but freer from extensive religious commitments.⁶

Born of well-to-do English parents on May 12, 1820, Florence Nightingale was gifted intellectually. She also was sensitive and lived in an age when delicate but intense emotional reactions were socially desirable for women. Nothing in her youth suggested the role she would play. By 1843 she was charitably succoring the sick and poor, to the distress of her family and relatives.⁷

During the next several years she studied reports on hospitals, sanitation, and health in England and on the continent. In 1846 after reading a yearbook from the Kaiserswerth Deaconesses Hospital, she decided to devote herself to trained nursing. In 1853 Nightingale accepted the management of a small private institution for the care of the sick. Her genius for organization soon became evident. In a short while many requests were received by her from other hospitals and health agencies for assistance in

⁶Griffin and Griffin, History and Trends, p. 65.

⁷Frank, Foundations of Nursing, pp. 97-98.

obtaining competent nurses. She realized then that a sound program of training was needed.⁸

Her attention was diverted by the Crimean War, which broke out in 1854. Distressing accounts of the high death rate and neglected conditions of the sick and wounded British soldiers were being reported. Sir Sidney Herbert, the Minister of War of England and a close personal friend of Nightingale, requested that she head an army of nurses to minister to the soldiers. As Lady-in-Chief with a staff of forty nurses, she organized a nursing service for the British Army. During the time she was in the Crimea, she organized all the hospitals throughout the Crimea and in Scutari, and approximately two hundred nurses served under her supervision. The nursing and sanitary reforms initiated by her revised the death rate from more than four hundred per thousand patients to twenty-two per thousand patients. This accomplishment gave her the leverage for complete re-organization of the army medical service after the war. Opposition, official jealousy, red tape, and bureaucratic inefficiency imposed many trials for her as she attempted to fulfill this mission.⁹

Nightingale considered nursing to be "a dignified, useful, responsible career for self-supporting women who had

⁸ Ibid., pp. 99-100.

⁹ Stewart and Austin, History of Nursing, pp. 98-104.

the intelligence, training and physical and moral stamina necessary to face its complex and difficult problems and to fight their own battles."¹⁰ Through her writings, it is evident that her philosophy of nursing was that the practice of nursing should become an intellectually sound demonstration of the scientific and natural principles of hygiene. The principles inherent in her nursing beliefs are characterized by clarity, logic, originality, and a depth of reflection that place her works among the classics.¹¹

History of Nursing's System of Education
in the United States: 1873 to
the Present

The Nightingale system of training established nursing on a professional level. Her ideas were transported to the United States. Distortions of those ideas occurred as a result of social forces that influenced both the development of nursing practice and nursing education, resulting in several distinct patterns of nursing education: diploma, associate degree, baccalaureate degree, and graduate degree.¹²

¹⁰Ibid., p. 109.

¹¹Adelaide M. Nutting and Lavinia L. Dock, A History of Nursing (New York, 1907), p. 101.

¹²Ruth V. Matheney, "Historical Perspectives," New Directions in Patient-Centered Nursing, edited by Abdellah and others (New York, 1973), p. 151.

Nightingale proposed that nursing education be controlled by nurses, with the school of nursing being independent. In America the first schools operated under these sound principles. Then because of the success of the student nurses in caring for patients, throughout the country hospitals soon started schools of nursing. The schools were not independent but were considered agents of the hospital. This practice is not educationally sound because student-learning often was sacrificed or at least impaired by the long hours students were required to give in nursing service.¹³

Diploma Education: 1873 to Present

In 1873 diploma schools of nursing began in New York, New Haven, and Boston. By 1900 there were more than 400 schools, and a decade later there were 1,200. At their peak in the early thirties there were 1,844 diploma schools throughout the United States.¹⁴

During the formative years, 1873-1900, some of the following special forces affected nursing:

1. The Civil War demonstrated the need for people trained to care for the sick and wounded.

¹³Ibid., p. 152.

¹⁴Margaret Bayldon, "The First Century," R.N., XXXVI (February, 1973), 33.

2. The public was beginning to accept new roles for women.

3. Hospitals were expanding.

In 1869 the American Medical Association at its annual meeting recommended the following:

1) Every large, well-organized hospital should have a school of nursing to supply its needs and those of private families in its area; 2) nurses' homes should be established under the control of deaconesses (lady superintendents); 3) district schools of nursing should be set up under county medical societies . . . and 4) societies of nurses should be formed and their members given preference over the uneducated.¹⁵

As is evident, decisions about nurses and nursing were made by others.

During the early years, entrance requirements to diploma schools were minimal. Candidates were generally expected to be between the ages of twenty-five and thirty-five and have "good health and unimpaired faculties, . . . sober, honest, truthful, trustworthy, punctual, quiet, orderly, cleanly, neat, patient, kind, and cheerful."¹⁶

The course work of diploma education consisted of lectures initially given by doctors and superintendents, until the emergence of nurse instructors in 1890. In 1895

¹⁵"Diploma Schools: The Long Road to Today," R.N., XXXVI (February, 1973), 34.

¹⁶Ibid., p. 36.

instruction in nursing procedures was instituted by clinical demonstration.

Early instruction did not always work out as hoped. Supervision was often minimal, lectures scattered and irregular . . . hours were long, day and night. In some cases night watchers were hired at one dollar per night to relieve the pupils who were tired.¹⁷

In spite of the hardships on the nurses, their superiority over the untrained nurses was evident.

From 1900 to 1945 the diploma schools advanced educationally. Nursing courses lengthened as more knowledge and skill were demanded; new subjects were added; some students took special courses and became teachers in schools. Facilities, laboratories, and libraries were improved. The era of apprenticeship was over, and the battle for educational standards began.¹⁸

Through the actions of state nurses' associations, licensure laws for nurses were passed by legislatures. Minimal educational standards were set by law, though the education was still considered an integral part of and subject to the hospital.¹⁹

The diploma schools in the recent past and those today have experiences planned for students that are educational in nature rather than dictated by the need for service. Some programs are utilizing programmed instruction,

¹⁷Ibid., p. 45.

¹⁸Ibid., p. 44.

¹⁹Ibid., p. 45.

television teaching, and other self-tutorial and audio-visual methods. Few programs require thirty-six months to complete. Tuition for schools is required, and a large majority of the programs have cooperative arrangements of some sort with colleges or universities for the provision of non-nursing courses.²⁰

"The percentage of diploma programs has been declining annually, and the percentage of admissions to and graduations from diploma programs has been falling at an even sharper rate. This is a college-bound generation. . . ." ²¹

A new mandate emerged which created much controversy, confusion, and dissension. "Education for those who work in nursing should take place in institutions of learning within the general system of education."²² This position was taken by the American Nurses' Association in 1965.

What the future holds for diploma schools is uncertain. If the trend continues, nursing leaders predict that in the near future diploma schools may become extinct. The diploma schools have provided a valuable nursing service of care of the sick in the past. Their end may come as abruptly as their growth expanded. One thing is certain: social forces

²⁰ Margaret Courtney, "The Diploma Programs," R.N., XXXIV (May, 1971), 38.

²¹ Ibid., p. 39.

²² American Nurses' Association, A Position Paper (New York, 1965), p. 5.

will force changes. The changes will come because the public demands better health care and requires more and better education for those who are to deliver that care.²³

The Baccalaureate Degree in Nursing
Education: 1900 to Present

"The School of Nursing at the University of Minnesota in 1910 was the first training center of its kind to be sponsored, anywhere in the world, by an institution of higher learning."²⁴

The movement of nursing education into universities, however, was slow because of many factors; some of them were opposition from nurses and doctors.²⁵

The Goldmark Report in 1920 identified the inadequacies of the education of nurses, but the report was not generally accepted or implemented.²⁶ And it was not until the Brown Report (1948) that nursing made the move into university educational settings.²⁷

This transition was not officially recognized by the profession itself until 1965, when the controversial position

²³Courtney, "The Diploma Programs," p. 37.

²⁴Gladys Kiniery, "The Evolution and Characteristics of Baccalaureate Education in Nursing," Perspectives in Nursing Education: Educational Patterns, Their Evaluation and Characteristics (Washington, 1963), p. 148.

²⁵Ibid., p. 149.

²⁶Ibid., p. 151.

²⁷Esther Lucile Brown, Nursing for the Future (New York, 1948).

concerning nursing education was issued. The American Nurses' Association took the position that "the minimum preparation for beginning professional nursing practice at the present time should be baccalaureate degree education."²⁸

In those early years, the need for the development of standards was recognized. In 1932 the Association of Collegiate Schools of Nursing was established. Member schools were constituent units of colleges or universities offering one or more of three types of programs: basic, combined academic and basic, and advanced. The purposes of the association were "to develop nursing education on a professional and collegiate level; to promote and strengthen relationships between schools of nursing and institutions of higher learning; to promote study and experimentation in nursing service and nursing."²⁹

The baccalaureate program in nursing today generally requires four academic years or four calendar years. The curriculum includes a balance between education in arts and sciences and is the foundation for graduate study. The general characteristics of collegiate nursing education are that it

²⁸American Nurses' Association, A Position Paper, p. 6.

²⁹Mary Robertson, American Nursing: History and Interpretation (New York, 1961), p. 439.

(1) is located and controlled by higher education, with education as its central purpose;

(2) is built on a basis of humanistic, scientific, and cultural education;

(3) contains knowledge and skills in the practice of nursing and skill in organizing and directing nursing care of others;

(4) provides for specialization in post-baccalaureate programs;

(5) compels students to meet the same requirements as college students.³⁰

Professional nursing practice, as identified by the American Nurses' Association in 1965, is as follows:

The essential components of professional nursing are care, cure, and coordination. The care aspect is more than "to take care of," it is "caring for" and "caring about" as well. It is dealing with human beings under stress, frequently over long periods of time. It is providing comfort and support in times of anxiety, loneliness, and helplessness. It is listening, evaluating, and intervening appropriately.

The promotion of health and healing is the cure aspect of professional nursing. It is assisting patients to understand their health problems and helping them to cope. It is the administration of medications and treatments. And it is the use of clinical nursing judgment in determining, on the basis of patients' reactions, whether the plan for care needs to be maintained or changed. It is knowing when and how to use existing and potential resources to help patients toward recovery and adjustment by mobilizing their own resources.

³⁰Kiniery, "Evolution and Characteristics of Baccalaureate Education," p. 155.

Professional nursing practice is this and more. It is sharing responsibility for the health and welfare of all those in the community, and participating in programs designed to prevent illness and maintain health. It is coordinating and synchronizing medical and other professional and technical services as these affect patients. It is supervision, teaching, and directing all those who give nursing care.

Professional nursing practice is constant evaluation of the practice itself. It provides an opportunity for increasing self-awareness and personal and professional fulfillment. It is asking questions and seeking answers--the research that adds to the body of theoretical knowledge. It is using this knowledge, as well as other research findings, to improve services to patients and service programs to people. It is collaborating with those in other disciplines in research, in planning, and in implementing care. Further, it is transmitting the ever-expanding body of knowledge in nursing to those within the profession and outside of it.

Such practice requires knowledge and skill of high order, theory oriented rather than technique oriented. It requires education which can only be obtained through a rigorous course of study in colleges and universities.³¹

"A concomitant problem at this level of education is a shortage of prepared faculty. . . . For ten years unfilled faculty vacancies have been equal to or have exceeded the number of nurses who received a master's degree each year."³²

The Associate Degree in Nursing Education:
1952 to Present

In 1951 Montag assessed the present nursing education system and analyzed the implications of vocational and

³¹American Nurses' Association, A Position Paper, pp. 5-6.

³²Dorothy Mereness, "The Baccalaureate and Higher Degree Programs," R.N., XXXIV (May, 1971), 47.

technical education for the preparation of nursing. She proposed that a program for technical nursing be instituted in community colleges in which the student would receive the associate degree and be eligible to take the state nursing licensing examination.³³

In the foreword of the text, The Education of Nursing Technicians, McManus describes Montag's program.

The type of program she proposes prepares for nursing functions that are more limited in scope than professional nursing functions, yet broader in scope than the functions currently assigned to trained practical nurses. The proposed program deviated markedly also from the traditional apprenticeship pattern of the hospital school of nursing, as well as from the usual basic collegiate school of nursing program. The proposal holds promise for the improvement in the system of education for nursing by the utilization of tested principles of technical education, and promises greater economy by shortening the time and therefore the cost of education. By removing serious barriers to recruitment for nursing, long associated with hospital programs, which tend to isolate young women from many social activities freely open to their friends in other programs, the plan holds promise for attracting many able young women that would have been lost to nursing. The soundness of the principles she has brought to bear upon the whole problem and the assumptions upon which the study is based justify careful consideration of the suggested program by all nursing educators.³⁴

A nursing leader states that with the advent of the associate degree in nursing programs,

³³Mildred L. Montag, The Education of Nursing Technicians (New York, 1951).

³⁴Ibid., p. xiii.

nursing dealt concretely for the first time in its educational history with the need for differentiation of roles in nursing practice and thus the need for a differentiated and hierarchical educational system. Prior to the advent of the ADN program, the relationship between educational channels and subsequent careers had not been clarified in American nursing policy. Graduates of diploma and baccalaureate programs were treated as if they were one and the same, a situation that created a confusion which exists to this day.³⁵

Montag's proposed program³⁶ was implemented under the auspices of the Cooperative Research Project in Junior and Community College Education for Nursing, 1952 to 1956. The Kellogg Foundation financed a four-state (New York, California, Florida, and Texas), five-year project to guide and develop the growth of Associate Degree Nursing. Seven community and junior colleges and one diploma school cooperated in the project. There were six aspects of foundation aid: (1) faculty preparation, (2) continuation education, (3) consultation, (4) demonstration centers, (5) a preparatory planning year, and (6) evaluation of ADN programs and graduates. This effort aided in the establishment of ADN programs on firm, educationally sound foundations throughout the country. Three of the four participating states were successful in initiating graduate education programs to prepare the teachers and administrators. In Texas, however, a

³⁵Georgeen DeChow, "The Associate Degree Programs," R.N., XXXIV (May, 1971), 40-43.

³⁶Mildred L. Montag, Community College Education for Nursing (New York, 1959).

program of graduate teacher preparation was planned to be administered by the University of Texas School of Nursing but "there never was at any time any student enrolled in the proposed program."³⁷

Thirteen years after its inception, the American Nurses' Association published their position, "the minimum preparation for beginning technical nursing practice at the present time should be associate degree education in nursing."³⁸

The growth rate of the ADN programs proves their acceptance.

The growth of associate degree programs from 7 in the early 1950's to 69 in 1961 to 444 in 1970 is evidence of this movement. In 1961, 917 students graduated from associate degree programs. In 1970, there were 11,678 . . . and it is anticipated that this growth³⁹ rate will continue throughout the seventies.

How do the characteristics of the technical nurse program differ from the characteristics of the professional nurse program previously defined? The characteristics of the technical nurse program are as follows:

1. Is organized, administered or controlled, and financed within an institution of higher education.
2. Contains a reasonable balance of liberal (general and science) and nursing courses.

³⁷ Bernice Anderson, Nursing Education in Community Junior Colleges (Philadelphia, 1966), p. 238.

³⁸ American Nurses' Association, A Position Paper, p. 8.

³⁹ DeChow, "The Associate Degree Programs," p. 42.

3. Establishes vital clinical (patient care) learning experiences within community agencies through contractual, written agreements.
4. Is completed within a two-calendar-year period.
5. Admits students comparable to those students in similar levels of education or curricula within the controlling institution.
6. Culminates in the associate degree.
7. When completed, enables the student to apply for the examination leading to Registered Nurse (RN) licensure.
8. Following completion, enables the graduate to be employed as a patient (bedside) nurse in hospitals and selected community agencies.⁴⁰

The functions of technical nursing practice were defined in 1968 by the American Nurses' Association. They are as follows:

Technical nursing practice is carrying out nursing measures as well as medically delegated techniques with a high degree of skill, using principles from an ever-expanding body of science. It is understanding the physics of machines as well as the physiologic reactions of patients. It is using all treatment modalities with knowledge and precision.

Technical nursing practice is evaluating patients' immediate physical and emotional reactions to therapy and taking measures to alleviate distress. It is knowing when to act and when to seek more expert guidance.

Technical nursing practice involves working with professional nurse practitioners and others

⁴⁰ Sandra Rasmussen, editor, Technical Nursing Dimensions and Dynamics (Philadelphia, 1972), p. 29.

in planning the day-to-day care of patients. It is supervising other workers in the technical aspects of care.

Technical nursing practice is unlimited in depth but limited in scope. Its complexity and extent are tremendous. It must be rendered under the direction of professional nurse practitioners, by persons who are selected with care and educated within the system of higher education; only thus can the safety of patients be assured. Education for this practice requires attention to scientific laws and principles with emphasis on skill. It is education which is technically oriented and scientifically founded, but not primarily concerned with evolving theory.⁴¹

DeChow predicts that technical nursing for the future needs to consider the initial skill in acting more independently in the giving of direct care and in providing leadership to the nursing assistant group in the giving of direct care. This, she feels, is necessary because of the shortage of professional nursing. She suggests if this is not done "the technical nursing care that is rendered in our community hospitals may not long remain under the responsible supervision and control of nursing practitioners."⁴²

Graduate Education in Nursing: 1899 to 1969

In 1899, Teachers College at Columbia University developed a course in hospital economics, reflecting the

⁴¹American Nurses' Association, A Position Paper, p. 8.

⁴²DeChow, "The Associate Degree Programs," p. 78.

need at that time for nurses to be prepared beyond the apprenticeship level.⁴³

For many years baccalaureate and master's degree levels were seldom differentiated. Public health nursing was considered a separate program from administration and supervision in hospital nursing. A primary concern was to bring about improvements in these programs.⁴⁴

In 1910, programs for public health nurses were established with the Henry Street Settlement Visiting Nurse Association. Later that year programs in nursing education were also established. In the years following, the School of Applied Arts and Sciences of Western Reserve University, affiliated with the Cleveland Visiting Nurses Association, began training public health nurses in 1911. Simmons College followed in 1912, affiliated with the Instructive Visiting Nurses Association of Boston.⁴⁵

The early clinical specialization in nursing in the areas of obstetrics, surgery, and operating room was developed largely by hospitals, varying in length from a few months to a year and focusing on technical expertness. It

⁴³James Gray, Education for Nursing (Minneapolis, 1960), p. 12.

⁴⁴Helen Nahm, "Graduate Education of the Nurse," New Directions in Patient-Centered Nursing, edited by Abdellah and others (New York, 1973), p. 289.

⁴⁵Isabel Stewart, The Education of Nurses, Historical Foundations and Modern Trends (New York, 1943), p. 206.

was not until the colleges and universities became concerned about them that they began to improve.⁴⁶

The first programs for clinical-nurse specialists with advanced training at the master's degree level grew out of nurses' rebellion against having only administrative and academic routes for recognition and prestige. After all, these nurses were called on to give expert care to acutely ill patients. The programs also developed as a reaction to the trends in nursing toward teaching and administration that followed World War II. The registered nurse was becoming farther and farther removed from the patient. To combat this trend for graduate education to move away from patient care, in 1967 a small amount of private foundation support was made available to a few experimental programs to prepare clinical-nurse specialists. The programs were at the University of Michigan, New York Medical College, and the University of California at San Francisco. This grant aided the nurses in returning to direct patient care.⁴⁷

By 1940 it was accepted that advanced programs in nursing should be offered by colleges and universities. For the most part, however, these programs were offered at the certificate or baccalaureate levels. Most courses were in

⁴⁶Nahm, "Graduate Education of the Nurse," p. 290.

⁴⁷Faye Abdellah, "Evolution of Nursing as a Profession," New Directions in Patient-Centered Nursing, edited by Abdellah and others (New York, 1973), pp. 230-239.

either public health nursing or nursing education with clinical specialties offered by hospitals.⁴⁸

Although some persons have criticized nursing's alliance with education, there have been some advantages.

"Nursing more than the other health professions, has been concerned about students as individuals, about problems of curriculum development and evaluation, and about the teaching-learning process."⁴⁹

The period between 1940 and 1969 was filled with many significant developments. As early as 1951 the Post-Graduate Board of Review of the National Nursing Accrediting Service identified the problems in advanced nursing education. The article reporting their findings states the following:

1. There was too little differentiation between those programs leading to a bachelor's degree and those leading to a master's degree.

2. There were too few graduate courses to prepare clinical specialists and consultants.

3. It was reiterated that courses should emphasize nursing in terms of skilled nursing care rather than teaching or administration.

⁴⁸Nahm, "Graduate Education of the Nurse," p. 290.

⁴⁹Ibid., p. 291.

4. In summary, graduate education needed to prepare nurses for specialized care, research, writing, teaching, and consultation in interdisciplinary study in fields having common interests for a variety of professions.⁵⁰

At a National League for Nursing conference held in 1953, the nurses present decided

that baccalaureate level should be on general professional nursing and graduate education should prepare for administration, teaching and advanced clinical practice. A question that was raised by the nurses was whether there is a common core that should run through all master's programs, regardless of the area of concentration or specialization.⁵¹

In 1956 there were twenty-five accredited master's degree programs, and in 1972 there were fifteen-seven accredited master's degree programs. The differences in the programs represent fifteen years of effort on the part of nurse educators and others to clarify goals and objectives of baccalaureate and graduate education in nursing, and to develop programs in line with these objectives and goals.⁵²

Efforts to bring about the changes were facilitated by the development of regional agencies in higher education. Specifically, these agencies were the Southern Regional Education Board, the Western Interstate Commission on Higher

⁵⁰"Some Problems Identified," American Journal of Nursing, LI (May, 1951), 337-339.

⁵¹Nahm, "Graduate Education of the Nurse," pp. 292-293.

⁵²Ibid., p. 295.

Education, and the New England Board of Higher Education. The groups have received sizable grants from the W. K. Kellogg Foundation to initiate and administer programs.⁵³

Federal support has also contributed to development of nursing education and nursing research. In 1946, the National Mental Health Act traineeship awards were made available by the U.S. Public Health Service to mental health students, including nurses. Later awards were made available by the Children's Bureau to prepare nurses in maternal and child health. Through the Vocational Rehabilitation Act of 1954, funds were available for rehabilitation nursing.⁵⁴

In August 1955, \$625,000 was made available for a five-year period of research in nursing and for preparation of nurses in research. In 1956, through the Health Amendments Act, traineeships were made available for training professional public health personnel and for advanced preparation for administrative, supervisory, or teaching positions.⁵⁵

The Nurse Training Act of 1964 authorized grants for construction of education facilities for projects to improve, strengthen, or expand nursing education programs and for nursing student loans.⁵⁶

⁵³ Ibid.

⁵⁴ Ibid.

⁵⁵ Ibid., p. 297.

⁵⁶ U.S. Department of Health, Education and Welfare, Nurse Training Act of 1964 (Washington, D.C., 1967)..

A grant to implement a graduate curriculum for ADN faculty and administrators, which would be based on data from this research, was submitted to the Department of Health, Education and Welfare in January, 1973, by Texas Woman's University. Funds were requested to be allocated from monies available through the Nurse Training Act of 1964.⁵⁷

Summary

The development of nursing as a profession based on sound educational principles was quite difficult. Nursing was a pawn in the hands of strong social forces and unable for many years to get back to the ideal established by Nightingale in 1863.

Chapter III is a survey of the current literature (1969-1973) to determine the present nature and to predict the future of graduate nursing education in light of trends in general higher education.

Specifically, it attempts to identify what should be incorporated in a graduate program to prepare nurses for the future as nursing leaders, in particular for nursing education positions in community junior colleges.

⁵⁷Mary Jo Bulbrook, "Graduate Degree Curriculum Innovations for Associate Degree in Nursing Faculty," grant proposal sponsored by Texas Woman's University, Nursing Education Branch, Department of Health, Education and Welfare (Bethesda, Maryland, 1973).

CHAPTER III

SURVEY OF THE CURRENT LITERATURE (1969-1973) TO DETERMINE PRESENT NATURE AND FUTURE PREDICTIONS OF GRADUATE NURSING EDUCATION

Introduction

The Carnegie Commission on Higher Education reports that "the U.S. today faces only one serious manpower shortage and that is in health care personnel."¹

This fact, however, can be misleading. For example, the problem with nursing manpower is qualitative, not quantitative. The so-called nursing shortage masks poor distribution and limited opportunities for utilization of nurses' abilities, education, and professional skills. We are close to an equilibrium between supply and demand. There does exist, though, a great need for graduate-level nurses. Projected needs for 1975 are 120,000 master's or doctoral degree nurses. In 1970, however, there were only 19,000 employed RN's with graduate degrees.²

¹Carnegie Commission on Higher Education, Higher Education and the Nation's Health (New York, 1970), p. 2.

²Sister Bernadette Armiger, "Unemployment: Is There a Nursing Shortage?" Current Issues in Nursing Education, papers presented at the Tenth Conference of the Council of Baccalaureate and Higher Degree Programs, National League for Nursing (1973), pp. 26-30; Sister Bernadette Armiger, "Nursing Shortage or Unemployment?" Nursing Outlook, XXI (May, 1973), 312-316.

One solution to the manpower shortage has implications for both education and practice: this simple answer is to educate more doctors and nurses in existing and new schools. However, "pragmatic answers are complex in terms of financing, the need for determining how to properly educate such personnel, and for deciding on curricular content and length of various educational programs."³ These are the issues that need research.

Education and practice are intimately related; consequently, examining nursing practice roles is necessary.⁴ The Board of Directors of the International Congress of Nurses, in March 1972, approved a statement formulated by the Congress Professional Services Committee charged with the task of examining the nurses' role. The formulated statement will be presented to the Fifteenth Quadrennial Congress of the International Congress of Nurses in 1973. The statement reads:

In the light of scientific and social change and the goals of social and health policy to extend health services to the total population, nursing and other health professions are faced with the need to adapt and expand their roles. In planning to meet health needs it is imperative that nurses and physicians collaborate to promote the development and optimum utilization

³Dwight Wilbur, "Total Manpower Needs and Resources, Medicine and Nursing," Nursing Outlook, XVII (December, 1969), 32-35.

⁴Eleanor C. Lambertsen, "Changes in Practice Require Changes in Education," American Journal of Nursing, LXVI (August, 1966), 1783-1786.

of both professions. A variety of practices may evolve in different settings including the creation of new categories of health workers. Although this may require nurses to delegate some of their traditional activities and undertake new responsibilities, the core of their practice and their title should remain distinctly nursing, and education programs should be geared to prepare them for their duly recognized role.⁵

Changes in role necessitate changes in education.⁶ In addition, changes in education give the practitioner vision to make the necessary changes in the practitioner role.

Consequently, nurses and nursing need to be continually flexible and alert to meet present challenges and future needs. Although there seems to be general agreement among nurse leaders that there is need for change on the part of nurses, there is little agreement as to what modification of the nursing role is needed, or how such modification should be made.⁷ This lack of consensus results in confusion and chaos, but also allows the nurse to be creative in this evolutionary process of role development.

Current and Future Nursing Roles

Before investigating the nature of graduate education in nursing, exploration of some contemporary delineations of

⁵News item in International Nursing Review, XIX (New York, 1972), 195.

⁶Ruth Freeman, "The Expanding Role of Nursing," International Nursing Review, XIX (New York, 1972), 353; Lambertsen, "Changes in Practice Require Changes in Education," pp. 1783-1786.

⁷Freeman, "The Expanding Role of Nursing," p. 352.

the roles of the nurse is necessary to determine requirements for nursing education. The internationally recognized definition of basic nursing follows:

The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. and to do this in such a way as to help him gain independence as rapidly as possible.⁸

The basic care given by the nurse involves the following:

1. Helping patient with respiration.
2. Helping patient with eating and drinking.
3. Helping patient with elimination.
4. Helping patient maintain desirable posture in walking, sitting, and lying; and helping him with moving from one position to another.
5. Helping patient rest and sleep.
6. Helping patient with selection of clothing, with dressing and undressing.
7. Helping patient maintain body temperature within normal range.
8. Helping patient keep body clean and well groomed and protect integument.
9. Helping patient avoid dangers in the environment; and protecting others from any potential danger from the patient, such as infection or violence.
10. Helping patient communicate with others--to express his needs and feelings.
11. Helping patient practice his religion or conform to his concept of right and wrong.
12. Helping patient with work, or productive occupation.

⁸ Bertha Harmer and Virginia Henderson, Textbook of the Principles and Practice of Nursing, 15th edition (New York, 1955), p. 4.

13. Helping patient with recreational activities.

14. Helping patient learn.⁹

Although these responsibilities are succinctly stated, implementation of them requires extensive skill and knowledge.

Throughout this century nursing has gone through many changes. Nursing has evolved from care of the sick person in the hospital, to being concerned for restoration and maintenance of good health. The nursing role has expanded to include the patient's family. In addition, the nurse's work has expanded beyond the hospital into the community, caring for families in homes, clinics, and work. Today the role is being forced into a new, enlarged, and even more crucial role in health care.¹⁰

This forced change in the nurse's role in turn precipitates changes in the roles of other health professionals. A health team cares for the patient and his family in a variety of settings, sharing equal responsibility for patient care, in order to give more comprehensive health care. More cooperation and collaboration is needed among

⁹Virginia Henderson, Basic Principles of Nursing Care (Switzerland, 1969), p. 19.

¹⁰Helen K. Mussallen, "The Changing Role of the Nurse," American Journal of Nursing, LCIX (March, 1969), 514.

health professionals, a situation which necessitates change in the health curricula of each professional group.¹¹

Circa 1980 should include as a base, the nurse's primary and unique function, which is complex, service-centered care, based on scientific knowledge. And if certain trends continue, the nurse must assume responsibility for more and more medical-technical procedures as a physician surrogate. Her new role is responsibility for the health care of a group of families in the community and for their nursing care in the hospital. In this role the nurse moves freely from the home to hospital and back, in essence becoming the family's nurse with her main concern being health. In this matter, the practice of nursing could more closely resemble that of the family doctor. The nurse would be at the patient's side and be the one to contact the physician at the modern medical complex and incorporate the medical decision into her plan of nursing care. In addition, in select cases she will act as a resource person to others on the health team when called upon to do so by her colleagues.¹²

Nurse leaders predict that two distinct types of practitioners will emerge: the nurse in primary care and the nurse in secondary health care.

The nurse in primary health care is responsible for continuous planning and health supervision in order to meet the overall health needs of the family and considers the impact of

¹¹Ibid., p. 515.

¹²Ibid., pp. 516-517.

these needs on the family and each individual in the family structure. He encourages families to have a primary level physician and works in close collaboration with the physician and other health workers or agencies involved in the total health care of the family. The nurse's relationship with the family is continuous. The primary health care nurse is interested in the promotion of health and prevention of disease on a broad level in the community.

Though he may practice in a variety of settings, his base and usual areas of practice include outpatient settings, such as the family's home, physicians' offices, outpatient departments, medical clinics, schools, nursing clinics, and community health agencies rather than inpatient facilities.

The secondary health care nurse is responsible for the care of the physically or psychosocially ill individual. This nurse is responsible for planning care during the period of illness and helping the family to adjust to the patient's condition. This nurse works in close collaboration with the family's primary health care nurse, the patient's physician, and other health workers or agencies involved in the patient's care. The nurse's relationship with the patient and family continues until the patient is rehabilitated to the point that his care may be given by the primary level nurse.

The secondary health care nurse focuses his interest in the promotion of health and prevention of disease to his area of concentration, though as an interested health professional and citizen, he supports broad community plans for health promotion and disease prevention.

Though the secondary health care nurse may practice in a variety of settings, his patient's needs will demand that his home base and usual areas of practice will be in inpatient facilities, outpatient departments, physicians' offices, medical clinics, and nursing clinics, rather than in patients' homes.¹³

¹³Rose Marie Chioni and Panicucci, "Tomorrow's Nurse Practitioners," Nursing Outlook, XVIII (February, 1970), 32-35.

The National Commission for the Study of Nursing and Nursing Education issued a recommendation for the emergence of two differing career patterns to be developed in nursing. This recommendation was issued to focus attention on the fact that the entire health care delivery system should direct attention to the maintenance of health and prevention of disease. The career patterns suggested by NCSNNE are as follows:

One career pattern, episodic, would emphasize the nursing practice that is essentially curative and restorative, generally acute or chronic in nature, and most frequently provided in the setting of the hospital or in-patient facility.

The second career pattern, distributive, would emphasize the nursing practice that is essentially designed for health maintenance and disease prevention. This is generally continuous in nature, seldom acute, and increasingly will take place in community or emergent institutional settings.¹⁴

The episodic career pattern is like the secondary health care nurse described previously, while the distributive career pattern describes the primary health nurse.

An analysis of these different career patterns and kinds of health care was further delineated by the 1971 report of the Department of Health, Education, and Welfare on extending the scope of nursing practice. The report included information on (1) functions for which nurses are now generally responsible, (2) functions for which nurses and

¹⁴Jerome P. Lysaught, An Abstract for Action (New York, 1970), pp. 91-92.

physicians share responsibility, and (3) functions for which many nurses are now prepared and others could be prepared. The details of the report are located in the Appendix, p. 208.

The Health, Education, and Welfare report on the nurse's extended role, mentioned previously, differentiated between primary care, acute care, and long-term care. The definitions of each are as follows:

The term Primary Care as used in this paper has two dimensions: (a) a person's first contact in any given episode of illness with the health care system that leads to a decision of what must be done to help resolve his problem; and (b) the responsibility for the continuum of care, i.e., maintenance of health, evaluation and management of symptoms, and appropriate referrals. . . .

Acute care consists of those services that treat the acute phase of illness or disability and has as its purpose the restoration of normal life processes and functions. . . .

Long-term care consists of those services designed to provide symptomatic treatment, maintenance, and rehabilitative services for patients of all age groups in a variety of health care settings. Provision of this care should be the result of mutual agreement between medical and nursing staffs, and should be based upon the needs and resources of the patient and the readiness of the family to participate in the plan of care.¹⁵

In addition to the expanded nursing roles described above, there is the evolution of an additional nursing role identified as nurse-clinician or clinical specialist. The

¹⁵ Department of Health, Education and Welfare, Extending the Scope of Nursing Practice, A Report of the Secretary's Committee to Study Extended Roles for Nurses (Washington, D.C., November, 1971), pp. 8-11.

evolution of this new role emerged from the fact that nursing should strive for greater comprehensiveness, continuity, and coordination of patient care. Provisions of this type of care require greater competence in nursing assessment and nursing plans, including more extensive communication with physicians, patients, families, social workers, nutritionists, other nurses, and nursing homes and agencies to implement comprehensive health care.¹⁶ To be able to function as a clinician requires advanced educational preparation.

There is no precise definition of the clinical specialist, nor standards for his education and utilization.¹⁷

The nurse-clinician is expected to serve as a role model demonstrating ability to synthesize the biological, physical, and behavioral sciences, and apply them to practice. In addition, she is responsible for evaluating the care given by other nursing personnel and identifying areas needing improvement. Other expectations for the nurse-clinician are (1) teaching both patients and nursing personnel, (2) working effectively with a variety of people, (3) providing for consultation, (4) providing for research in practice settings, (5) promoting interdisciplinary collaboration in planning and evaluating patient care, (6) initiating

¹⁶Esther Lucile Brown, Nursing Reconsidered: A Study of Change, Part II (Philadelphia, 1971), p. 480.

¹⁷Edith Lewis, editor, The Clinical Nurse Specialist (New York, 1970), p. vii.

change, (7) demonstrating a spirit of inquiry and open-mindedness, (8) fostering initiative, resourcefulness, and creativity, and (9) critically analyzing her own role and adapting it to meet changing needs of personnel and patients.¹⁸

ANA's Commission on Nursing Education issued a statement in 1969 indicating where this level of practitioner should be educated. "The major purpose of graduate study in nursing should be the preparation of nurse-clinicians capable of improving nursing care through the advancement of nursing theory and science." The assumptions underlying this statement are as follows:

Graduate education is a more intensive and analytic extension of undergraduate education, enabling students to perceive and develop new relationships among the various factors and forces that affect nursing.

¹⁸B. S. Georgopoulos and L. Christman, "The Clinical Nurse Specialist: A Role Model," American Journal of Nursing, LXX (1970), 1030-1039; D. Johnson, J. Wilcox, and H. Moidel, "The Clinical Specialist as a Practitioner," American Journal of Nursing, LXVII (1967), 2298-2303; C. Baker and M. Kramer, "To Define or Not to Define: The Role of the Clinical Specialist," Nursing Forum, I (1970), 41-55; Mary Woodrow and Judith Bell, "Clinical Specialization: Conflict Between Reality and Theory," Journal of Nursing Administration (November-December, 1971), pp. 23-28; Jean Barrett, "Administrative Factors in Development of New Nursing Practice Roles," Journal of Nursing Administration, I (July-August, 1971), 25-29; Ruth Kirkman and Marian E. Miller, "The Clinical Specialist in a Community Hospital," Journal of Nursing Administration, II (January-February, 1972), 30-33; Jannetta MacPhail, "Reasonable Expectations for the Nurse Clinician," Journal of Nursing Administration, I (September-October, 1971), 16-18.

There is now available an increasingly large body of nursing knowledge which appropriately and logically belongs in graduate education.

Nursing must further develop and structure its body of knowledge, and add new knowledge that is relevant to both general and specialty practice.

Corporate responsibility for the education of nurse clinicians capable of advancing nursing theory and science rests with institutions of higher learning.

Nurses prepared at graduate levels can assume leadership in assessing the role of nursing in relation to changing concepts of health care, delineating action to bring about change, selecting that action most feasible at any given time, implementing decisions, and evaluating results in order to achieve quality nursing care.¹⁹

Characteristics of Current Graduate Programs in Nursing

The characteristics of the graduate nursing education programs as recognized by ANA are below:

It is not the intention here to identify specific criteria, nor even to distinguish between masters and doctoral degree preparation. The value of diversity among graduate programs in nursing is well recognized. There are, however, certain essential criteria common to all graduate programs of quality.

The content of graduate study should be the science of nursing and other sciences relevant to the nursing specialty. Since nursing is an applied science, those intending to specialize should have the opportunity to subject hypothetical and theoretical constructs to rigorous tests in practice. Programs should aim to develop skills needed in practice of the specialty.

The approach to learning should be primarily that of systematic inquiry. All nurses prepared in graduate programs should have sufficient

¹⁹ American Nurses' Association, Statement on Graduate Education in Nursing (New York, 1969), p. 2.

training in formal investigation to develop competence in identifying significant and researchable problems, in designing research proposals, in the systematic gathering of data, in its quantification and evaluation, and in drawing meaningful, valid conclusions from research findings.

The facilities and resources most appropriate to the preparation of nurse specialists are those found in educational institutions that provide highly sophisticated training in both the health disciplines and the health-related sciences. Nurses educated in graduate programs must be prepared to develop collaborative and colleague relationships with other health professionals. They can best acquire this ability in an environment that permits them to associate with specialists in medical and other health fields as well as with scholars in the natural and social sciences and the humanities.

Faculties for graduate programs in nursing should exemplify skill in specialty practice as well as productive scholarship, competent and innovative teaching, and significant research. A sizable proportion of the faculty should have preparation at the doctoral level and should be recognized by leaders in their own and related fields for their contributions to scholarship.

Graduate education requires a higher ratio of faculty to students than is found in undergraduate programs, for faculty members must have time to provide the special assistance and consultation needed by graduate students, as well as time for research and other scholarly activities.

The length of specialty programs should be determined by the time required to gain the knowledge, skill, and attitudes expected of master practitioners and scholars in specific fields of nursing; by the competencies that individual students bring to graduate study; and by the expectations and goals generally held for graduates of masters and doctoral programs. In these respects, flexibility is a well-recognized requirement of all graduate education.

The major focus of graduate education in nursing is to provide nurses--those preparing to be clinicians, administrators, teachers--with the knowledge and skill necessary to advance both nursing theory and practice so that

individuals and families can be helped to attain optimum health.²⁰

Since resources are limited, both the ANA and NCSNNE are in agreement that it is preferable to strengthen existing graduate nursing education programs and increase their enrollment rather than to stimulate the development of new programs.²¹

This recommendation necessitates a comprehensive analysis of the current status of graduate education programs in the country to determine if they adequately meet today's needs or whether there is indication of a need for change.

Table I shows the enrollments and graduations for master's degrees in nursing programs by National League for

TABLE I

ENROLLMENTS AND GRADUATIONS FOR MASTER'S PROGRAMS, 1971,
BY NLN ACCREDITATION STATUS, AS OF JANUARY 1, 1972*

Accreditation Status	Number of Programs	Number of Enrollments (Fall 1971)				Number of Graduations	
		Full-time	Part-time	Total	% of Total	Total	% of Total
Accredited	57	3650	1178	4828	89.3	1958	94.0
Non-accredited	22	275	302	577	10.7	125	6.0
Total	79	3925	1480	5405	100.0	2083	100.0

*National League for Nursing, Some Statistics on Baccalaureate and Higher Degree Programs in Nursing 1971-72 (New York, 1972), p. 2.

²⁰ Ibid., pp. 6-8.

²¹ Ibid., p. 6; Lysaught, Abstract for Action, p. 117.

Nursing accreditation status. The NLN reports that in the fall semester of 1971 there were seventy-nine master's programs. This number represents an increase of six programs over the previous year. Seven new master's programs were added, and one program terminated. Of these programs, there are a total of fifty-seven programs accredited by the National League for Nursing, the official accrediting body for nursing. The accredited programs had 89.3 percent of all students enrolled and 94 percent of all graduates during 1971.

Table II lists the data for the enrollments and graduations of nurses in master's programs in nursing, 1962 to

TABLE II
ENROLLMENTS AND GRADUATIONS OF NURSES IN MASTER'S
PROGRAMS, 1962-1972*

Academic Year	Number of Graduations	Number of Enrollments (Fall)			
		Full-time	Part-time	Total	Percent Full-time
1971-72	**	3925	1480	5405	72.6
1970-71	2083	3529	1236	4765	74.1
1969-70	1988	3346	1097	4443	75.3
1968-69	1766	3034	984	4018	75.5
1967-68	1615	2752	779	3531	77.9
1966-67	1534	2767	721	3488	79.3
1965-66	1279	2358	765	3123	75.5
1964-65	1379	2100	736	2836	74.0
1963-64	1282	1967	799	2766	71.1
1962-63	1149	1717	755	2472	69.5

*Ibid., p. 3.

**Data not yet available.

1972. As indicated, both enrollments and graduations have increased. Total enrollments in 1971 increased by 640, and graduations increased by 95 over the previous year.

Enrollments and graduations of nurses in master's programs in nursing by geographic region are in Table III. The South had sixteen programs in 1970 and eighteen programs in 1971. The total number of graduations for 1969 to 1970 was 311 and for 1970 to 1971, 381. This is the smallest number for the entire country.

Examination of the enrollments by functional areas for 1962 to 1971 in master's programs in nursing (Table IV) shows that enrollments increased in the areas of teaching, supervision, and advanced clinical practice but declined in administration. From 1970 to 1971, the increase in the teaching major was 232, but the increase in the advanced clinical-practice major was nearly twice as great (401).

Table V includes the statistics for full-time enrollments of nurses in nursing by content area and functional area of study, fall 1971. Of these figures, the advanced clinical-practice area included the highest overall average. In the teaching major the largest number of students were enrolled in medical-surgical nursing; the next largest group was in psychiatric-mental health and maternal-child health nursing, each with nearly comparable figures. However, in the advanced clinical-practice area, psychiatric-mental health nursing was slightly higher than medical-surgical

TABLE III

ENROLLMENTS AND GRADUATIONS OF NURSES IN MASTER'S PROGRAMS BY GEOGRAPHIC REGION,
1970 AND 1971*

Region	Number of Units with Master's Programs		Number of Enrollments (Fall)								Number of Graduations	
			Full-time		Part-time		Total		Percent Full-time			
			1970	1971	1970	1971	1970	1971	1970	1971		
I (Northeast)	21	23	1333	1427	517	594	1850	2021	72.1	70.6	857	787
II (Midwest)	21	23	810	945	210	312	1020	1257	79.4	75.2	424	391
III (South)	16	18	617	700	212	275	829	975	74.4	71.8	311	381
IV (Far West)	15	15	769	853	297	299	1066	1152	72.1	74.0	396	524
United States	73	79	3529	3925	1236	1480	4765	5405	74.1	72.6	1988	2083

*Ibid., p. 3.

TABLE IV

FULL-TIME AND PART-TIME ENROLLMENTS IN MASTER'S PROGRAMS BY FUNCTIONAL AREAS OF
STUDY, 1962-1971*

Year	Number of Enrollments (Fall)							
	Teaching		Administration		Supervision		Advanced Clinical Practice	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time
1971	1394	617	239	107	364	114	1897	567
1970	1309	470	275	125	337	97	1590	473
1969	1437	472	326	141	281	113	1261	313
1968	1344	462	303	116	352	129	1035	273
1967	1290	380	288	99	387	99	768	185
1966	1260	288	314	115	499	134	658	144
1965	1221	366	253	104	248	77	562	164
1964	1124	331	322	159	254	96	379	106
1963	1001	352	372	**	185	**	351	126
1962	906	397	316	148	201	102	265	99

*Ibid., p. 4.

**Data not available.

TABLE V

FULL-TIME ENROLLMENTS OF NURSES IN MASTER'S PROGRAMS BY NURSING CONTENT AREA AND FUNCTIONAL AREA OF STUDY, FALL 1971*

Nursing Content Area	Number of Enrollments by Functional Area of Study							
	Administration		Super-vision	Teach-ing	Super-vision and Teaching	Advanced Clinical Practice	Re-search	Not Spec-ified
	Service	Educa-tion						
Medical-surgical: Medical-surgical Specialties			95 95	587 587		622 578 44		1304
Maternal-child: Maternal-child Maternity Pediatrics			28 14 6 8	264 169 26 69		328 141 67 120	3 3	623
Psychiatric-mental health:			101	285		667		1053
Public health nursing: Public Health School nursing	60 60		124 124	165 165	12 12	193 187 6		554
Other (sciences, funda- mentals, inservice, rehabilitation	21		16	45	14	19		115
None	145	13		48		68		276
Total	226	13	364	1394	26	1897	3	3925

*Ibid., p. 5.

nursing. The maternal-child area and the public health area are lower than the other areas. From this fact, one might infer that the percentage of nurses with adequate preparation in those areas is limited. Thus, an imbalance occurs, for nurses are needed in these areas too.

The data concerning graduations by nursing content area and functional areas of study among master's graduates in nursing programs in 1970 and 1971 follow in Table VI. The advanced clinical-practice major had the largest number of graduates and increased the most. The graduates in administration decreased by fifty-nine, and the number in supervision increased by eleven students. Those graduations from the teaching major increased by thirty-eight. In addition, there were slightly more teachers than advanced practitioners prepared in medical-surgical nursing, a fact which also indicates an imbalance.

A more comprehensive picture of graduate education in nursing was obtained from an analysis of all the National League for Nursing accredited master's programs in nursing. Data were obtained from fifty-seven graduate nursing programs according to admission requirements, program facts, curricula offered (obtained from the 1972 National League for Nursing pamphlet), goals of the program, sequence of courses, and specific information about programs that appeared to be innovative or non-traditional in their approach (obtained from the current graduate school

TABLE VI

GRADUATIONS FROM MASTER'S PROGRAMS BY NURSING CONTENT AREA AND FUNCTIONAL AREA OF STUDY, 1970-1971*

Nursing Content Area	Number of Graduations by Functional Area of Study						
	Administration		Super- vision	Teach- ing	Super- vision and Teaching	Advanced Clinical Practice	Re- search
	Service	Educa- tion					
Medical-surgical:			55	332		293	
Medical-surgical Specialties			55	332		260 33	680
Maternal-child:			16	181		180	
Maternal-child			11	126		85	1
Maternity			1	16		34	1
Pediatrics			4	39		61	
Psychiatric-mental health	1		33	168		306	508
Public health nursing:			80	94		98	
Public health	51		80	94		90	323
School nursing	51					8	
Other (sciences, funda- mentals, inservice, rehabilitation)	11		7	18	7	6	49
None	105	19		18		2	1
Total	168	19	191	811	7	885	2
							2083

*Ibid., p. 7.

catalogues). The nursing programs studied were from fifty-seven universities or colleges (Appendix, p. 214).

Of the 57 graduate programs, 21 are from private institutions and 36 programs are from state-supported institutions. Regarding the admission requirements, 57 programs require an upper division in nursing; 50 programs do not require experience in nursing; 7 programs require experience in nursing; 50 programs require the Miller Analogies Test or the Graduate Record Examination; 51 programs require the R.N. licensure, while 4 programs require the student to obtain the R.N. licensure during the first examination offered after they enroll.²²

The next data concern the thesis requirement. Seven programs require a research endeavor; 11 programs require a thesis; 23 programs require a thesis or individual research; and 5 programs do not require a thesis.²³

Forty-nine programs allow part-time study, and 7 programs do not. In addition, of these programs, one college or university has a fall and winter admission, 35 programs have only fall admission for full-time study; 4 programs have spring or fall admission; 14 programs have admission anytime; and 4 programs have summer or fall admission.²⁴

²²National League for Nursing, Master's Education Route to Opportunities in Modern Nursing (1972).

²³Ibid.

²⁴Ibid.

The majority of the fifty-seven programs require a practicum in the clinical area and the functional area. In some programs the functional practicum is optional. A list of the specific curricula identified in the 1972 NLN master's education pamphlet, including the total number of programs in each curriculum category is in the Appendix, p. 215. Because of the variety of ways in which the graduate programs specifically identify their curriculum categories, comparing the majors is difficult. However, the majority of the programs stress a clinical competency, with a functional area of administration, supervision, and teaching. The clinical competency is primarily in either Medical-Surgical Nursing, Psychiatric Nursing, Maternal-Child Nursing, Community Health Nursing, and a few variations of the above. It is evident, however, that there is a beginning trend to identify a different way of approaching graduate education for nurses. In the literature review that follows, it is suggested that there is not a rationale for the division of clinical-nursing graduate education indicated previously. As a profession, nursing developed with teaching and administration as a major and then switched to clinical-nursing as a major. Teaching and administration then became functional minor areas.

Indications of Innovations in Current
Graduate Nursing Programs

Of the fifty-seven programs studied, the following twelve programs are found to be indicative of beginning attempts to break away from the traditional nursing curriculum of medical-surgical, psychiatric, maternal-child, community health, and clinical-nursing programs.

Emory University in Atlanta, Georgia, offers the traditional curriculum divisions cited previously. In addition, it offers courses new to the graduate level which provide the commonalities of theory and principles in clinical nursing that cross traditional clinical nursing lines. The courses listed in the catalogue are Ecological Approaches to Health Care, Theory and Process of Nursing I, Theory and Process of Nursing II, Theory and Process of Nursing III, Behavior Seminar, Regulation and Control of Selected Human Living Systems, Patterns of Dysfunctional Behavior, Process of Teaching, Directed Experience in Teaching, Advanced Clinical Nursing Courses of the traditional clinical lines.²⁵

The next curriculum considered was that of the University of Washington, Seattle, Washington. The curriculum titles are unique, stating that the advanced nursing practice can be obtained in physiological aspects, maternal and child nursing, psychosocial nursing, and family and community.

²⁵ Cecelia Vaughn, Assistant to the Director, Student-Faculty Affairs, Emory University, correspondence from, February 1, 1973.

The degree is a Master of Arts degree, including a major in nursing and a minor in another discipline. The program offers many practicums of both teaching and supervision. In addition, there are seventy-two different course listings from which to choose. This is a large number of specific nursing courses. Interesting course descriptions that suggest new trends are Psychosomatic Nursing, Seminar in Therapeutic Nursing Process I, Seminar in Therapeutic Nursing Process II, Seminary in Nursing Leadership Process, Implementation of Nursing Curricula, Implications of Concepts from Anthropology, Physiology, Microbiology, or Sociology for Nursing (each a separate course).²⁶

Three courses specifically for those working in community colleges are Seminar in Associate Degree Nursing Education I, II, III. Other unique courses include Seminar in Nursing in the Social Order, Theory Building in Nursing, and Depth Influence in Clinical Practice.²⁷

The University of Pennsylvania in Philadelphia, Pennsylvania, offers a curriculum in clinical specialization along the traditional clinical lines. It does, however, utilize a core approach: Psychosocial Behavior in Health and Disease, Science in Nursing Care, Adaptation Mechanisms

²⁶University of Washington brochure (Seattle, 1972).

²⁷Ibid.

in the Adult, Pathophysiological Problems of Adults, The Professional Nurse as a Change Agent.²⁸

Loyola University in Chicago, Illinois, offers teaching of nursing of adults and of maternal-child health with only one clinical specialization, nursing of adults. Some new listings are Exploration of a Theoretical Basis for Nursing Practice, Seminary and Practicum in Nursing of Adults I, Seminar and Practicum in Nursing of Adults II, and Clinical Specialist in Nursing of Adults.²⁹

Wayne State University in Detroit, Michigan, offers both the traditional clinical specialties and a new clinical specialty called Health Nurse Clinician. The Health Nurse Clinician program is part of a research project supported by funds from the Division of Nursing, Public Health Service, Department of Health, Education, and Welfare. The program consists of a clinical core plus courses in an area of special interest. The courses are Adult Clinical Nursing I, Adult Clinical Nursing II, Adult Clinical Nursing III, Clinical Judgment in Nursing I, Clinical Judgment in Nursing II, Nurse Clinician Role, Care of Individual Family Members, Group Process and Group Dynamics, Nurse Clinician Role in

²⁸University of Pennsylvania Bulletin (Philadelphia, 1972-74).

²⁹Loyola University Bulletin (Chicago, 1971-72).

Care of Groups, Nurse Clinician Role in the Community, and Seminar in Clinical Nursing.³⁰

Arizona State University in Tempe, Arizona, offers a core approach to curriculum. The program has traditional specialties in addition to courses that cut across clinical lines. Some of the courses are Advanced Nursing I, Advanced Nursing II, Advanced Nursing III, Advanced Nursing IV, Group Dynamics, Human Development I, Human Development II, and Organizational Behavior.³¹

The University of Minnesota advertises a curriculum in Clinical Leadership in either Medical-Surgical or Psychiatric-Mental Health, in addition to a curriculum in Teaching of Nursing and Advanced Nursing Practice. The courses are designated for nurses interested in the study of the concept of change.³²

The University of Iowa has traditional clinical areas in the curriculum. The program has, in addition to the traditional curriculum, Clinical Nursing Process I and II. The process courses are built on integration of clinical core.³³

³⁰Wayne State University brochure (Detroit, 1972).

³¹Arizona State University Bulletin (Tempe, 1971-1973).

³²University of Minnesota Bulletin (Minneapolis, 1972-1973).

³³University of Iowa brochure (Iowa City, 1972-1974).

The Ohio State University curriculum is developed around King's theoretical framework of nursing. The theory is developed from the following propositions:

1. Nursing is an observable behavior found in the health care systems in society.
2. Nursing is a process of action, reaction, interaction and transaction between individuals and groups in social systems to achieve goals of health or adjustment to health problems.
3. The specific function of nursing is assistance to individuals to help them cope with a health problem or adjust to interference in their health state.
4. The nurse works with individuals with a group referent or with groups, not with individuals per se.³⁴

Of all the universities investigated, this curriculum seemed the most innovative as it is based on implementation of King's theoretical research of the nature of nursing.

The required courses for all nursing students in the Ohio State nursing program follow: Concept in Theory Development, Research in Nursing: Non-experimental Designs, Nursing of Individuals, Nursing of Groups, Nursing within Communities, Group Studies in Nursing Practice (Family Health Care, Children, School Ageds and Adolescents, Adults, Aged, Acute Health Crises, Chronic Health Problems, Community Health Problems), Theoretical Basis for Leadership (Roles in Nursing I and II, Electives in Nursing, Individual Studies in Nursing, Group Studies in Nursing, Seminar in Nursing), Thesis, Functional Areas (Administration, Primary Care

³⁴ Imogene King, Toward a Theory for Nursing (New York, 1971), pp. 125-126.

Practitioner, Acute Care Practitioner, Long-Term Care Practitioner, Teaching in Baccalaureate Programs, Teaching in Associate Degree Programs).³⁵

Current Specific Graduate Nursing Programs
for Faculty and Administrator
Preparation for ADN
Programs

Of the fifty-seven accredited programs in the NLN master list, only the following three graduate nursing programs identify curricula specifically for individuals seeking preparation for teaching and administration positions in ADN programs.

New York University advertises a curriculum entitled Teaching of Nursing in Associate Degree and Baccalaureate Degree Programs. The curriculum is divided into the following clinical areas: Biophysical Pathology, Child Psychiatry, Parent-Child, Psychiatric-Mental Health, Public Health, and Rehabilitation Nursing. The degree is a Master of Arts Degree. The nurse chooses one of the above clinical courses in which to specialize; the clinical areas are traditional in approach.³⁶

The program at State University of New York at Buffalo has an extensive innovative curriculum. The program is a Master of Arts Degree in Teaching of Nursing in Community

³⁵ Ohio State University Fact Sheet (Columbus, 1972-1973).

³⁶ New York University Bulletin (New York, 1972-1973).

Colleges. In planning the curriculum, individual needs are considered. The program is designed for those seeking faculty positions in community college nursing departments and is characterized by (1) expansion of knowledge and competency of the practitioner in an integrated area of nursing, (2) utilization of knowledge from related fields, (3) knowledge of organizational structure, (4) characteristics of the associate degree institutions, (5) understanding the teaching/learning theories, (6) ability to assess students' needs, (7) utilization of testing, measurements, and evaluations, (8) understanding and reporting research findings, (9) understanding of need for continuing education, (10) commitment to teaching, and (11) ability to assume leadership role. Some unique course descriptions are Relevance of Values to Delivery of Adequate Health Care, Developmental Concepts in Nursing, Nursing the Adult, Community College Concepts, Concepts of Health Care, Adaptation to Stress in Physical and Mental Health, Seminar in Professionalization Concepts in Nursing, Teaching in Nursing, and Evaluation in Nursing.³⁷

This program is developed from the following rationale:

Associate Degree Programs in Nursing have been a part of the American system of nursing education since 1952. In 1956 there were fewer than 25 state registered programs. By the end of 1970 there were more than 390 programs. This

³⁷ State University of New York at Buffalo Bulletin
(Buffalo, 1972-1974).

rapid growth of nursing programs has seriously depleted the supply of prepared nurses to teach in any type of nursing program, and has created a critical need to prepare professional nurses to teach students of nursing within the community college setting.

Since nursing, through its professional organization, views professional and technical nursing as two distinct careers requiring different kinds of preparation, it is logical to assume that there are some fundamental differences in the preparation of teachers in community colleges as delineated from teachers in senior colleges. These differences rest in the influencing factors of the student population, administrative policies, and terminal nature of professional versus technical functions of the professional.³⁸

Teachers College in New York was the first institution offering graduate education for faculty and administrators in ADN programs. When Montag developed the ADN program, she believed that

If programs for nursing technicians are to be soundly established the preparation of those who are to administer and teach in these programs must receive attention. . . . The functions of personnel determine, or should determine, to a great extent the kind of preparation the individual should have in order that the job be done efficiently.³⁹

Montag proposed at that time that the programs for graduate preparation of ADN faculty and administrators should be placed in institutions offering graduate preparation for other personnel in nursing education. Both the

³⁸State University of New York at Buffalo, Teaching of Nursing in Community Colleges, A Program Leading to the Degree of Master of Arts, pamphlet (1973).

³⁹Mildred L. Montag, The Education of Nursing Technicians (New York, 1951), pp. 112-113.

administrator and the faculty should have common courses and specific courses based on the functions required. Such a program was instituted at Teachers College. An outline which includes the objectives for the total graduate program developed by Montag is in the Appendix, p. 218. It identifies the commonalities in course objectives and course offerings for both teacher and administrator. Since the objectives were delineated in 1951, research is needed to determine the applicability of the objectives to meet current needs of teachers and administrators for ADN programs.⁴⁰

Teachers College at Columbia University currently offers curricula in the following areas: Administration (associate degree programs, public health nursing service, hospital nursing service), Teaching of Nursing in Associate Degree and Baccalaureate Degree Programs (in fundamentals, medical and surgical, maternal and child, psychiatric and mental health, public health), Nursing in School and College Health Programs, Supervision: Hospital Nursing Service (medical and surgical, maternity, pediatric, psychiatric and mental health), Supervision: Public Health Nursing Service, and Inservice Education (hospital and public health).

The student specializes in clinical nursing if teaching of nursing is chosen. If the student chooses administration, there is not a clinical component.⁴¹

⁴⁰ Ibid., pp. 128-130.

⁴¹ Columbia University Bulletin (New York, 1972-1973).

Indications of Trends for Future Graduate Education
for Administrators and Faculty Preparing for
Associate Degree in Nursing Programs

"Successful preparation of students capable of giving safe and adequate nursing care depends largely upon the availability of sufficient numbers of appropriately qualified teachers in nursing programs."⁴² Teacher qualifications and other factors are eventually reflected in student performance. The following quantitative data are relevant to qualifications of faculty members in associate degree nursing programs. The data include (1) numbers of faculty, (2) their educational and experiential background, and (3) factors related to their working situation.

The following data are from the 1972 Nurse Faculty Census.

A total of 21,065 full-time and 3,869 part-time nurse faculty members were reported as employed in programs offering educational experiences in nursing. There were 1,016 unfilled budgeted positions reported as of January, 1972. Of the 491 ADN programs questioned, 96.3 percent of the programs responded. Data from those responding indicate that there are 3,588 full-time nurse faculty and 660 part-time

⁴² Sylvia Tande, National League for Nursing, A National Survey of Associate Degree Nursing Programs 1967 (New York, 1969), p. 25.

faculty, with 188 unfilled budgeted positions in ADN programs nationally.⁴³

Table VII shows the number and percentage of full-time nurse faculty in programs of nursing by highest degree

TABLE VII
NUMBER AND PERCENT OF FULL-TIME NURSE FACULTY IN PROGRAMS OF
NURSING, BY HIGHEST EARNED CREDENTIAL, AS OF
JANUARY 1972*

Highest Earned Credential	Total		Associate Degree	
	Number	Percent	Number	Percent
Doctorate	448	2.1	25	0.7
Master's	8,471	40.2	2,077	57.9
Baccalaureate	8,383	39.8	1,401	39.0
Associate	205	1.0	27	0.8
Diploma	3,558	16.9	58	1.6
Total	21,065	100.0	3,588	100.0

*National League for Nursing, 1972 Nurse Faculty Census (New York, 1972), p. 1.

credential. The total national nurse faculty population having a doctoral degree is 2.1 percent, and of these 0.7 percent are in ADN programs. Nationally, the majority of nurse faculty members have a master's degree. In ADN programs 57.9 percent have a master's degree, as compared to 40.2 percent of the total population. The next highest category is the baccalaureate degree for ADN faculty. The total group percentage is 39.8, and for ADN faculty, 39.0

⁴³ National League for Nursing, 1972 Nurse Faculty Census (New York, 1972), p. 1.

percent. In addition, there is a total of 2.4 percent of persons in ADN programs with less than the baccalaureate degree.

Table VIII shows the number and percent of part-time nurse faculty in programs of nursing by highest earned

TABLE VIII
NUMBER AND PERCENT OF PART-TIME NURSE FACULTY IN PROGRAMS OF
NURSING, BY HIGHEST EARNED CREDENTIAL, AS OF
JANUARY 1972*

Highest Earned Credential	Total		Associate Degree	
	Number	Percent	Number	Percent
Doctorate	79	2.0	3	0.5
Master's	1,128	29.2	207	31.4
Baccalaureate	1,735	44.9	389	58.9
Associate	56	1.4	16	2.4
Diploma	871	22.5	45	6.8
Total	3,869	100.0	660	100.0

*National League for Nursing, 1972 Nurse Faculty Census (New York, 1972), p. 4.

credential. The national figures for part-time nurse faculty in programs of nursing reveal that 0.5 percent of ADN faculty of the total 2.0 percent have a doctorate; 31.4 percent of ADN faculty of the total 29.2 percent have a master's; 58.9 percent of ADN faculty of the total 44.9 percent have a baccalaureate degree; and 9.2 percent of the total of 23.9 percent have less than a baccalaureate degree.

The preceding data identify a serious problem. In ADN programs a total of 1,486, or 41.4 percent of the full-time

nurse faculty, and 68.1 percent or 450 part-time nurse faculty have less than the acceptable qualifications. The Ad Hoc Committee on Review and Revision of the Criteria for Accreditation by the National League for Nursing approved changes on faculty qualifications for ADN programs. In 1967 the criteria approved stated that faculty members must have completed or started a program leading to a master's degree in teaching in an area of nursing. The criteria approved in 1973 state that faculty members must "have a master's degree with preparation and/or experience in the areas of responsibility in which leadership is expected."⁴⁴

The next data (Table IX) concern the number and percentage of administrators in programs of nursing by highest earned credential. In the ADN programs, the majority of administrators, or 85.0 percent, have a master's degree, and 4.0 percent have a doctorate, bringing the total having the minimal acceptable qualifications to 89.0 percent.

In Texas, 177 programs responded to the survey by NLN. Concerning full-time personnel, there are 796 nurse faculty employed in the following distributions: 269 nurses in baccalaureate and higher degree programs, 158 in ADN programs, 266 in diploma programs, and 266 in practical nursing

⁴⁴"AD Membership Meets," National League for Nursing News, XXI (April, 1973), 7; National League for Nursing, Criteria for the Evaluation of Educational Programs in Nursing Leading to an Associate Degree (New York, 1973).

TABLE IX

NUMBER AND PERCENT OF ADMINISTRATORS IN PROGRAMS OF NURSING,
BY HIGHEST EARNED CREDENTIAL, AS OF JANUARY 1972*

Highest Earned Credential	Total		Associate Degree	
	Number	Percent	Number	Percent
Doctorate	177	7.1	19	4.0
Master's	1,342	54.1	402	85.0
Baccalaureate	565	22.8	20	4.2
Associate Degree	10	0.4	0	0.0
Diploma	263	10.6	0	0.0
No Answer	56	2.3	22	4.7
Unfilled Positions	66	2.7	10	2.1
Total	2,479	100.0	473	100.0

*National League for Nursing, 1972 Nurse Faculty Census (New York, 1972), p. 5.

programs. Concerning part-time personnel, there are 69 nurse faculty members employed in the following distributions: 17 in baccalaureate and higher degree programs, 18 in ADN programs, 7 in diploma programs, and 27 in practical nursing programs. There is a total of 49 unfilled budgeted positions. Further information concerning Texas includes data regarding highest credential held. Of full-time personnel, 15 have a doctorate, 278 a master's, 295 a baccalaureate, 15 an associate degree, and 182 a diploma. Of part-time personnel, 16 have a master's, 39 a baccalaureate, and 14 a diploma. This information demonstrates that the need for additional qualified nurse faculty in Texas is critical since the minimum acceptable degree is a master's degree.

⁴⁵ National League for Nursing, Criteria for the Evaluation of Educational Programs in Nursing, p. 11.

Gerhart stated that the nurse leader directing a junior college nursing program must be able to cope with tasks which demand the ability to adjust to two different organizations:

a student-centered college and a variety of patient-centered health agencies. He has to promote efficient and effective instruction for general education and, at the same time, direct a specialized type of vocational education for nursing. At the outset, the leadership of the nursing director greatly determined the success of an incipient nursing program within a community.⁴⁶

Gerhart's research ranked the four top competencies desired for directors: (1) the ability to express a philosophy of nursing education and relate the objectives within the college structure, (2) a knowledge of the philosophy and objectives of the junior college, (3) continual optimism and enthusiasm in supporting the associate degree nursing program, and (4) the ability to cooperate with administrative college personnel and to facilitate working relationships with faculty groups. She also found that the preparatory experiences for the nursing director should focus on (1) the person's competencies in nursing, (2) the competencies essential for administrative tasks, (3) the competencies required for curriculum development and instructional management, and

⁴⁶Mary Gerhart, "Competencies of Nursing Directors in Junior Colleges," Journal of Nursing Education, XX (April, 1973), 252-255.

(4) the skills and understandings beneficial to effective community relationships.⁴⁷

Geitgey stated that the teacher in the ADN programs should have the following background: (1) courses in the history and philosophy of the junior college, (2) a major in a clinical specialization, (3) elective study in a second nursing specialty, (4) a research course emphasizing teaching nursing and applying findings, (5) curriculum and instruction in nursing schools emphasizing junior colleges, (6) practice-teaching to help nurses apply theory, and (7) seminars to discuss problems relative to application of knowledge and skills specific to ADN. Other objectives important for the ADN faculty person are (1) be committed to the junior college philosophy including the open door, (2) engage in community service, (3) place emphasis on teaching, (4) be innovative in nursing practice, (5) teach community health, (6) be technically competent, (7) teach techniques, (8) state in writing her behavioral objectives, (9) identify principles, (10) be competent as a teacher, (11) recognize individual differences, (12) vary teaching methods, (13) individualize learning, (14) evaluate achievement honestly and openly, (15) engage in team teaching, (16) do group work,

⁴⁷Ibid., pp. 3-4.

(17) possess group process skills essential for effective functioning, and (19) be competent to teach two courses.⁴⁸

Coslow believes that the role of the teacher in an associate degree nursing program differs in many respects from other nursing programs. She identified qualifications that the ADN faculty should possess. The ADN faculty should (1) place emphasis on teaching rather than on research or publication, (2) be well qualified to demonstrate nursing skills and to explore nursing problems in a variety of situations, (3) be a specialist in general nursing rather than specialize in only one field, (4) have a master's degree, (5) participate as a member of the whole college, and (6) fulfill her responsibilities as a professional member in the community.⁴⁹ Other literature sources relate similar ideas about the qualifications of faculty for ADN programs.⁵⁰

One leader states that technical faculty members must be concerned with the following aspects of the student's

⁴⁸Doris Geitgey, "The Teacher in Associate Degree Nursing Programs," Nursing Outlook, XV (February, 1967), 30-32.

⁴⁹Florence Coslow, "The ADN Faculty," Technical Nursing Dimensions and Dynamics, Rasmussen, editor (Philadelphia, 1972), pp. 57-67.

⁵⁰Ann Zeitz and others, Associate Degree Nursing: A Guide to Program and Curriculum Development (St. Louis, 1969), pp. 26-31; "Characteristics of ADN Faculty," Technical Nursing Dimensions and Dynamics, Rasmussen, editor (Philadelphia, 1972), p. 156; Win Kelley and Leslie Wilburn, Teaching in the Community Junior College (New York, 1970).

general education: (1) they must determine those principles or concepts from general education which are relevant to the occupation and make provisions for transfer of learning and (2) they must develop the student-technician as a whole person. From general education, a person understands the need for further study and change in order to adjust to social and technological advances. The practitioner of such a program would be the prime mover or participant in change rather than resistive or ignorant of her responsibilities.⁵¹

Garrison states that even though the junior college claims to be a bold, new, innovating type of college, in reality there is not much different about community college teaching. There are signs that the faculty are becoming hardened into closed-interest bureaucracies. Some indications are the faculty's concentration on "standings, ranks, prerequisites, benefits, and procedures; and decreases in the areas of open-ended experimentation, free wheeling trust of student motives, and cheerful acceptance of qualified failure," which at one time characterized ADN education.⁵²

Practices hindering the ADN educational experience, states Garrison, are dominance of the students' time and attention. The faculty is apt to see the preparation of a

⁵¹Sister Anne Joachin Moore, "The Ladder and the Lattice," Nursing Outlook, XX (May, 1972), 330-332.

⁵²Roger Garrison, "What's Different About Community College Teaching," Nursing Outlook, XIX (September, 1971), 584.

particular subject as its function, but the faculty person does not prepare the student to manage her own learning after the formal learning experience. Furthermore, it is not the function of the teacher to be the medium through which a student experiences a subject. The teacher's role is to instruct students in how to learn the material so that students can then proceed to learn the subject for themselves. This is based on the premise that if the students are spending most of their time following the teacher's detailed instructions, they are in fact learning how to follow instructions, not necessarily how to think for themselves.⁵³

In addition, Garrison found evidence that the more a course tries to cover in content, the less a student retains effectively. She believes this situation can be circumvented by asking the question, "How much does the student need to know in order to go on learning for herself?" Another problem she reveals is education's failure to provide realistically for differences among students as individuals. The question and answer pattern in school is not necessary. Rather, cultivating and rewarding a student's ability to identify a difficulty and mark its boundaries are important. The student should formulate effective approaches to a problem rather than merely provide answers.⁵⁴

⁵³Ibid., pp. 585-587.

⁵⁴Ibid.

Lang asserts that the ADN educator of the future will "diagnose students' unique cognitive styles, prescribe individual learning activities, and evaluate learning achievement."⁵⁵

A similar learning experience would be beneficial for the ADN faculty while obtaining graduate preparation to function in her position.

Predictions for the future of the AD nurse are that the ADN undergraduate curricula are changing. Some are developed around (1) Abdellah's Twenty-One Nursing Problems, (2) basic human needs, (3) Maslow's Hierarchy of Needs, (4) decision making, (5) homeostasis, and (6) stress. There is departure from the traditional clinical nursing curriculum which necessitates that the ADN faculty person be able to teach other than traditional clinical specialties.⁵⁶

Statistics on Texas schools reveal the following data. In 1966, there were seven baccalaureate programs with 1,472 students enrolled, and 240 graduating; five associate degree programs with 306 students enrolled and 40 graduations;

⁵⁵Crystal Lang, "Future Education: Diagnosis, Prescription, Evaluation," Technical Nursing Dimensions and Dynamics (Philadelphia, 1972), p. 121.

⁵⁶"The New Teacher in an Associate Degree Nursing Program," paper presented at the workshop co-sponsored by The University of Maryland School of Nursing and the Southern Regional Education Board, Baltimore, 1970, p. 31; Goldie Crocker, "Curriculum Patterns," Technical Nursing Dimensions and Dynamics, Rasmussen, editor (Philadelphia, 1972), pp. 44-51.

23 diploma programs with 1,413 enrolled students and 434 graduating. In 1972, there were 12 baccalaureate programs with 5,674 enrolled and 597 graduating; 23 associate degree programs with 3,274 enrolled and 859 graduating; 10 diploma programs with 1,124 enrolled and 348 graduating.⁵⁷

From this evidence it is clear that there is a greater emphasis on associate degree education, significant increases in diploma education, and moderate growth in baccalaureate education. The proportion of associate degree nurses and subsequent turnover every two years of graduates suggests that the public and health professions should be cognizant of where and how this health manpower person will be utilized.⁵⁸

There are going to be new graduates, as indicated by the growth in numbers on all educational levels, looking for places of employment. The traditional settings cannot absorb the projected graduates of the future in the present system in traditional nursing roles. Therefore, it behooves the educator to alter the curriculum to communicate to the ADN nurse just where and how she can make a unique contribution in the future. And if this is to occur, the faculty itself needs learning experiences in non-traditional graduate education, or the opportunity to develop an understanding

⁵⁷ Report from the Board of Nurse Examiners, IV (April, 1973), 1-4.

⁵⁸ Armiger, "Nursing Shortage or Unemployment?" p. 316.

of roles in present and future ADN education, and an understanding of responsibilities in guiding the ADN nurse for present and future practice.

Suggested innovations in ADN curricula are already in operation, as reported in the March NLN Council of ADN Programs meeting. The information reported at this meeting follows.⁵⁹

1. DeChow stated that a two-year program providing the choice of specialized clinical content is being developed at Manatee Junior College, Bradenton, Florida. Students will choose modules according to their interests and clinical experience and will be placed in both acute and long-term care institutions. In addition, team-leading level is considered one of the ADN functions. This belief is contrary to the long-held belief that team nursing is the function of only the professional nurse. This departure represents a significant change in philosophy that has implications for curriculum.

2. Eskow, President of Rockland Community College at Suffern, New York, proposed to establish an ADN program in Kenya by utilizing local hospital facilities with mixed African and American staff and student body. A community

⁵⁹"Innovative AD Educators Test New Techniques for Teaching," National League for Nursing News, XXI (April, 1973), 4-5; "AD Council Meeting Discussions Cover Wide Range of Issues," Nursing Outlook, XXI (May, 1973), 276, 278.

need is fulfilled on an international scope. This is a change in ADN philosophy making it world-community centered.

3. Northwest Alabama State Junior College has a career mobility project to upgrade licensed practical nurses to registered-nurse status.

4. To cope with both clinical and personal problems, Northampton County Area Community College, Bethlehem, Pennsylvania, has provided group encounters, which have proved so successful that they are going to be continued on a permanent basis.

5. The first Indian-owned-and-operated community college at Many Farm, Arizona, is operated through consultation with medicine men and nursing instructors. The approach is an attempt to teach western ideas to Indian students. Remedial courses and methods of explaining foreign concepts contribute to unique problems.

6. St. Petersburg Junior College, with funding from Florida's Regional Medical Programs, is teaching Pinellas County health agencies how to improve continuing education and utilize audio-visual equipment. This program identifies ADN's faculty role in community planning and suggests that the faculty person of the future will, and should, play a significant role in her community.

7. The New York State external degree plan, co-sponsored with the American Association of Community and Junior Colleges, expounded a plan that will grant the ADN to

all candidates who pass appropriate challenge examinations and a clinical-performance examination administered by the University of the State of New York. The students are not required to take specific courses.

It is clear from the data that philosophy, conceptualization, and status quo are being challenged. Experimentation is evidently requiring new and unique demands on today's ADN faculty. Can ADN faculty and administration of the future meet these challenges? Future predictions of graduate education offer some clues as to how to meet the present and future challenges in nursing education.

Indications of Trends for Future Graduate
Education in Nursing and Related
Disciplines

In addressing the Council on Collegiate Education for Nursing, Boone presented a conceptual schema for developing a nursing education program. The schema has implications for all levels of curriculum development. Boone stated that concepts, which are conceived as basic ideas and expressed in words, give order and meaning to knowledge and experience and are essentially structural components of curriculum. Nursing education needs to identify a few concepts specific to the profession and develop these in depth. The skills

that are essential to nursing are problem solving, communication, and collaboration.⁶⁰

In the literature are several works which provide a conceptual framework for nursing upon which to develop curriculum. Some of the prominent conceptual frameworks are (1) Abdellah's Twenty-One Nursing Programs, (2) Maslow's Hierarchy of Needs, (3) Dunn's High-Level Wellness, (4) Common Recurring Nursing Problems, (5) Common Recurring Health Problems, (6) Developmental Stages, (7) Homeostasis, (8) Stress, (9) Adaptation, and (10) Core.⁶¹ The true value of a curriculum model is determined by how the faculty use it to explain all they do in the name of education.⁶²

Rogers, Murphy, Byrne and Thompson, King, The Nursing Development Conference Group, Orem, Wiedenbach, and Orlando, all have sophisticated concepts and theories of nursing's unique contribution.⁶³ The similarities in the concepts and

⁶⁰ Edgar Boone, "A Conceptual Schema for Developing a Nursing Education Program," address to Southern Regional Education Board Council on Collegiate Education for Nursing, October 28-30, 1970.

⁶¹ Faye Abdellah and others, New Directions in Patient-Centered Nursing (New York, 1973).

⁶² Mary Shields, "A Model Apt for Measurement," Nursing Outlook, XIX (September, 1971), 600.

⁶³ Martha Rogers, An Introduction to the Theoretical Basis of Nursing (Philadelphia, 1970); Juanita Murphy, Theoretical Issues in Professional Nursing (New York, 1971); Marjorie Byrne and Lida Thompson, Key Concepts for the Study and Practice of Nursing (St. Louis, 1972); King, Toward a Theory for Nursing; Nursing Development Conference Group, Concept Formalization in Nursing Process and Product (Boston,

theories are the beginnings of identification of the criteria for the elements in nursing science. The approaches listed focus on the patient/client as being the main concern of the profession.

Boone also commented on those conditions required for learning. They are practicing the desired behavior required, having some guide or standard for what the new behavior is like, getting the student involved, using the teacher as a role model, providing ample opportunity and time for students to achieve objectives, sequencing of learning experiences, providing for satisfaction and reward from the desired behavior.⁶⁴

Rogers developed, on existential principles, a program for graduate education which was similar to what Boone proposed. The general purpose of this graduate program is to provide a situation which will

1. Restore, stimulate, and enhance curiosity.
2. Encourage the student to choose his own interests and develop these into mature and growth-promoting professional goals.
3. Provide for all types of resources.
4. Permit the student to be responsible for his choices and to live responsibly with

1973); Dorothy Orem, Nursing: Concepts of Practice (New York, 1971); E. Wiedenbach, "Nurses' Wisdom in Nursing Theory," American Journal of Nursing, LXX (May, 1970); I. J. Orlando, The Dynamic Nurse-Patient Relationship (New York, 1961).

⁶⁴Boone, "A Conceptual Schema for Developing a Nursing Education Program."

the consequences of his mistaken choices as well as his sound ones.

5. Give the student a role in forming and building the whole graduate program of which he is a part.

6. Be oriented toward the future problems of the science and profession rather than its past history, or even the present accumulation of so-called "facts."

7. Be oriented toward a focus on the solution of significant scientific and professional problems rather than primarily upon methodological training.

8. Provide close, human communication and interaction between real persons.

9. Focus on real problems.

10. Develop the student as a self-disciplined and critical learner able to evaluate his own contributions as well as those of others.

11. Enable the student to adapt intelligently, flexibly and creatively to new problems.

12. Make continuing creative contributions to the solution of the human problems.

13. Win acceptance as one of the group of qualified professionals.⁶⁵

The rationale and assumptions on which the program is built are implicit in the program itself. The assumptions are as follow:

the student has the potentiality and the desire to learn;
learning is rooted in reality;
learning is meaningful;
a psychological climate suitable for self-directed and significant learning;
student can be himself;
program relies on self-criticism;
student is forced to develop his own inner direction and to discover directions which are rewarding to him instead of relying passively on the rewards received from grades;

⁶⁵Carl R. Rogers, Freedom to Learn (Columbus, Ohio, 1969), pp. 190-191.

program is outlined to develop the whole person; enables a student to become a fully professional person.⁶⁶

Ullmer predicted the change indicated by Rogers, as he suggested that the emphasis in education would shift to the learner. The profession then will be geared to contribute to the achievement of learning.⁶⁷

Governors State University, founded in 1969 as an upper-division university, is a new educational institution in Illinois which is to offer nursing education on the undergraduate and graduate level. The university was established as a model institution characterized as being open, flexible, and innovative. The university programs have a high degree of flexibility to allow for change, individualization, and involvement in current social issues. There are four comprehensive and multi-disciplinary college units: (1) College of Cultural Studies, (2) College of Business and Public Service, (3) College of Human Learning and Development, and (4) College of Environmental and Applied Sciences. Each college has its own semi-autonomous organization and governance system.⁶⁸

⁶⁶Ibid., pp. 198-202.

⁶⁷E. J. Ullmer, "Instructional Development in Higher Education: Basic Premises of a Learner Centered Approach," Educational Technology (1968), pp. 10-16.

⁶⁸Susan Gebhardt, "A New Model for Nursing Education," Nursing Outlook, XXI (April, 1973), 252-255.

The philosophy which defines curriculum development in all of the college programs reflects beliefs regarding faculty, students, grades, academic calendar, education, community service, and the instructional program itself. The specific data follow:

Faculty--GSU has two types of professors--university and community. All full-time, campus-based faculty have the rank of university professor. A community professor is essentially a part-time person with expertise in a particular field. A nurse in a community agency with clinical expertise would fit in this category and would supplement the full-time faculty.

Students--Admission is open to anyone who has completed 60 semester hours or 90 quarter hours of collegiate work with a "C" average. However, a student may not need the documented 60 credits from an institution of higher learning if other life or educational experience can be assessed as being equivalent. This is the basis on which the diploma graduate nurse can be admitted.

Grades--Students' records are not a matter of grades but are designed to reflect only their accomplishments and abilities. As a student demonstrates mastery of a performance objective, it is recorded on his transcript. Only those objectives that have been met are recorded. The transcript, then, is a narrative document that describes his competencies in behavioral terms.

Calendar--The university operates year round and the calendar is divided into six, eight-week sessions. A student may register in all or a few sessions and re-enter whenever he wishes.

Education--Education is conceived of as a continuing process. This concept precludes separate graduate schools. The student brings with him a set of educational and experiential characteristics and abilities. With the help of a faculty advisor and a degree committee, he establishes the objectives he wants to attain, and a set of learning activities is identified which will help him attain them. The learning activities are varied. When the student has attained his objectives, the appropriate degree is awarded.

Community Service--GSU postulates a stronger-than-usual commitment to community service. The faculty deliberately try to identify and solve educational and societal problems. Emphasis on community relations is reflected in the nature of cooperative programs.

Instructional Program--Within certain parameters, the student is free to move from college to college seeking out the most meaningful learning experiences to help him meet his objectives. Traditional lectures are de-emphasized, and the basic unit of instruction is a learning module, similar to a short course or other learning experiences. The module varies in form, time, and value, is expressible in terms of performance objectives, and is highly individualized, self-instructional, and self-paced. Each learning is designed to enable the student to meet primary and secondary performance objectives and includes a clearly stated method of evaluating their attainment.

There are no required modules and no specific graduation requirements. Graduation depends on the student's ability to demonstrate the attainment of his objectives. There is a minimum requirement of 64 units or semester hours for a baccalaureate degree, and an additional 32 units for a masters degree. Credit may also be given for previous education experiences in relation to performance objectives, thus decreasing the number of hours that the student may earn at the university.⁶⁹

What else is needed? Kibrick, President of the NLN, stated that education programs that are equal to, or more stimulating than, other higher education are needed to enter the new consumer-oriented nursing practice.⁷⁰ The Board of Directors of the NLN, as of February, 1972, issued a statement concerning nursing education in the seventies in an

⁶⁹ Ibid., pp. 252-253.

⁷⁰ "Nursing '73: Time for New Leadership," editorial, Nursing Outlook, XXI (April, 1973), 227.

effort to provide a philosophical framework within which nursing education can develop to meet the challenges of a rapidly changing health care system. To prepare the numbers and kinds of qualified personnel needed, the program will need flexibility, cooperation and collaboration, broadened support and evaluation, and research. In order to achieve this, the following actions should be taken:

A. Flexibility

1. Recruit students from all sectors of society. Make financial assistance available to the educationally and economically disadvantaged and provide them with opportunities which will help them to meet program requirements essential to success in nursing.
2. Provide for student mobility according to the individual's ability, changing career goals, and changing aspirations. Recognize the potential of mobility from other health related fields.

Provide opportunity for students to validate the knowledge and skills they have acquired in previous education or experience.

3. Develop curriculums which (1) are based on evolving as well as present need; (2) are flexible enough to adapt to changing conditions and student needs; and (3) provide diverse opportunities for student experience, including extra-hospital laboratory experiences. Encourage independent study, elective experiences, and early concentration in areas of special interest.

B. Cooperation and Collaboration

1. Institute interdisciplinary and intra-professional planning for nursing education. Establish ways for nursing faculty to collaborate with faculties preparing practitioners for other health professions and occupations, and for nursing students to share learning experiences with students in other health disciplines.

2. Encourage the participation of students and faculty in governance, curriculum planning, and the development of policies affecting student welfare.
 3. Collaborate with other health personnel in providing better coordination of services and improvement of practice.
- C. Broadened Support
1. Solicit community representation in planning, expanding, and improving nursing education resources and programs.
 2. Establish effective liaison between nursing service personnel and personnel in other related disciplines to provide for input regarding educational programs, learning experiences, and evaluation of graduates.
 3. Enlist broad support for the financing of programs and for the support of qualified students who might otherwise be lost to nursing.
 4. Promote visibility for educational programs by encouraging the participation of students and faculty in community activities that render service--and also broaden the learning of the participants.
- D. Evaluation and Research
1. Carefully scrutinize and reappraise procedures for analyzing the quality of educational programs in nursing in the light of changing conditions in education and in the health care system.
 2. Maintain ongoing research that is relevant to both nursing practice and education, with particular attention to research that will expand the science of nursing.
 3. Stimulate active participation by nursing personnel in interdisciplinary research directed toward improvement of the delivery of health services.
 4. Provide opportunities for students to learn to interpret research, to understand its methods and significance, to assess its findings, and to adapt those which have value.⁷¹

⁷¹"Nursing Education in the Seventies," Nursing Outlook, XX (April, 1972), 271-272.

Kruse, International Council of Nurses President from 1969 to 1972, represented nursing at the Fourth World Conference on Medical Education. At this time she advocated coordinated planning of education of all members of the health team. This trend was evident throughout the conference.⁷²

Coordination will be essential as a system of health care delivery is implemented as proposed. The Carnegie Commission on Higher Education in Higher Education and the Nation's Health states that future health care will shift emphasis on care outside the hospital in a wider variety of health care facilities.⁷³

Leininger's open, health-care system model offers a sound conceptual framework to develop a workable system of health care delivery based on future health needs.⁷⁴ Interdisciplinary, joint planning will be imperative for a system of health care to work.⁷⁵ With the present trend to develop

⁷²"Trend to Coordination of Education for Health Professions," International Nursing Review, XX (January-February, 1973), 25.

⁷³Carnegie Commission on Higher Education, Higher Education and the Nation's Health (New York, 1970), p. 31.

⁷⁴Madeleine Leininger, "An Open Health Care System Model," Nursing Outlook, XXI (March, 1973), 171-175.

⁷⁵Janet A. Rosenaur and Dorothy Fuller, "Teaching Strategies for Interdisciplinary Education," Nursing Outlook, XXI (March, 1973), 159-162; Lysaught, Abstract for Action; National League for Nursing, "Report of the Task Force to Study the Implications of the Recommendations Present in An Abstract for Action," Nursing Outlook, XXI (February, 1973),

allied health personnel, consideration must be taken in structuring the educational programs and assuring proper utilization of persons completing the training programs by determining their role in the health care delivery system.⁷⁶

Based on the changes in the health care delivery system, a change in the educational institutions is needed. Institutions of higher education are essentially social institutions created and maintained to serve the needs of society.

Despite growing criticism the orientation and preparation of the professionals led by the desire for academic purity and parity with graduate schools of arts and sciences--drifted farther and farther from concerns of practitioners. . . . Interests of faculty still seem to take precedence over the needs of professional students or needs of professional fields.⁷⁷

Specific directions for change are offered by the Carnegie Commission on Higher Education. In Professional Education: Some New Directions, Schein advocated that change should be planned. Higher education and the professions, as well as society, are changing. Schein states that the essence of planned change process is the unlearning of present ways of doing things. Specifics for change follow:

111-118; Faye Abdellah, "A National Health Strategy for the Delivery of Health Services," New Directions in Patient-Centered Nursing (New York, 1973).

⁷⁶"Education for Allied Health Personnel," based on material provided by Helen Powers, New Directions in Patient-Centered Nursing (New York, 1973), p. 416.

⁷⁷Lewis B. Mayhew, "Academic and Social Goals and Values," The Journal of Higher Education, XLIII (March, 1972), 182.

POSSIBLE DIRECTIONS OF REFORM OR INNOVATION

Direction 1. More flexibility in the professional school curriculum, in the number of paths available through the school, in the number of electives available to students inside and outside the school, in the pacing and sequencing of courses, in the required length of time needed to go through school, and in the degree or certification process used by the school . . .

Direction 2. More flexibility in the early career paths of professionals, more differentiated rules for licensing to reflect different kinds of professional careers, and more support by the profession itself of role innovation of various kinds . . .

Direction 3. New curricula and new career paths which are inter or transdisciplinary and which may lead eventually to new professions that have new blends of knowledge and skill underlying them . . .

Direction 4. Complete integration of the behavioral and social sciences into the professional school curriculum at three different levels: (1) basic science core of professional education; (2) applied behavioral science dealing with the theory and practice of planned change, diagnosis of complex systems, and analysis of client-professional relationships; and (3) applied behavioral science dealing with self-insight, social responsibility, learning how to work in and lead professional teams, and learning how to learn. . . .⁷⁸

INNOVATIVE MECHANISMS FOR PROFESSIONAL EDUCATION

- A. Mechanisms applicable to formal professional education:
1. Self-paced study
 2. Independent study
 3. Concentrated study
 4. Small-group and seminar-tutorial methods
 5. Project- or problem-centered study
 6. Practicum or clinical experience
 7. Work-study programs, off-campus study, co-op programs and internships

⁷⁸ Edgar Schein, Professional Education: Some New Directions (New York, 1972), pp. 59-75.

- B. Mechanism applicable to the early career:
1. Apprenticeships
 2. Career halfway houses, interdisciplinary service centers
 3. Workshops and other concentrated post-graduate educational activities.⁷⁹

SOME BOLD HORIZONS: A NEW KIND
OF PROFESSIONAL EDUCATION

Development of a genuinely different and more responsive professional education would require four major changes: (1) new kinds of learning modules built on better theories of how students learn; (2) new kinds of faculty members who bring different skills, attitudes, and values to their job; (3) new kinds of administrative structures and procedures that are more flexible and that adapt to the learning tasks to be met; and (4) perpetual self-diagnosis and evaluation research.⁸⁰

The new kind of faculty that Schein suggests is described by deTornyay. The nursing instructor would be mostly involved in instructional development, learning management, and evaluation. Her traditional role will no longer exist. She will serve as learning diagnostician, manager, counselor, commentator, and role model. She will spend more time evaluating her students by the established criteria. Grades will not exist.⁸¹

Other reports that focus on the need for change are described below.

⁷⁹Ibid., pp. 97-129.

⁸⁰Ibid., pp. 129-151.

⁸¹Rheba deTornyay, Strategies for Teaching Nursing (New York, 1971), pp. 132-133.

The Carnegie Commission report entitled Less Time, More Options calls for new degrees to greatly extend their usefulness to students.⁸²

Arrowsmith, testifying before the Senate Subcommittee on Education, stressed the need for innovation and reform in graduate education. He suggested that graduate programs should recognize the value of practical experience and that the students should be restored effective freedom of movement.⁸³

Heiss believes that real innovations in graduate departments are few. He recommends that (1) universities re-examine their goals and set their priorities, (2) universities use their offices to assist society, (3) administrative barriers be removed, (4) disciplines should reorganize under a structure that is more comprehensive.⁸⁴

Based on the above data, how then will the nursing curriculum look? How should decisions concerning it be made?

⁸² Carnegie Commission Report, Less Time, More Options (New York, January, 1971).

⁸³ W. Arrowsmith, "Innovation and Reform in Graduate Education," Boston University Journal (1969), 23.

⁸⁴ A. M. Heiss, Challenges to Graduate Schools, a publication of the Center for Research and Development in Higher Education, University of California at Berkeley (San Francisco, 1970), pp. 272-283.

nursing intervention, and (3) a decision-making model of nursing behavior.⁸⁶

Data regarding specific needs of the South in curriculum matters are reported by Nahm for the Southern Regional Education Board. Nahm states that the greatest need is for larger numbers of well-prepared teachers for all types of educational programs in nursing. In addition to knowledge about teaching and curriculum development, nurse teachers should have advanced preparation in clinical nursing and should themselves be competent nurse practitioners.⁸⁷

The Southern Region anticipates that 630 new teaching positions will be budgeted during the next two years. "Of the 2,381 employed nurse teachers in 1971, 30 per cent held less than a master's degree. In the associate degree programs, 53 per cent held less than a master's degree; in the baccalaureate programs, 17 per cent held less than a master's degree, and in the baccalaureate and master's degree programs, 9 per cent held less than a master's degree."⁸⁸

⁸⁶Faye Abdellah and others, "Experiments in Nursing Education, Practice, and Delivery Systems of Care," New Directions in Patient-Centered Nursing (New York, 1973), pp. 443-527.

⁸⁷Helen Belcher, The SREB Project in Nursing Education 1967-1972 (Atlanta, Georgia, 1972), p. 55; Helen Nahm, Graduate Education in Nursing in the South (Atlanta, Georgia, 1971); Helen Nahm, Trends in Graduate Education in Nursing in the South 1972 (Atlanta, Georgia, 1972), p. 4.

⁸⁸Ibid., p. 5.

The report emphasizes that new ways of preparing teachers needs to be found incorporating review of the following: (1) examination of rigid requirements relating to transfer of credit and the admission of persons whose competencies may not be reflected in grades, (2) changes in thesis requirements, (3) greater freedom for students to work on projects of various types relevant to their own needs and interests, and (4) opportunities for students to have more course offerings.⁸⁹

Summary

Change is imminent. Where nurses and nursing are today is emphasized by the statement, "The only difference, the very only one, is that they have begun to understand what they really are and have begun to practice it."⁹⁰

Can graduate education meet this challenge?

Data from the four questionnaires soliciting opinions from presidents, nurse administrators, ADN faculty and ADN students and graduates give further evidence that change is imperative. From the data come indications of the nature of the change required.

⁸⁹Ibid.

⁹⁰Richard Bach, Jonathan Livingston Seagull (New York, 1970), p. 114.

CHAPTER IV

PRESENTATION OF DATA

Data from Questionnaire to College Presidents Concerning Teachers and Administrators in ADN Programs in Texas

To obtain opinions concerning teachers and administrators in ADN programs in Texas, a questionnaire was sent to the presidents of all the colleges in Texas which have an ADN program. Twenty-three questionnaires to college presidents, representing all the ADN programs in Texas, were distributed. Seventeen questionnaires, or 73 percent, were returned. Of the seventeen returned questionnaires, one was returned unanswered. Consequently, the data reported from the questionnaire to college presidents represent 69 percent of those presidents or their representatives from Texas colleges. The questionnaire addressed to college presidents for their opinions concerning teachers and administrators in ADN programs in Texas was completed by seven college presidents, five college division heads, and four unidentified respondents. A sample of the questionnaire is in the Appendix, p. 191.

The persons responding to the questionnaires revealed that 75 percent, or twelve programs, have an administrator head of the ADN program whose highest degree is a Master's

Degree in Nursing. Twenty-five percent, or four programs, have an administrator with a master's degree in another field. Thus, of the administrators of the sixteen ADN programs in Texas responding to the questionnaire, 100 percent have a master's degree. The administrators in ADN programs in Texas from the sixteen programs meet the criterion for minimum acceptable standards for ADN programs as established by NLN. "The unit in nursing is administered by a nurse educator who holds at least a master's degree."¹

Ninety-four percent (fifteen persons) felt that the academic preparation of the administrator of the ADN program was adequate. One person did not supply an answer to the question.

Regarding the past experience of the administrators of the ADN programs, 25 percent (four persons) had previous administrative experience in ADN programs; 69 percent (eleven persons) had administrative experience in some nursing program; 6 percent (one person) did not have administrative experience. All persons who responded to the questionnaire indicated that the administrator's experience was adequate.

Persons from eleven programs (65 percent) commented on the criteria which the administrator uses to assess a teacher or administrator as successful or unsuccessful. The

¹National League for Nursing, Criteria for the Evaluation of Educational Programs in Nursing Leading to an Associate Degree (New York, 1973), p. 6.

responses were varied. Interpersonal relationships was listed by five programs. The specific items mentioned are listed in Table X.

TABLE X
CRITERIA TO ASSESS A TEACHER OR ADMINISTRATOR AS SUCCESSFUL
OR UNSUCCESSFUL

Item	Number of Time Appeared
Participation in professional organizations . . .	1
Enthusiasm	1
Of good character	1
Productive	1
Performance of job description	1
Organization and/or leadership ability	1
Curriculum knowledge	1
Problem solving ability	1
Continuation of personal learning	1
Fiscal responsibilities	1
Understanding and conforming to policies	1
Communication of policies	1
Training	1
Students' success in the program and on the job	1
Interpersonal relationships	5

The teachers were assessed or evaluated by peers, students, department chairmen, dean, faculty, and self.

The question concerning current needs of an administrator for his ADN program reveals that only one ADN program administrator is needed.

Twelve persons (71 percent) responded to the question on the college's professional expectations for all personnel employed as administrators. The varied comments listing the expectations for all administrative personnel were community college experience, administrative experience preferred,

background as a supervisor or instructor, specific job description, supervision of the program, budget, staff, planning, evaluation, adequate preparation in the field, understanding community college philosophy, leadership, loyalty, organization, interpersonal relationships, flexibility, positive attitude, knowledge of curriculum, master's degree plus, meeting state and local requirements, up-to-date on all new developments in their profession, Master of Arts plus thirty semester hours in their instructional field, continued education, extensive work experience, training in pedagogical techniques, creative, and academic quality.

Eleven persons (65 percent) gave some responses to question nine regarding the courses which graduate education could offer to prepare administrators for ADN programs. Their responses are in Table XI.

Question eleven deals with data on the highest degree held by the faculty in the ADN programs. One program had a person with a doctorate in another field. There are 44 persons with a master's degree in nursing, 13 persons with a master's degree in another field, 65 persons whose highest degree is a bachelor's degree in nursing, and 4 persons with a bachelor's degree in another field. The total number of faculty for the 16 programs is 130. Of these, 58 persons have the acceptable minimum criteria for the standard for ADN programs. Seventy-two persons do not have the acceptable

TABLE XI

ITEMS OF GRADUATE COURSES RECOMMENDED TO PREPARE
ADMINISTRATORS FOR ADN PROGRAMS

Courses	Number of Times Item Appeared
Basic Administration	4
Human Relationships	2
Curriculum Development	2
Learning Theory and Teaching Methodology	2
Instructional Development	1
Leadership	1
Administration of Higher Education	1
Internship	1
Statistics	1
Tests in Measurements	1
Psychological Testing	1
Principles and Guidance	1
Philosophy of ADN	1
Counseling Practicum	1
Personnel Management	1
School Administration	1
Contracts	1
Purchasing	1
Budget	1
Community Survey and Coordination	1
Legal Problems	1
Ability to Write Behavioral Objectives	1
Ability to Write Grants	1
Trends in Education	1
Media	1

minimum standard for leadership in the program according to the 1973 NLN accreditation standard, which reads

Faculty members . . . have master's degrees with preparation and experience in areas of responsibility, in which leadership is expected Have baccalaureate degrees with preparation and experience in areas of responsibility, provided there is adequate guidance and supervision by faculty prepared on the master's level.²

² NLN Accreditation Standard (New York, 1973), p. 7.

Below is Table XII with specific figures for the above information.

TABLE XII
TOTAL OF FACULTY MEMBERS ACCORDING TO ACADEMIC DEGREE

Category	Total Numbers in each Program	Total Number of Programs	Percent	Total Numbers for Each Category
a. Doctorate in Nursing	0	16	100	0
b. Doctorate in another field	0 1	15 1	94 6	1
c. Master's Degree in Nursing	0 1 2 3 4 5 7	2 2 3 4 3 1 1	12.5 12.5 19 25 19 6 6	44
d. Master's Degree in another field	0 1 2 4	8 5 2 1	50 31 12 7	13
e. Bachelor's Degree in Nursing	0 1 3 5 6 11 15	3 2 2 2 4 1 1	19 12.5 12.5 12.5 25 6 6	68
f. Bachelor's Degree in another field	0 1 2	13 2 1	81 12 6	4
Total Number of Faculty				130

Seventy-five percent (twelve persons) felt that on the whole the faculty's academic preparation was adequate. Four persons (25 percent) did not consider it adequate.

Table XIII has the figures concerning the past experience record of the faculty in the ADN programs. Twenty-six

TABLE XIII
CATEGORIES OF PREVIOUS TEACHING EXPERIENCE WITH TOTAL
NUMBERS IN EACH CATEGORY

Category	Total Numbers in each Program	Total Number of Programs	Percent	Total Numbers for Each Category
a. Previously teaching in ADN program	0 1 2 3 4 5	7 1 2 4 1 1	44 6 12.5 25 6 6	26
b. Previously teaching in any nursing program	0 1 2 5 6 7 9	4 4 3 2 1 1 1	25 25 19 12.5 6 6 6	
c. Previously teaching in any area	0 1 2 9 15	7 2 5 1 1	44 12 31 6 6	42
d. No previous teaching experience	0 1 3 4 5 12	4 4 3 3 1 1	25 25 18 18 6 6	
				36
				52

persons had previous teaching experience in ADN programs; four programs had three persons in this category. Those with previous teaching in any nursing program numbered forty-two. Thirty-six had previous teaching experience not in nursing, and fifty-two persons did not have any teaching experience.

Eighty-one percent (twelve persons) felt the experience of the faculty was adequate. Nineteen percent did not consider it adequate.

Question fifteen requested information regarding the criteria used in rating the success of the faculty. Ten persons responded to the question (50 percent). The answers were varied and are listed in Table XIV.

There are indications that additional faculty are needed for the Texas ADN programs. The number of full-time teachers currently needed is 33; part-time teachers currently needed are 13. The number of full-time teachers needed in the next five years is 51; the number of part-time teachers is 39. A total of 136 new persons is needed. This represents approximately two times the current teacher population, as predicted by the parent institution. (See Table XV).

Question seventeen was in relation to the agency's professional expectations for all personnel employed as teachers. Twelve persons responded (71 percent). The items were varied and are as follow:

TABLE XIV

RESPONSES OF CRITERIA UTILIZED TO ASSESS THE FACULTY
AS BEING SUCCESSFUL

Item	Number of Responses
State board failures	6
Student ratings of faculty	1
Preparation for class	1
Interest and enthusiasm	1
Ability to arouse interest	1
Course organization	1
Thinking demanded of student	1
Assignments	1
Sense of proportion to course	1
Enunciation	1
Sense of humor	1
Scholarship	1
Ability to express thought	1
Feeling between instructor and student	1
Presence of cheating on the examination	1
Self-confidence	1
Tolerance and liberalization	1
Punctuality	1
Personal experience	1
Personal peculiarities	1
Fairness in grading	1
General esteem	1
Administration conference	1
Self-evaluation	1
Program objectives	1
Efficiency	1
Knowledge of the subject	1
Class plus lab performance	1
Success of the students	1
Interpersonal relationships	1
Flexibility	1
Cooperation	1

self plus student evaluation, responsibility for student learning in the area of methods and procedures, teaching competency in the classroom, commitment to the philosophy of ADN, purpose of instruction, loyalty to the institution, positive attitude, member of the Texas Junior College

TABLE XV
PROJECTED NEEDS FOR ADDITIONAL FACULTY FOR ADN PROGRAMS

Category	Total Numbers in each Program	Total Number of Programs	Percent	Total Numbers for Each Category
a. Number of full-time teachers	0 1 2 7 8 10	7 4 2 1 1 1	44 25 12.5 6.25 6.25 6.25	33
b. Number of part-time teachers needed in the next five years	0 2 3 5 10 11	9 1 2 2 1 1	56.25 6.25 12.5 12.5 6.25 6.25	
c. Number of full-time teachers needed in the next five years	0 2 3 4 5 6 14	5 1 1 1 5 1 1	31.25 6.25 6.25 6.25 31.25 6.25 6.25	51
d. Number of part-time teachers now needed	0 1 9	12 3 1	75 18.75 6.25	
				12

Teachers Association, personal abilities, professional organization membership, master's degree, at least a bachelor's degree plus three years experience, earn a master's degree by the sixth year of employment, active in civic activities, previous teaching experience, three years in nursing, student ratings, administration conference, program objectives, efficiency, continual education, responsibility, fulfillment of job description, research in teaching improvement, dedication to teaching.

Ten persons (50 percent) responded to the question concerning courses need to prepare faculty for ADN programs. The courses are listed as follows: audio-visual instruction, self-paced instruction, testing learning theory, interpersonal relationship, nursing practice, philosophy of the junior college, philosophy of ADN nursing, practicum, behavioral objectives, curriculum, preparation in two clinical areas, course construction, test construction, educational statistics, counseling, principles of guidance, counseling practicum, broader curriculum (fewer specialists), systems approach to instruction, internship in ADN instruction, grants, learning theory, administration theory.

Concerning suggestions for clinical nursing programs to prepare ADN faculty, 53 percent responded. The items requested are practicum in teaching, methodology, evaluation of clinical strengths and weaknesses, counseling practicum, internship in ADN, clinical supervision, and newest procedures and equipment to be demonstrated, including practice of their application.

One person added the comment that the measurement of the nurse's defined characteristics, or traits, to be a good teacher or administrator regardless of educational background on an RN basic requirement is needed.

Data from Questionnaire to Current Students
and Graduates Concerning Opinions about
the Faculty of Their ADN Program

Two hundred questionnaires (Appendix, p. 205) were sent to obtain opinions of 100 current students and 100 graduates from Texas ADN programs. The total number of questionnaires returned was 135 (67 percent return).

The population for distribution of this questionnaire was obtained through the chairmen of the ADN programs in Texas. Ten copies of the questionnaire in stamped envelopes were sent to each of the twenty-three ADN programs in Texas. The chairman was requested to select five current students representing one good student, three average students, and one poor student; and five graduates, again one good student, three average students, and one poor student. The chairmen were asked to forward the material to the students.

Some chairmen reported that they distributed the questionnaires to the current students by direct contact. The chairmen then returned the material from the students in the sealed envelopes provided with the questionnaires, as they returned the data requested from ADN chairmen. This accounts for the high number of returns from the current-student category (eighty-one responses, 81 percent return). The response from the graduates was minimal (forty-four returns, 44 percent return), a figure which limits representativeness of response of the population surveyed.

From the returned questionnaires, it was evident the students had difficulty in completing the form accurately. Some data could not be utilized. From some questionnaires the data were only partially supplied. Consequently, generalizations from these data are limited. There are, however, some significant findings obtained from the information.

Table XVI with data concerning opinions about their ADN faculty from both the 135 current students and graduates (which includes 10 unidentified) of Texas ADN programs follows.

Regarding the category of the faculty's ability to demonstrate nursing skills, the fundamentals faculty rated first, medical-surgical nursing next, then maternal-child nursing, and last, psychiatric nursing. Thirteen percent were undecided as to how to answer the category for psychiatric nursing.

Some speculation concerning the significance of the data is that fundamentals is concentrated experience in nursing skill, while psychiatric nursing skills are less obvious and abstract. As a result, students and graduates are unable to identify psychiatric nursing skills clearly.

Opinions regarding the faculty's participation in community activities were low compared to the other categories. In addition, there were large percentages of responses in which the respondent was undecided.

TABLE XVI

PERCENTAGE RESPONSE OF OPINIONS FROM CURRENT STUDENTS AND GRADUATES REGARDING FACULTY FROM THEIR ADN PROGRAMS

Category to be Rated	% of Responses			
	Fundamental Faculty			
	Blank	Yes	No	Undecided
1. Demonstrates nursing skills	14	82	3	2
2. Active in community activities	15	49	13	23
3. In support of junior college education	14	74	3	9
4. Able to communicate what is/was expected in your course objectives	14	75	6	5
5. Treated you as an individual	14	72	8	5
Total number of questionnaires sent: 200.				

Total number of questionnaires returned: 135.

Percent of returns: 67.

TABLE XVI--Continued

Rating Faculty in Specific Areas on Specific Activities											
Maternal-Child Faculty				Psychiatry Faculty				Medical-Surgical Faculty			
Blank	Yes	No	Unde- cided	Blank	Yes	No	Unde- cided	Blank	Yes	No	Unde- cided
34	58	4	4	34	45	9	13	29	66	2	3
35	34	13	18	35	35	10	20	31	40	10	18
34	53	4	8	34	54	4	8	30	61	2	7
34	51	7	7	35	44	11	10	31	60	1	7
34	59	3	4	34	52	10	4	30	63	4	4

It seems logical from the data that the faculty have not communicated their community involvement to the students, or are not in fact involved in community activities.

On the whole, the faculty were considered to be in support of the junior college education. Fundamental nursing faculty scored the highest.

The figures for the faculty's ability to communicate what is/was expected of the student are similar to the first category. Fundamental nursing faculty was the highest, then medical-surgical nursing faculty, maternal-child faculty, and last, psychiatric nursing.

The category of "treated you as an individual" is the same as the above.

Data from Questionnaires to Teachers and
Administrators in Associate Degree in
Nursing Programs in Texas

Two hundred and thirty questionnaires were sent to the various ADN programs throughout the state representing all faculty in all ADN programs in Texas. The questionnaires were sent to the chairman of each ADN program for distribution to all their faculty. Sixty-nine percent, or 159 questionnaires were returned. A sample of the questionnaire is in the Appendix, p. 199.

One hundred and fourteen full-time and fifteen part-time faculty responded to the questionnaire. The next largest group responding was the clinical instructors (20 total).

The degrees of the persons surveyed are master's degree in nursing (37), master's degree in another field (19), and bachelor's degree in nursing (85). Seven people have a bachelor's degree in another field, and one person has an associate degree in nursing. This means that out of 159 persons, 70 persons, slightly less than half, have the minimum acceptable degree for leadership roles in ADN programs.³ The large group of bachelor's degree faculty are required to be supervised and guided by faculty prepared on the master's level.⁴

Several colleges do not utilize academic rank. Of those who do, the majority of the faculty hold the rank of instructor (104). Nineteen persons hold a rank above instructor: 3 professors, 3 associate professors, and 3 assistant professors.

The average years-per-person teaching experience is low. The averages are as follows: university teaching 0.9, junior college teaching 0.5, diploma teaching 1.2, licensed vocational nurse teaching 2.3, in-service education teaching 1, other teaching 0.2.

The clinical nursing experience averages were higher. The following averages were compiled: medical-surgical nursing experience 4.5, psychiatric nursing experience 3.2,

³NLN Accreditation Standard (New York, 1973), p. 6.

⁴Ibid., p. 7.

maternal-child nursing experience 2.8, public health experience 4.1, other experience 3.8.

The majority of persons felt that their experience in the clinical area prepared them for their teaching positions (109 answered yes; 44 answered no). Some of the reasons are included in the Appendix, p. 221.

Some helpful suggestions were given by those respondents regarding suggestions of what graduate education could offer in clinical experience to help nurses become better qualified. The comments are in the Appendix, p. 223. To meet all the suggestions, graduate programs would need to be flexible and be built around the student's learning needs as applicable to their career goals.

Question ten dealt with opinions from faculty regarding their feelings as to whether their academic preparation adequately prepared them for their position. Fifty stated that it did not help, 100 said it helped, and nine persons did not respond to the question.

An analysis of the yes-no questions was made according to how the total persons in each separate degree category responded to the question from those responding yes and those responding no, in relation to the helpfulness of their academic qualifications. Only those results that were significant will be reported.

For question ten, the bachelor's degree faculty were almost equally divided (29 yes and 23 no) in response to

their feelings about whether their academic preparation adequately prepared them for their positions. It seems evident that the majority of the faculty respondents recognize the need for graduate education preparation.

Of those who felt their academic preparation was helpful, the reasons listed were supervision by highly qualified teachers; ability to reach personal goals and objectives; principles and guidelines plus depth in knowledge; and unlimited opportunities for independent study.

Reasons stated for academic education not being helpful were the following: needed more practical experience, bachelor's degree is not enough depth, needed more technical skills, lacked education courses, degree was in liberal arts vs. nursing, more teaching methodology, not enough emphasis of principles behind theory, works in integrated curriculum now, need for post graduate work in teaching, need graduate work in nursing, desired course in test construction, learning theories, research in nursing, training was too long ago, took courses not pertinent to nursing, needed audio-visual instruction, and changed career goals.

The faculty gave specific suggestions for course work needed in graduate education to help them feel better-qualified for their jobs. The courses requested and comments made are the following: education courses--methods of teaching, test construction, nursing education, curriculum development, teaching strategies, evaluation; philosophy of

junior colleges and ADN; education of the disadvantaged; post-graduate work in teaching; audio-visual techniques of teaching; statistics; courses in education repeat content under different course titles, need to be reviewed; teaching practicum; sciences; instructor should be generalist; more in administration; not all nursing courses; junior college education and administration; group dynamics; determine practicum on an individual basis; intensified study; individual study and investigation.

The remaining material pertains to the yes-no questions. The majority of the faculty understand the philosophy of the junior college (125). In addition, they understand the philosophy of ADN nursing (133). Many disagree with the open-door admission policy which characterizes the junior college. Ninety-one are against it, as opposed to 62 for open-door policy. The breakdown ratio for this question follows: master's degree in nursing faculty, 8 for open-door policy, 15 against; master's degree in another field, 6 for open-door policy, 5 against; bachelor's degree in nursing, 21 for open-door policy, 33 against.

Those who responded positively to the question regarding community professional activities number 108. Some of the activities were with the professional organizations, both in nursing and related health fields; actual provision of nursing services for community health measures through clinics of various kinds; professional women's organizations,

as well as social clubs; scouting; PTA, and family responsibilities too.

This information compared to the students' evaluation of the faculty in community activities points to a discrepancy. Some faculty are involved extensively, while others are not. Most of those who are uninvolved in community activity are the bachelor's degree faculty (20 no, 36 yes) as compared to the master's degree faculty (3 no, 18 yes). However, on the whole, this fact of community involvement is not communicated to the students in their ADN program. The faculty lose opportunities to be role models to the students concerning their community responsibilities in the health field. This finding of the discrepancy between the faculty's community involvement and student knowledge of this needs further research to identify clearly the problem and how to solve it.

Over half of the bachelor's degree in nursing faculty do not feel competent in writing behavioral objectives (28 no, 25 yes); the master's degree faculty do feel competent (27 yes, 8 no). The response for the total group was 94 yes, 62 no.

In relation to competency in the use of audi-visual instructional media, 121 feel competent. Thirty-four persons do not.

The majority of persons feel technically competent in their area of specialization and in another clinical area. Not all persons feel competent.

One hundred and twenty persons are skillful in utilizing a variety of teaching methods. In the evaluation category, 108 feel competent in evaluating students, as opposed to 44 who do not. The specific figures are as follows: of the master's degree faculty, 28 feel competent, while 6 do not; of the bachelor's degree faculty, 33 feel competent, while 22 do not.

The courses the faculty feel competent to teach are the following: fundamentals, 120 persons; medical-surgical, 98 persons; surgical, 99 persons; psychiatric, 50 persons; maternal-child, 67 persons; integrated, 48 persons; other, 18 persons.

The courses the faculty are currently teaching are fundamentals, 64 persons; medical-surgical, 65 persons; psychiatric, 24 persons; maternal-child, 38 persons; integrated, 40 persons; other, 13 persons.

The remaining yes-no questions follow.

Seventy-three persons do see the need to study the history of the junior college and 78 persons do not. Most do, however, see the need to study the philosophy of the junior college (135 persons yes, 19 persons no).

The ADN growth and development was considered important (135 persons yes, 20 persons no). Research in nursing geared to applied research is needed (132 persons yes). And practicums in teaching and/or administration are important (145 persons yes).

Regarding the clinical work, 134 persons see the need for a clinical specialty, while 43 persons do not. In addition, 134 persons see the need for the availability of practice in general nursing versus clinical specialty. The faculty desire opportunities to practice nursing skills in certain areas in order to improve clinical competency.

The faculty desire the focus of their education to be ADN (120 persons yes, 30 persons no). This does not necessarily mean that a specific separate program is desired, but that the objectives and learning experiences could be directed in this way. Media and television teaching were considered important additions to the educational preparation.

The faculty received the highest degree from 82 out-of-state colleges and universities and 95 in-state colleges and universities. Of those in-state, Texas Woman's University is the largest supplier (25 persons), while the University of Texas is the next (18 faculty). This large number is attributed to the fact that both programs comprise the only nursing graduate education for the state. Of the programs supplying the faculty with only a bachelor's degree as their highest degree, Texas Christian University is the largest (10), with Baylor University being second (8).

Question forty provided some additional comments not reported in the other question categories. They are as follows: problems arose because of the lapse of time before

the person received the degree and worked in nursing; the inexperienced teacher is not able to be as effective as she would like to be; some people become teachers without being prepared for it; is a master's degree in nursing best; requirements should be tailored to the individual's past experience as well as present and future needs; the student would like to design her own program of study; a faculty must understand the objectives and philosophy of ADN.

Data from Questionnaire to ADN Department Head
or Chairman Concerning the Education and
Experience of His Faculty

The data concerning the educational experience of the faculty were obtained from a questionnaire sent to the chairman of each of the ADN programs in Texas (23). The number of questionnaires returned was 19, or 83 percent. A sample of the questionnaire is in the Appendix, p. 196.

Of the programs responding, there are 219 faculty members. Thirty-five additional faculty for these programs are currently needed. In the next five years, the chairmen predict that 137 full-time and 17 part-time faculty will be needed. The data have implications for graduate education of not only providing additional education for those bachelor's degree faculty currently employed, but for preparing those new persons needed.

Of the total persons responding, the bachelor's degree in nursing comprises the largest population of faculty (96).

Forty-eight full-time and 3 part-time faculty have a master's degree in nursing. Twenty-six full-time and 6 part-time faculty have a master's degree in another field. Five persons have a master's degree specific to the ADN program. Fifteen faculty have a bachelor's degree in another field and 4 persons have less than a bachelor's degree.

The persons responded that 9 programs do not utilize academic rank. Of those that do, one person is a professor, 6 persons are associate professors, 21 persons are assistant professors, 60 persons are instructors, and 18 persons are assistant instructors.

Of thirteen persons responding, some of the academic honors of the faculty are as follows: listed in Outstanding Educators of America, 1972 (2), faculty members of Sigma Theta Tau (4), member of Kappa Delta Pi (1), member of Beta Beta Beta (1), member of Pi Lambda Theta (2), awardance of two major grants for one program, four on master's level faculty graduated with honors.

Regarding publications of the ADN faculty, one faculty member was co-author of an article for Nursing 1972; one wrote a chapter for 1973 text soon to be released; one published a clinical article.

The majority of the faculty members belong to some professional group in nursing and teaching. Other health-related professional activities are cited as professional responsibilities.

Research activities were primarily geared to application to the work setting. Some examples are (1) curriculum study (block versus integrated curriculum pattern); (2) comparison of grades on National League for Nursing test, State Board examinations and college entrance tests, and courses in relation to academic requirements; (3) relationship of entering beginning traits to certain grades in courses; (4) study on prejudice and certain relationships; (5) investigations on following students; (6) two major projects (unnamed); (7) one project on psychological support manifested in physiological indicators; (8) one study on the correlation of test scores and grade records; (9) one study on a survey of the attitudes toward programmed instruction in ADN faculty; and (10) research to define and assist the disadvantaged student. From this list it is obvious that most of the work is carried on cooperatively among the faculty members in order to improve their teaching.

Membership of the faculty, from the lists supplied, indicates that they belong to a variety of community-based activities related to health and other civic responsibilities.

The totals for the experience record of the faculty follows: thirty-one persons have one year prior experience in teaching nursing; forty-six persons have two year prior nursing teaching experience; eleven have three years prior nursing teaching experience; sixty have four years prior nursing teaching experience; forty-one have prior teaching

experience other than nursing; and fifty-four do not have prior teaching experience.

In the nineteen programs, there are fifty-eight persons teaching integrated curriculum. In addition, some of the other faculty members are expected to teach in more than one clinical area.

Each ADN program has a variety of institutions represented, both in and out-of-state, from which faculty members obtained their highest degree. In the cases where a university was close by, frequently there were several members who had graduated from that institution of higher education.

Summary of Significant Findings

1. The administrators of ADN programs have the minimum acceptable educational level required by criteria of standards from NLN.
2. The evaluation of faculty and administrators is on the basis of peer, student, department chairman, dean, and faculty evaluation, as well as self-evaluation.
3. Interpersonal relationships are assessed in evaluation.
4. Expectations for administrators are varied according to different priorities.
5. Many of the faculty members have master's degrees in nursing or in another field (minimum acceptable educational level for leadership).

6. The ADN programs employ large numbers of faculty members whose highest degree is a bachelor's degree in nursing, a situation which requires them to be supervised by master's degree teachers.

7. In the next five years, projected employment needs for ADN faculty will double.

8. Additional courses (not necessarily nursing courses) in education, testing, evaluation, curriculum building, and student guidance are needed.

9. Knowledge of the philosophy of the junior college and ADN is essential for the faculty.

10. A knowledge of developing objectives is considered important.

11. Media technology is utilized in teaching.

12. Preparation in more than one clinical area is necessary for many teaching positions in ADN programs, in both traditional and integrated curricula.

13. Internships and practicums are considered beneficial and necessary in some cases.

14. A discrepancy exists between the opinions of students and graduates of ADN programs concerning the faculty's participation in community activities, and the faculty's and chairman's reporting of faculty activities.

15. The number of years of clinical experience of the faculty was higher than the number of years of teaching experience of the faculty.

16. For some persons, clinical experience was an aid in their present positions; for others, it did not add to their competency of teaching.

17. Teaching is perceived as being different from nursing, and is considered a skill acquired through formal education.

18. Suggestions to graduate education regarding learning clinical needs of students emphasize that the needs are individual and variable, thus making it difficult to design a specific graduate program for all graduate students.

19. Flexibility in program development is necessary and desirable.

20. Fifty persons, primarily those with bachelor's degrees, stated they felt that their academic preparation did not adequately prepare them for their positions.

21. Some faculty in ADN without a bachelor's degree in nursing (but possibly a degree in another field) desire to be admitted to graduate level nursing courses in order to improve their teaching skills.

22. Clinical general nursing preparation, as well as clinical specialization in the graduate program, was acceptable.

23. On the whole, the faculty disagree with the open-door policy of the junior college as applied to the nursing program.

24. Over half the baccalaureate faculty do not feel competent in writing behavioral objectives, while the master's degree faculty do.

25. A larger percentage of the bachelor's degree faculty, as compared to the master's degree faculty, do not feel competent in evaluation of the students.

26. Applied research is considered desirable and is utilized by ADN faculty.

The data obtained from the four separate questionnaires were similar in recommendations and specification of statistics. This fact adds to the validity of the data obtained. In addition, some of the reported findings support trends cited in the literature.

Chapter V presents the development of a theoretical framework of graduate education which was developed from the facts and data obtained in the preceding chapters.

CHAPTER V

THEORETICAL FRAMEWORK FOR A PROGRAM OF GRADUATE EDUCATION FOR TEACHERS AND ADMINISTRATORS IN NURSING EDUCATION

Chapter V represents a synthesis of the preceding research and is not a statement of contrast to the preceding material.

Philosophy

Philosophy refers to the beliefs one holds which lead to a particular way of thinking and behaving. It includes one's beliefs about what is real, what is true, and what has value. It is inseparable from living experience in that these experiences mold and shape these activities.¹

The following philosophy has been adopted for the proposed theoretical framework of a program of graduate education for teachers and administrators in nursing education.

Dewey and Childs' pragmatic approach holds that an idea must be judged by how it works and that ideas must always be tested by experience and experimentation. This belief forms a viable basis for the curriculum as well as for evaluation of the theory. The guiding principles incorporated for this

¹Theodore Brameld, *Philosophies of Education in Cultural Perspectives* (New York, 1955), p. 20.

approach are expression and cultivation of individuality, fostering of free activity or choice as one learns through experience, utilization of skills and techniques as a means of attaining ends, and concentration on making the most of the opportunities of the present life while becoming dynamically involved with the real world.²

The existential experience with man as the central figure searching for truth is of vital concern. Emphasis is on man's search for freedom to his right to health care³ and man's freedom to determine his learning objectives. Within that right is man's (patient's, client's, or student's) responsibility for shaping his being, for becoming the person he will eventually be. A person who finds himself in a given situation is goal-directed in his existence and faces the task of passing from existence into being. This procedure is accomplished by a commitment to accept one's own responsibility to make decisions and to accept responsibility for these actions.⁴

The relationship between student-teacher, patient-health team member, recognizes each man's dignity. Man is treated

²John Dewey, Democracy and Education (New York, 1910); John Dewey, Experience and Education (New York, 1938); John Childs, American Pragmatism and Education (New York, 1956).

³"Bill of Rights," A Picture of Health, a newsletter for Comprehensive Health Planning in the North Central Texas Region, May, 1973.

⁴Gabriel Marcel, The Mystery of Being (Chicago, 1951); Rita Carty, "Existentialism: A Philosophy for Supervisors," Supervisor Nurse, III (April, 1972), 37-40.

as a person⁵ rather than as a thing; the I-thou relationship⁶ predominates. And to understand one another requires that one become aware of another's existence, not only his own.⁷

The teacher's role is to interact with the existing capacities and needs of the students in order to determine and create a worthwhile experience.⁸ Responsive practitioners will emerge if nursing education is responsive, states Kibrick.⁹ Henderson likewise relates that

the essence of our problem in striving for excellence is to search out those with a capacity for developing it . . . to set up conditions that will make it possible for the student of nursing to develop his or her full potential, to experiment, to assess his or her work . . . to provide working conditions that offer the nurse opportunity for creativity and growth as well as the satisfaction that should accomplish the giving of excellent nursing care.¹⁰

A nurse's primary role is practice, to become involved in the direct care of patients, and must, therefore, master

⁵ Martin Heidegger, Existence and Being (London, 1949).

⁶ Martin Buber, The Knowledge of Man, translated by Maurice Friedman and Ronald Gregor Smith (New York, 1965).

⁷ Jean-Paul Sartre, Existentialism and Humanism (London, 1948); John Wild, The Challenge of Existentialism (Bloomington, 1955), p. 50; James Collins, The Existentialist (Chicago, 1952), pp. 156, 239; John Macquarrie, An Existentialist's Theory (New York, 1960), p. 90.

⁸ Dewey, Experience and Education.

⁹ Anne Kibrick, "Leadership--Problems and Possibilities in Nursing," American Journal of Nursing, LXX (August, 1970), 1451.

¹⁰ Virginia Henderson, "Excellence in Nursing," American Journal of Nursing, LXIX (October, 1969), 2133-2137.

skills throughout all dimensions of nursing in a colleague relationship with the physician and health-care team.¹¹

Consequently, as Henderson predicts, if educational programs emphasize a student's capacity for self-direction, with the teacher cast in the helping role, the nurse practitioner will take an active role in planning and advising on the delivery of health services. The nurse practitioner will also, through her personal experience of having realized her objectives, be better able to help patients/clients maintain or achieve independence in maintaining or regaining health, live more productively with a handicap, or die with dignity.¹²

Learning Theory

Learning is the process by which behavior is modified as a result of experience representing the establishment of new relationships between units that were not previously associated. This statement reflects an eclectic approach to learning based on a literature search on the nature of teaching/learning process.¹³

¹¹Frances Reiter, "The Nurse Clinician," American Journal of Nursing, LXVI (February, 1966), 274-280.

¹²Virginia Henderson, "Nursing in the Decades Ahead," American Journal of Nursing, LXX (October, 1970), 2120.

¹³Carl R. Rogers, Freedom to Learn (Columbus, Ohio, 1969); Robert F. Mager, Developing Attitude Toward Learning (Belmont, California, 1968); Dewey, Experience and Education; Stuart Shaffer, Karen Indorate, and Janet Deneselya, Teaching in Schools of Nursing (St. Louis, 1972); Rheba deTornyay,

As Gagné, a contemporary learning theorist proposes, there are eight types of learning, each with a successive kind of higher order learning. The types are as follows, starting with the lowest first: signal learning, stimulus response learning, chains, verbal associations, multiple discrimination, concept learning, principle learning, and problem solving.¹⁴

At the graduate level of functioning, the master student through concept, principle, and problem-solving learning will become expert in solving complex problems of persons who are members of a community in an open health-care delivery system, as they seek to have their health needs met.

And to determine their specific role as a master practitioner, the students will assume responsibility and

Strategies for Teaching Nursing (New York, 1971); Loretta Heidgerken, Teaching and Learning in Schools of Nursing (Philadelphia, 1965); Jean E. Schweer, Creative Teaching in Clinical Nursing (Philadelphia, 1965); Vernon S. Geslack and Donald Ely, Teaching and Media--A Systematic Approach (Englewood Cliffs, New Jersey, 1971); C. M. Charles, Educational Psychology--The Instructional Endeavor (St. Louis, 1972); Arthur W. Combs and Donald Snygg, Individual Behavior: A Perceptual Approach to Behavior (New York, 1959); Jerome Bruner, The Process of Education (Cambridge, Massachusetts, 1965); Jerome Bruner, Toward a Theory of Instruction (Cambridge, Massachusetts, 1966); B. F. Skinner, Science and Human Behavior (New York, 1953); Robert J. Havighurst, Human Development and Education (New York, 1953); Ernest Hilgard, Theories of Learning (New York, 1956); Edgar Schein, Professional Education: Some New Directions (New York, 1972).

¹⁴R. M. Gagné, The Conditions of Learning (New York, 1965).

accountability for their learning with the guidance and approval of the graduate faculty.¹⁵

Conceptual Framework for Nursing Practice and Education

Byrne and Thompson's¹⁶ conceptual framework for nursing practice and education will be utilized as the foundation for the proposed graduate education program. They believe that nursing's special contribution to health care lies in its ability to help Man, who is viewed as an integrated bio-psycho-social being subjected to many stresses because of the supersonic rate of social and technological change, to cope with his environment by providing holistic, continuous, and integrated care.¹⁷

The key concepts essential for both the learner in nursing education and the practitioner in nursing practice focus on a frame of reference based on a systems approach. Designed to place the emphasis on the whole man responding as a unified system, the concepts with definitions are as follow:

1. The Organismic Behavior Concept emphasizes the whole man conceptualized as a bio-psycho-social energy unit

¹⁵ Alice Ingmire, "Continuing Education in Nursing," New Directions in Patient-Centered Nursing, edited by Abdellah and others (New York, 1973), p. 345.

¹⁶ Marjorie Byrne and Lida Thompson, Key Concepts for the Study and Practice of Nursing (St. Louis, 1972).

¹⁷ Ibid., p. 40.

consisting of a set of open subsystems and existing as an open system in his universe. This concept revolves around these two beliefs: Man always responds as a unified whole, and Man as a whole is different from and more than the sum of his component parts. An open system means that one part of the system is directly affected by happenings or changes in the other systems, regardless of that component part.¹⁸

2. The Basic Human Needs Concept alerts the nurse to recognize the motivating forces underlying an individual's behavioral response. This information aids the nurse in understanding and assessing the priority that the patient gives to his basic human needs so that the nursing intervention might be more effective.¹⁹

Maslow's need-hierarchy,²⁰ from the most critical for survival to those less critical, provides this information. The needs are as follow: (1) physiologic needs, (2) safety needs, (3) belonging and love needs, (4) social esteem need, and (5) self-actualization.

3. The Level of Wellness Concept views health on a continuum wherein the "wellness" continuum emphasizes the constructive attributes or characteristics of an individual rather than the negative.²¹

¹⁸ Ibid., pp. 1-8, 90.

¹⁹ Ibid., p. 90.

²⁰ A. H. Maslow, Motivation and Personality (New York, 1954).

²¹ Byrne, Key Concepts, p. 90.

Dunn defines high-level wellness for the individual as an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable, within the environment where he is functioning.²²

4. The Adaptation Concept refers to the constructive end result of coping with behaviors by an individual when faced with new, different, or threatening stimuli. This adaptation occurs at each behavioral level: cellular, organ, organ system, organismic, primary group, or community. Mal-adaptation refers to the non-constructive or destructive consequences of Man's behavior.²³

This concept compels the nurse to examine the nature of the adjustments made in terms of Man as an integrated behavioral unit.²⁴

5. The Behavioral Patterning Concept is an adaptive process employed by Man, in which he attempts to cope with the changes in both his internal and his external environments. Those behaviors which bring about satisfactory results for him have a tendency to be repeated. Therefore, it will be beneficial for the nurse to comprehend more fully the impact of the illness on the patient and how he can be

²²Halbert L. Dunn, High-Level Wellness (Virginia, 1971), pp. 4-5.

²³Byrne, Key Concepts, p. 22.

²⁴Ibid., p. 90.

assisted to adjust to the activities of daily living to meet the demands of the illness situation.²⁵

6. The Steady State Concept emphasizes that the individual strives to maintain harmony between his internal constance and the external world. Steady state is that state existing when energy is allocated in such a way that Man is freed to actualize himself according to his nature, maintained by effective and efficient activities of the regulatory processes at all behavioral levels.²⁶

7. The Stress Concept refers to a "state that is always present in Man but that is intensified when there is a change or threat with which the individual must cope."²⁷ Stressor is that factor or agent that causes an intensification of the stress state.

Nurses are concerned with an imbalance between the demands made by the internal or external environments and the responsive capacities of the patient as he faces daily living adjustments necessary to prevent illness or to enhance the healing process.²⁸

8. The Behavioral Stability Continuum Concept

evolves from the steady state and stress concepts and provides the nurse with a method of assessing the appropriate needs of the patient's allocation of his energies and his potential for utilizing his adaptive capacities. The effectiveness and efficiency of the patient's behavior can be

²⁵Ibid., pp. 15, 91.

²⁶Ibid., p. 91.

²⁷Ibid., p. 42.

²⁸Ibid., p. 91.

assessed with considerable objectivity by careful examination of the consistency, coherency, and orderliness of his behaviors as an integrated behavioral unit.²⁹

9. The Concept of Structural Variables provides the nurse with a list of those factors common to all persons that will refer to a particular generalization likely to be applicable to a specific individual. The factors are age, sex, religion, ethnic or cultural group/education/occupation, relational, and health.³⁰

10. An Act Has More than One Consequence Concept enables the nurse to define clearly the anticipated outcome for the nursing activities and to evaluate the outcomes actually achieved. Man has a limited amount of energy available for the adaptive process. The nurses should then make every outcome as productive as possible so that energy is allocated in order to maintain a steady state.³¹

Conceptual Model of Health Care Delivery System

Using Byrne and Thompson's conceptual framework for nursing practice and education, the clinical setting for implementation of the patient/client-centered approach will be

²⁹ Ibid., p. 91.

³⁰ Ibid., p. 76.

³¹ Ibid., p. 67.

Leininger's proposed open client-center health care system model.³²

The open health care system offers the client a choice of services from several health disciplines, not limiting him to the physician's services only.

The advantages of this system are offering the client/patient earlier, prompter, and easier access to services according to his health problems; resulting substantial reduction in the cost of health services; responsiveness to change on all levels; providing for different professional health services.

The model has several important features. First, it focuses upon clients coming from a designated community that relates to the client's health status, treatment, care, and health maintenance. Second, it provides for a broadly conceived health assessment plan in which the client has a choice as to the professional help he receives; he is not limited to entering or leaving the system through a physician. Third, the model places major emphasis on health maintenance, including prevention and restoration. Fourth, it supports a refinement in the division of labor to areas of professional accountability and responsibility. Fifth, the model supports the concept of providing diverse kinds of health care

³²Madeleine Leininger, "An Open-Health Care System Model," Nursing Outlook, XXI (March, 1973), 171-175.

resources and facilities to meet the diverse health needs of people in our society. Last, it encourages social and natural scientists, humanists, and consumers, as well as health profession practitioners, to become active participants, developers, and evaluators of an open system of care.

A diagram of the model³³ is shown in Figure 2.

Fig. 2--An open, client-centered health care system model. Source: Madeleine Leininger, "An Open-Health Care System Model," *Nursing Outlook*, XXI (March, 1973), 171-175.

³³Ibid., p. 173.

This model will be correlated with Byrne and Thompson's conceptual framework and will be utilized to guide the learner and practitioner so that he can deliver nursing health care to people. Learning experiences for the student in this proposed graduate education program will be dynamic and interdisciplinary.

Postulates

Postulate I.--To deliver quality health care to individuals, a health care system is needed which would necessitate corresponding changes in the educational preparation and practice of nurses.

Rationale.--A reality of today is that people everywhere are beginning to conceive of health not only as freedom from disease, but also the concept of wellness.³⁴ President Nixon states that the highest priority is the goal "that every citizen will be able to get quality health care at reasonable cost regardless of income and regardless of area of residency."³⁵ A system of health care is needed if

³⁴Helen Nahm, "Nursing Dimensions and Realities," American Journal of Nursing, LXV (June, 1965), 96-99; Faye Abdellah, "Introduction," New Directions in Patient-Centered Nursing, edited by Abdellah and others (New York, 1973), p. 4.

³⁵U.S. Department of Health, Education, and Welfare, Towards a Comprehensive Health Policy for the 1970's (Washington, D.C., May, 1971).

demands for the future are to be met.³⁶ Within this system, the patient's rights must be protected at all times. The task of informing and carrying through the mandates of this right falls on the responsibility of the professionals.³⁷

Leininger's open, client-centered health care system model offers a positive, workable solution to the problem. With changes in the health care delivery system, education needs to change to reflect the present rational approach to the solutions of these problems.³⁸

Postulate II.--Teachers must be prepared at the graduate level in institutions of higher learning in order to become expert in their teaching and/or administration skills and their practitioner skills.

Rationale.--The major purpose of graduate study in nursing is the preparation of nurse clinicians capable of improving nursing care. The position of the American Nurses' Association is as follows:

Graduate education is a more intensive and analytic extension of undergraduate education, enabling students to perceive and develop new relationships among the various factors and forces that affect nursing.

³⁶Higher Education and the National Health (New York, October, 1970), p. 33.

³⁷Faye Abdellah and others, New Directions in Patient-Centered Nursing (New York, 1973), p. 560.

³⁸Leininger, "An Open-Health Care System Model."

There is now available an increasing large body of nursing knowledge which appropriately and logically belongs in graduate education.

Nursing must further develop and structure its body of knowledge, and add new knowledge that is relevant to both general and specialty practice.

Corporate responsibility for the education of nurse clinicians capable of advancing nursing theory and science rests with institutions of higher learning.

Nurses prepared at the graduate levels can assume leadership in assessing the role of nursing in relation to changing concepts of health care, delineating action to bring about change, selecting that action most feasible at any given time, implementing decisions, and evaluating results in order to achieve quality nursing care.³⁹

The professional curriculum must be developed in institutions of higher learning.⁴⁰ This is recognized as an essential pattern nationally and world wide.⁴¹

Postulate III.--Byrne and Thompson's conceptual model for the study and practice of nursing⁴² is the framework utilized to facilitate the learning process and implementation of nursing's unique contribution to the health-care system.

³⁹American Nurses' Association, Statement on Graduate Education in Nursing (New York, 1969), p. 2.

⁴⁰Martha E. Rogers, Reveille in Nursing (Philadelphia, 1966), p. 49; Jerome P. Lysaught, An Abstract for Action (New York, 1970), p. 107.

⁴¹"WHO Symposium Considers Higher Education in Nursing," International Nursing Review, XX (March-April, 1973), 41.

⁴²Byrne, Key Concepts.

Rationale.--Through guidance from concepts, isolated bits of information become unified.⁴³

Other theorists agree that nursing's emphasis is man, yet their conceptual frameworks have a different terminology and concepts.⁴⁴ However, Byrne and Thompson's conceptual framework utilized for this instructional theory seems to incorporate the major ideas of the other theories.

Postulate IV.--Master's level functioning for a nursing practitioner is definable in relation to a minimum level of knowledge, attitudes, skills, and performance required and guarantees integration of baccalaureate nursing education.

Rationale.--Prior possession of a bachelor's degree in nursing should not be a barrier to seeking master's-level functioning. "The whole is not simply the sum of its parts, and the higher level is not explained by everything on the

⁴³Faye Abdellah with June Bailey, Frederick McDonald, Karen Claus, and Rita Chow, "Experiments in Nursing Education, Practice and Delivery Systems of Care," New Directions in Patient-Centered Nursing, edited by Abdellah and others (New York, 1973), p. 443.

⁴⁴Imogene King, Toward a Theory for Nursing (New York, 1971); Margaret Newman, "Nursing's Theoretical Evolution," Nursing Outlook, XX (July, 1972), 449-453; Juanita Murphy, Theoretical Issues in Professional Nursing (New York, 1971); Martha E. Rogers, An Introduction to the Theoretical Basis of Nursing (Philadelphia, 1970); Martha E. Rogers, Reveille in Nursing, pp. 36-37; Nursing Development Conference Group, Concept Formalization in Nursing Process and Product (Boston, 1973); D. Orem, Nursing: Concepts of Practice (New York, 1971); E. Wiedenbach, "Nurses' Wisdom in Nursing Theory," American Journal of Nursing, LXX (May, 1970), 1057-1062.

lower levels."⁴⁵ No hard-and-fast lines mark off work activities from one level of nursing to another. Those distinctions which are possible between various levels must be made with full recognition of the importance, dignity, and integrity of the work on each level. Recognition of this concept assumes the idea of establishing a floor, or defining the minimum level of knowledge and performance for each category of nurse without putting a ceiling or barrier on the person's aspirations. Hence, there should not be artificial barriers such as a specific degree required before an individual aspires to a more sophisticated level of functioning. The individual is held accountable to demonstrate the level of functioning for which she desires recognition of having acquired the necessary skills, attitudes, knowledge, and performance attributed for a specific level of functioning.⁴⁶

Experimentation currently undertaken is reported by Nyquist, New York State Commissioner of Education, to issue an external degree program in arts and business administration and soon in ADN, from the University of the State of New York. The degree is awarded to those who pass college-level tests and performance examinations, in general

⁴⁵Sister Anne Joachin Moore, "The Ladder and the Lattice," Nursing Outlook, XX (May, 1972), 330.

⁴⁶Walter L. Johnson, "Status of the Open Curriculum in Nursing," Nursing Outlook, XIX (December, 1971), 779-782; Lysaught, Abstract for Action, p. 116.

education and specific areas of the major, administered by the university without attending formal classes. This postulate, then, is based on the same rationale for that program. It plays "hob with the status quo," reports Nyquist in a candid address co-sponsored by NLN and the American Association of Community Colleges. The Commissioner contended that too many nurses are pointlessly repeating coursework in those subjects already mastered and this program would circumvent "educational dead ends."⁴⁷

Postulate V.--The student assumes autonomy in determining her graduate program goals, in selecting specific courses, defining program objectives in behavioral terms, and developing specific learner-centered objectives for each course in the graduate program, with the guidance of the major professor and individual faculty members.

Changes in goals and objectives can be made as necessary. The student is accountable for meeting the approved behavioral objectives before receiving a final course grade and final awarding of a master's degree.

Rationale.--Becker, Greer, and Hughes point out that faculty control over the students' learning works against the goal of educating students to be intellectually free and

⁴⁷"AD Session Sizes Up External Degree; It's Called a Blow to the Status Quo," news item in NLN News, XX (April, 1973), 1.

self-directing.⁴⁸ The approach of allowing the student to be independent, self-directive, and accountable for her learning experiences has several advantages as researched by Layton.⁴⁹ The advantages to this approach are that there is increased motivation for the student in being able to set her own goals and have greater freedom of choice in what she will learn; the requirements are clear and attainable, and the student knows her progress at all times; there is a decrease in anxiety, pressure, and competition; and the grade or degree received more accurately reflects the student's accomplishments.

This, then, is implementation of the learning principles of Rogers,⁵⁰ freedom to learn within limits, determined by specific behavioral objectives with built-in accountability.

Curriculum development is based on two major elements: students' total needs in relation to career objectives and requirements inherent in the profession.⁵²

⁴⁸H. S. Becker and others, Making the Grade (New York, 1968), p. 91.

⁴⁹Janice Layton, "Students Select Their Own Grades," Nursing Outlook, XX (May, 1972), 327-329.

⁵⁰Carl R. Rogers, Freedom to Learn; Carl R. Rogers, "Significant Learning: In Therapy and In Education," On Becoming a Person (Boston, 1961).

⁵¹Mager, Developing Attitude Toward Learning; Robert F. Mager, Preparing Instructional Objectives (Belmont, California, 1962).

⁵²Helen Powers, material from Education Program Specialist Health Occupations Education, Office of Education, Department of Health, Education and Welfare, Washington, D.C., "Education for the Allied Health Personnel," New

An important focus in the graduate program should be "the development of the potential of every nurse so that he or she can achieve self-fulfillment and contribute fully to nursing practice."⁵³

The rationale to "open" the curriculum is that clinical "nursing specialization should not be seen as a fixed or static phenomenon; rather, it is a dynamic process, with specialties developing in response to society's needs."⁵⁴

Postulate VI.--The professional graduate curriculum is flexible, providing for a number of electives and choices available to the student and is not lock-step course sequencing.

Rationale.--Both the Lysaught report and the Carnegie Commission on Higher Education state that possible directions of reform or innovation in the profession be provided by having "more flexibility in the professional school curriculum, in the number of paths available through the school, in the number of electives available to students

Directions in Patient-Centered Nursing, edited by Abdellah and others (New York, 1973), p. 412; Lysaught, Abstract for Action, p. 122; Susan Gebhardt, "A New Model for Nursing Education," Nursing Outlook, XXI (April, 1973), 253; Carnegie Commission Report, Less Time, More Options (New York, January, 1971).

⁵³Irene Beland, "Future Directions," New Directions in Patient-Centered Nursing, edited by Abdellah and others (New York, 1973), p. 430.

⁵⁴American Nurses' Association, Statement on Graduate Education in Nursing (New York, 1969), p. 5.

inside and outside the school, in the spacing and sequencing of courses. . . ."⁵⁵

Postulate VII.--The faculty of this graduate program serve as learning diagnostician, manager, counselor, commentator, facilitator, role model, and team member; they spend time evaluating students, facilitating learning experiences, planned jointly and approved by the faculty.

Grades are not necessary because the students master their performance objectives which are recorded on their transcripts to more clearly differentiate the specific abilities of individual students.

Rationale.--Flexibility is a clearly recognized requirement of all graduate nursing education.⁵⁶

These concepts have been predicted by deTornyay. Other leaders have made similar predictions and recommendations.⁵⁷

This approach ties in with the tremendous push toward accountability on all levels.

⁵⁵Schein, Professional Education, pp. 60, 64, 137; Lysaught, Abstract for Action, p. 122.

⁵⁶American Nurses' Association, Statement on Graduate Education in Nursing (New York, 1969), p. 8.

⁵⁷deTornyay, Strategies for Teaching Nursing, p. 133; Carl R. Rogers, Freedom to Learn; Gebhardt, "A New Model for Nursing Education," pp. 252-255; William Arrowsmith, "The Future of Teaching," Campus 1980, edited by Alcin C. Eurich (New York, 1968), p. 117; Schein, Professional Education, pp. 131-145.

Postulate VIII.--The professional curriculum for master's degree level nurses is built on a learning-modules system organized by functional, research and practice, core strand and elective module units, which integrate the basic sciences, applied science, and practicum units.

Rationale.--The Carnegie Commission on Higher Education proposes that the curriculum for professional education be organized by utilization of learning modules. This plan could be accomplished by organizing the learning experiences functionally (area to be learned) and by practice or career type (slanted toward work with a given client system).⁵⁸

The modular units would include a mix of basic science, applied science, and practicum; and the focus in design of the learning experiences is on the nature of the learner.

The curriculum includes a modular core integrating broad common elements for any professional or specialist to serve as a foundation. Inherent in each core is the integration of applied science, basic science, and practicum--components concentrating on how to integrate learning methods for the learning objectives. Specifically this means a complete integration into the professional school curriculum at three different levels:

- (1) basic psychology, sociology, anthropology, economics as part of the basic science of

⁵⁸Schein, Professional Education, pp. 67, 132, 136; Gebhardt, "A New Model for Nursing Education," p. 253.

professional education; (2) applied behavioral science dealing with the theory and practice of planned changes, diagnosis of complex systems, and analysis of client-professional relationships; and (3) applied behavioral science dealing with self insight, social responsibility, learning how to work in and lead professional teams, and learning how to learn.⁵⁹

Postulate IX.--The clinical nursing modular core strand (based on a conceptual framework for nursing education and practice in an open, health-care system) is the prerequisite unit before the student takes specific general or specialized clinical nursing modules. Then the student has a variety of areas from which to choose those modules that best fulfill his objectives.

Rationale.--"The original concept of core as it evolved in general education characterized core as a means of reducing the separateness of subject fields."⁶⁰

A common core exists in nursing--its science and its art--and practitioners of nursing use that core in any setting, with varying age groups, and at various levels of employment. Due to our trend toward specialization, however, this core has almost been lost from sight. It behooves the profession to further develop, test, and refine this core if

⁵⁹ Schein, Professional Education, p. 67.

⁶⁰ Powers, "Education for the Allied Health Personnel," New Directions in Patient-Centered Nursing, p. 412.

the profession is to advance. The common elements include that nursing is a professional discipline, a social service providing a direct service to individuals. This service offers comfort, gratification, and assistance at those times when individuals are under stress. It is in relation to man's basic human needs, including promotion and maintenance of health and recovery from illness. It involves the ability to assess situations, arrive at decisions, and implement a course of action designed to resolve nursing problems. It has a two-pronged base in knowledge: (1) a knowledge of the predictable patterns of behavior of people under stress within a broad category of variables, and (2) a knowledge of the nursing behavior indicated for helpful intervention.⁶¹

Postulate X.--A specific graduate curriculum designed for potential faculty and administrators of Associate Degree in Nursing is not desirable nor deemed necessary in the light that the student has freedom and flexibility to develop

⁶¹Dorothy Johnson, "A Philosophy of Nursing," Issues in Nursing, edited by Bullough and Bullough (New York, 1966), p. 151; Helen Nahm, "Graduate Education of the Nurse," New Directions in Patient-Centered Nursing, edited by Abdellah and others (New York, 1973), p. 303; Dorothy Johnson, "Today's Action Will Determine Tomorrow's Nursing," Nursing Outlook, XIII (December, 1965), 38-41; B. J. Hadley, "Evaluation of a Conception of Nursing," Nursing Research, XVIII (September-October, 1969), 400-404; Dorothy Johnson, "A Philosophy of Nursing," Nursing Outlook, VI (April, 1959), 198-200; Sister Agnes Reinhemeyer, "Nursing's Need: Commitment to an Ideology of Change," Nursing Forum, IX (1970), 340-355.

a program based on the modular unit concept that will more specifically meet his education, experience, and career goals.

Rationale.--The graduate student seeking preparation for a teaching or administrative position in an ADN program needs to consider developing a program containing the following elements: knowledge and competence in teaching/administration; broad liberal background; knowledge of and responsibilities of teaching and curriculum development in ADN programs, including the relationship to the parent institution; ability to define new roles and make appropriate changes in curriculum; establishment of effective intra-, inter-, and trans-disciplinary relationships; understanding of the growth process and ability to guide students; evaluate program and student's activities; establish a leadership role in the community in the delivery of health care; develop expertise in area of special interest; utilize and synthesize knowledge from related fields; assume responsibility for the professional role as a nurse and leader in the profession; philosophy of nursing, knowledge of the philosophy and objectives of junior colleges.⁶²

⁶²Kathryn Cafferty, "The Role of the Administrator of the Nursing Program in the Community Junior College," National League for Nursing, New York, 1960; Sandra Rasmussen, editor, Technical Nursing Dimensions and Dynamics (Philadelphia, 1972); "Future Direction for the AD Nurse," Nursing Outlook, XXI (February, 1973), 106-110; Win Kelley and Leslie Wilburn, Teaching in the Community Junior College

Information about roles and responsibilities of faculty and administrators was included in the original proposal for ADN programs. Some of the competencies delineated then apply today. However, that original research was done in the 1950's.⁶³

Postulate XI.--The curriculum for this instructional theory emphasizes an intra-, inter-, and trans-disciplinary approach to patient care and student learning.

Rationale.--Problems of society require inter- or trans-disciplinary skills for their solution.⁶⁴

Leininger's inter-discipline Health Team Model illustrates this concept (see Figure 3).⁶⁵

(New York, 1970); Mary Gerhart, "Competencies of Nursing Directors in Junior Colleges," The Journal of Nursing Education, XII (April, 1973), 2-6; "The New Teacher in an Associate Degree Nursing Program," paper presented at the workshop co-sponsored by The University of Maryland School of Nursing and Southern Regional Education Board, Baltimore, 1970; National League for Nursing, Criteria for the Evaluation of Educational Programs in Nursing Leading to an Associate Degree (New York, 1973), p. 7; Reports of the First, Second, Third, Fourth Annual Conference for Associate Degree Nursing Faculty, co-sponsored by The University of Texas Nursing School (System-wide) and Texas Education Agency, 1968, 1969, 1970, 1971; Helen Nahm, Trends in Graduate Education in Nursing in the South 1972, a report to the Southern Regional Educational Board (1972).

⁶³ Mildred L. Montag, The Education of Nursing Technicians (New York, 1951), pp. 112-133.

⁶⁴ Schein, Professional Education, p. 64.

⁶⁵ Madeleine Leininger, "This I Believe . . . About Interdisciplinary Health Education for the Future," Nursing Outlook, XIX (December, 1971), 2.

Fig. 3--Health education for patient care. Source: Madeleine Leininger, "This I Believe . . . About Interdisciplinary Health Education for the Future," Nursing Outlook, XIX (December, 1971), 2.

Nursing in particular needs to develop new approaches to delivery of care that crosses the clinical specialties. There is no rationale for being in clinical areas of medical-surgical nursing, psychiatry, etc. Education just evolved and took shape in that form. As a result, rigid career patterns developed, and nursing lost sight of more creative approaches to delivery of health care, keeping in mind the unique contribution it can make. Today the very heart of curriculum decisions for graduate education in nursing lies in how nursing deals with specialization. The questions needed to be asked are these: Are the specialty programs of today adequate to prepare nurse leaders and specialized practitioners? Is the program adequate to shape the character of health care?⁶⁶

⁶⁶ Improving Graduate Education in Nursing, Part II, Project in Nursing Education, Southern Regional Education Board (Atlanta, Georgia, 1971), pp. 2-3.

Postulate XII.--Collaboration and coordination are essential components of this instructional theory.

Rationale.--Today more than ever, the interdependence of people demands collaboration and coordination because of their complexity as systems. These skills are needed by the faculty in implementing the proposed curriculum and team teaching. The faculty must also communicate the principles of collaboration and coordination by example and instruction to the student learner.⁶⁷

Postulate XIII.--Effective intra-, inter-, and multi-disciplinary communication and interaction is essential on all levels for the student and practitioner in order to fulfill the mandates of her profession to serve the patient.

Rationale.--The number and variety of health care personnel, as well as advances in technology in both the health field and education, require better human relationships to be implemented if the health demands of the present and future are to be met.⁶⁸

At all levels communication needs to be effective in order that established goals are achieved; this includes

⁶⁷Schein, Professional Education, pp. 139-143; Abdellah and others, New Directions in Patient-Centered Nursing, p. 7.

⁶⁸Carty, "Existentialism: A Philosophy for Supervisors," p. 37.

patients, families, health team members, students, community relations, and peers. The trend toward specialization has made it harder for professionals to work together because specialization leads to sets of attitudes and concepts that establish communication difficulties.⁶⁹ Therefore, a quality controlled communication system is essential.

Postulate XIV.--Nurses who teach must be competent in nursing practice as well as methods of teaching.

Rationale.--A fundamental concept of management is that "in order to manage others in a functional organization, the manager should possess technical competence in the field or disciplines in which his subordinates are engaged."⁷⁰

If this is a valid concept, it follows that teachers of learners in nursing, regardless of the level of nursing they are educating, must be at least competent skilled practitioners on that level of care they seek to teach.⁷¹

Postulate XV.--As a practitioner and teacher, a nurse must (1) identify a personal theory or theories that underlie

⁶⁹Schein, Professional Education, p. 39.

⁷⁰William C. Gill, "How Others Look at Nurse Managers," Supervisor Nurse, III (April, 1972), 23.

⁷¹Beland, "Future Directions," p. 425; American Nurses' Association, Statement on Graduate Education in Nursing (New York, 1969), p. 2; Hadley, "Evaluation of a Conception of Nursing," pp. 400-404; Nahm, "Graduate Education of the Nurse," New Directions in Patient-Centered Nursing, p. 302; Reiter, "The Nurse Clinician," pp. 274-280; Johnson, "Today's Action Will Determine Tomorrow's Nursing," pp. 38-41.

her practice, learning experience, and future teaching; (2) communicate the theory; (3) utilize the theory consciously and critically to guide and improve her work as a student, practitioner, and educator or administrator.

Rationale.--In order to be effective in fulfilling one's responsibilities in life, there must be congruence between what a person believes and those theories which control her behavior. Every person has her behavior controlled by some theories, but very few persons have insight into the control these theories have on their behavior.⁷²

Obtaining the privilege of being called a scholar, educated person, or leader requires an exploration and articulation of theory. The fact that nursing is goal-directed presumes that underlying it is a theory or theories.⁷³ For herein lies the difference between intelligent thought and behavior and instinctual responses.

Postulate XVI.--A research methodology should permeate every phase of a master's degree level nurse's learning experiences and guide her actions.

⁷²B. F. Skinner, Beyond Freedom and Dignity (New York, 1971); B. F. Skinner, The Behavior of Organisms (New York, 1938); B. F. Skinner, Walden Two (New York, 1948); Skinner, Science and Human Behavior.

⁷³James Dickoff and Patricia James, "Symposium on Theory Development in Nursing, Theory of Theories: A Position Paper," Nursing Research, XVII (May-June, 1968), 197-203; Wiedenbach, "Nurses' Wisdom in Nursing Theory," pp. 1057-1062.

Rationale.--In the beginning research in nursing centered on the nurses themselves. Gradually it shifted to the practice area as nurses became more sophisticated in research techniques. Today what has been taught and practiced in nursing has primarily been based on tradition and empiricism. The development of action research should lessen our dependence on both. Schools are studying their curricula, teaching methods, and testing and evaluating methods as well as the quality of the educational experience as evidenced by the practitioners. Consequently, the educated nurse of today needs a firm foundation in the research skills.⁷⁴

Postulate XVII.--Education and practice or service settings must work together during the student's learning experience if the graduate is going to be able to effect change, translate theoretical learnings into practice, and

⁷⁴King, Toward a Theory for Nursing, p. 7; "Research Attitudes in Nursing," editorial, Nursing Outlook, XIII (May, 1965), 33; Faye Abdellah, "New Directions in Nursing Research," New Directions in Patient-Centered Nursing, edited by Abdellah and others (New York, 1973), p. 528; National League for Nursing, Criteria for the Evaluation of Educational Programs in Nursing Leading to an Associate Degree (New York, 1973), p. 7; Montag, The Education of Nursing Technicians, p. 123; Kelley and Wilburn, Teaching in Community College, p. 116; American Nurses' Association, Statement on Graduate Education in Nursing (New York, 1969), p. 7; Virginia Henderson, "Research in Nursing Practice--When?" Nursing Research, IV (February, 1956), 99; Harriet Wesley, "Research in Nursing as Input to Educational Programs," Journal of Nursing Education, II (November, 1972), 29-39.

affect patient care, both as a learner and as a graduate, which is the total rationale for the existence of our profession.

Rationale.--"The primary concern of any profession is the service it offers society . . . the practice of that profession." The foundation for that practice rests on the educational preparation of the profession's practitioners.⁷⁵

Nursing education historically was grounded in minimum educational experiences and maximum usage for service. Then the pendulum switched to the other direction and avoided input and collaboration with hospital or service institutions. Today, the desired balance between service and education is sought, wherein service can be provided to an agency if the learning experiences are not sacrificed.⁷⁶

This trend is considered desirable as evidenced by the trend for academic and service leaders to hold joint faculty and service appointments.⁷⁷

⁷⁵American Nurses' Association, Statement on Graduate Education in Nursing (New York, 1969), p. 1.

⁷⁶Luther Christman, "Specialism and Generalism in Clinical Nursing," Hospitals, XLI (January, 1967), 83-86; Ingmire, "Continuing Education in Nursing," p. 337; Lysaught, Abstract for Action, pp. 96, 109; Myrtle K. Aydelotte, "Nursing Education and Practice: Putting It All Together," Journal of Nursing Education, XI (November, 1972), 21.

⁷⁷Emily Campbell, "The Clinical Nurse Specialist: Joint Appointee," The Clinical Nurse Specialist, editor, Lewis (New York, 1970), pp. 94-100; Ava Delworth, "Joint Preparation for Clinical Nurse Specialist," Nursing Outlook, XVIII (September, 1970), 22-25; Nahm, "Nursing Dimensions and Realities," pp. 96-99.

Postulate XVIII.--Students as learners and practitioners are held accountable for the quality of their patient/client care, graduate performance objectives, and their specific modular units behavioral objectives.

Rationale.--There is a trend in education for systematic evaluation of the results of education. Each independent item is evaluated as a separate unit in addition to the total whole.⁷⁸

Schools are in need of self-renewal. To accomplish this goal, perpetual self-diagnosis and evaluation research are needed in order to keep a flow of information coming into the school in order for it to evaluate its performance against its goals.⁷⁹

Theoretical Framework Model of Graduate Education
for Teachers and Administrators for Programs
in Nursing Education

From the preceding postulates the following model of a theoretical framework of graduate preparation for faculty and administrators for programs in nursing education is developed (see Figure 4).

The student chooses to pursue a Master of Arts Degree in Nursing Education or a Master of Science Degree in Nursing Education. The decision is based on the student's educational background.

⁷⁸Beland, "Future Directions," p. 421.

⁷⁹Schein, Professional Education, pp. 148-149.

Master of Arts in Nursing Education or Master of Science in Nursing Education	
Teaching/Administration Strand	
Interdisciplinary Health Teaching/Administration Modular Core 3 credits	Interdisciplinary Health Teaching/Administration Modular Core 3 credits
Teaching/Administration Modular Unit Electives 9 credits	Teaching/Administration Modular Unit Electives 9 credits
Clinical Nursing Strand	
Advanced Clinical Nursing Modular Core 3 credits	Advanced Clinical Nursing Modular Core 3 credits
Advanced Clinical Nursing Modular Unit in Specialization 9 credits	Advanced Clinical Nursing Modular Unit in Specialization 9 credits
General Education Strand	
Interdisciplinary Research Modular Core 3 credits	Interdisciplinary Research Modular Core 3 credits
Thesis 3-6 credits	Thesis 3-6 credits
Professional Paper 3 credits	Professional Paper 3 credits
Liberal Arts Modular Electives Unit 6 credits	Science Modular Electives Unit 6 credits
<u>Total Minimum Credit Hours</u>	
Teaching/Administration Modular Strand 12 credits	
Clinical Nursing Modular Strand 12 credits	
General Education Modular Strand <u>12</u> credits	
36 credits	

Fig. 4--A model of a theoretical framework of graduate preparation for faculty and administrators for programs in nursing education.

The graduate program consists of a total minimum credit hours of thirty-six, which consists of the following:

a teaching/administration modular strand of twelve credits, a clinical nursing modular strand of twelve credits, and a general education modular strand of twelve credits. Included in these credits is a total of twenty-four elective credits.

Course Descriptions

Education Modular Strand: Twelve Credits

Interdisciplinary health teaching/administration core:
three credit hours.--Interdisciplinary health teaching/administration modular core includes the inter- and intra-relationships of all levels of health education personnel. Emphasis is placed on the commonalities in all types of health educational programs which cover the interrelationships between philosophy, learning, theory, curriculum design, teaching strategies, and evaluation of specific programs in relation to the parent institution. An overview of the administration concepts of management, organization, planning, communications, lines of authority, and utilization of personnel is incorporated to give unification of the problems inherent in implementation of the educational process. The student studies specific concepts as they apply to his profession. The courses are multi-, intra-disciplinary taught.

Teaching/administration modular electives unit: nine credit hours.--Depending on the student's background, education, experience, and career goals, the modular electives unit is specified with approval from the advisor.

The specific modular units could come from the nursing department or the supporting departments of the university. A practicum could be obtained.

An incomplete list of modular titles that could be chosen is as follows: Curriculum Development in Nursing, Principles and Methods of Teaching, Teaching in Schools of Nursing, Baccalaureate Education in Nursing, Associate Degree in Nursing Educational Programs, Practicum in Selected Settings (Teaching/Administration), Principles of Administration in Selected Settings, Tests and Measurements, Philosophy of Education, Learning Theories, Higher Education Administration, Evaluation Techniques, Principles of Management, Use of Computer in Education Teaching/Administration, Curriculum Designs, Education of Special Individuals or Groups, Application of Research to Educational Settings, Seminar on Educational Issues, Statistical Theories Utilized in Education, Comparative Education, Individual Study in Teaching/Administration, Curriculum Building, Audio-visual Techniques, Creativity and Education, Theoretical Issues in Education.

Nursing Modular Strand

Advanced clinical nursing core: three credit hours.--

The content for the advanced clinical nursing modular core includes those common knowledges, skills, attitudes, and learning experiences that cross traditional clinical areas of medical-surgical nursing, maternal child health nursing, community health nursing, and psychiatric nursing that are required foundation background of all master's degree clinical students before clinical specialization. A conceptual framework for the practice and education of nursing is utilized in an open health care system practicum setting. The role of the clinical specialist is identified in the various components of the open health care delivery system. This course is a prerequisite for any nursing clinical specialty courses.

Advanced clinical nursing modular unit on specialization: nine credit hours.--The student could elect to take the nine credits in the traditional clinical area courses, or select modular clinical specialty courses of three credits (to total nine credits) identifiable content, or the student could concentrate on developing a unique clinical specialization based on the following criteria: demonstration of need, student abilities, background, knowledge, skills and attitudes, a definable course of specialization. All selected courses should consider the student's

recognized and definite career goals with assistance from her major advisor.

Incomplete suggested 500-600-level course titles that could be taken are Advanced Clinical Nursing Individualized Study, Advanced Psychiatric Nursing, Advanced Maternal Child Nursing, Advanced Pediatric Nursing, Advanced Obstetrical Nursing, Advanced Mental Health Nursing, Psychosomatic Nursing, Advanced Medical Nursing, Advanced Surgical Nursing, Advanced Community Health Nursing, Family Nurse Clinician, Geriatric Nurse Clinician, Cardiovascular Nursing, Rehabilitation Nursing, Mental Health Nursing, Burn Nursing Specialist, Nursing of Adult, Infection Control Specialist, Clinical Researcher Specialist, Psychosocial Specialist in Health and Disease, Adaptation to Stress Specialist, Ecological Approaches to Health Care Specialist, Patterns of Dysfunctional Behavior Specialist, Mother and Infant Care Specialist, Nursing of Individuals, Nursing of Groups, Nursing within Communities, Group Studies in Nursing Practice (Family Health Care, Children, School Ageds and Adolescents, Aged, Acute Health Crises, Chronic Health Problems, and Community Health Problems), Biophysical Pathology Specialist, Child Psychiatry Specialist, Cultural Influences on Health Coping Behavior, Conflict Resolution and Planned Change, Man's Impact on the Environment.

Research Modular Strand

Interdisciplinary research modular core: three credit hours.--The interdisciplinary research core includes the methodology of research, evaluation of research designs, and development of a plan of study of a problem in the student's particular discipline. (Applied Statistics or its equivalent is a prerequisite or may be taken concurrently.)

Thesis: six credit hours.--The thesis is supervised by a chairman from the nursing department with at least two other faculty members on the committee.

Professional study: three credit hours.--Professional study is supervised by one person from the field of education or nursing.

Arts/Science General Education Modular Strand:
Twelve Credits

Liberal arts modular elective unit: six credit hours.--This could include modular units from the following: bacteriology, biology, botany, zoology, business, economics, English, foreign languages, history, government, journalism, mathematics, physics, sociology, speech, education, psychology, philosophy, fine arts, music, health, physical education and recreation, household arts and sciences, library science, and occupational therapy.

Science modular elective unit: six credit hours.--This could include modular units from the following: bacteriology, biology, botany, zoology, chemistry, science, physics, household arts and sciences, health care services, physical therapy, behavioral sciences, psychology, sociology, and computer terminology.

Nursing Assessment System for Clinical Learning and Practice

In order to fulfill her role as a master clinician, both as a learner and later as a practitioner, the following assessment system was developed. The primary data for the assessment system were obtained from a comprehensive search of the literature on assessment systems, both in nursing and related fields. The major contributions are from Weed, Arieti, Berne, Hurst, Abdellah, Roeske, and Sundberg.⁸⁰

The following tool was developed to provide a logical systematic approach to patient/client clinical nursing care by a master clinician in order to guide her learning

⁸⁰Lawrence Weed, Medical Records, Medical Evaluation, and Patient Care (Chicago, 1971); Silvano Arieti, editor, American Handbook of Psychiatry (New York, 1969); Eric Berne, Games People Play (New York, 1964); Willis J. Hurst, "How to Implement the Weed System," Archives of Internal Medicine, CXXVIII (September, 1971), 456-462; Faye Abdellah, editor, New Directions in Patient-Centered Nursing (New York, 1973); Nancy Roeske, Examination of the Personality (Philadelphia, 1972); Norma Sundberg and Leona E. Tyler, Clinical Psychology (New York, 1962).

experiences and evaluate her care (see Figure 5). This system involves three phases: assessment, treatment, and evaluation of an individual, family and/or group needs or problems on the health-illness continuum.

Fig. 5--Model of a clinical nursing assessment system for master clinician. (A detailed description of the system is in the Appendix, p. 225).

Assessment or diagnosis is a process of assembling objective and subjective data, arranging facts to determine relationships or correlations, and appraising (making a nursing judgment) individual, family or group needs or problems.

The treatment phase-nursing intervention of the nursing system is developed and implemented according to each need or problem listed. Included in this phase are supportive, remedial and/or curative, re-educational, or preventive care in coordination and collaboration with the health team.

The evaluation phase completes the system. It includes two parts: progress analysis and discharge summary.

Evaluation of the Student's Learning Experiences

Each student is required to keep a personal record of her work in relationship to each objective as the objectives are implemented. The student is required to fill out the major professor's or instructor's copy of the "Student and Faculty Evaluation of the Student's Implementation of the Modular Unit and Graduate Course Behavioral Objectives." A model of this evaluation tool is shown in Figure 6.

Final awarding of completion of a course and degree will be assigned to each student based on the total number and quality of behavioral performance objectives.

The criteria for theory and clinical learning experiences for course and graduate program objectives follow:

STUDENT AND FACULTY EVALUATION OF STUDENT'S
IMPLEMENTATION OF MODULAR UNIT AND
GRADUATE PROGRAM OBJECTIVES

Objective Category	Date Met	Implementation and Accountability	Comments

Fig. 6--A model of the "Student and Faculty Evaluation of Student's Implementation of Modular Unit and Graduate Program Objectives."

1. The objectives should be hand-written or typed in clear, correct English sentences.
2. The objectives should be stated in behavioral performance terms.
3. The objectives should be personal, realistic, and according to the individual level of competency.
4. The student should include objectives for both theory and practical learning experiences.
5. The student should add to or revise the objective list as needed.
6. The student should submit the objectives to the major professor or instructor for approval.
7. The student should include a tentative time schedule for the student's clinical time.

8. The student should have an objective for his personal growth as a professional.

9. The student should submit degree program objectives.

10. The student should have individual course objectives.

As a result, objective data will qualify the student for the course grade and eventually awardance of a master's degree.

As a student demonstrates mastery of a performance objective, it is recorded on his transcript. Only those objectives that have been met are recorded. The transcript then, is a narrative document that describes his competencies in behavioral terms.⁸¹

There are no entrance tests for this master's degree program. The student is required to be a registered nurse in some state and to have at least three professional/personal references.

There are no separate qualifying examinations in the program. After each specific course and throughout her program as needed, the graduate student is evaluated to determine if she is meeting satisfactorily course and graduate program behavioral objectives. Advisement, counsel, and guidance are provided to insure quality in the learning experiences and protection of individual self-esteem.

⁸¹Gebhardt, "A New Model for Nursing Education," pp. 252-255.

If the student is able to master the courses based on her course and graduate program objectives, she will be awarded a Master of Arts or Science Degree in Nursing Education.

The student need not have a bachelor's degree to enroll. Demonstration of competency of having acquired a bachelor's degree in nursing knowledge, skills, and attitudes will be required in the progression of the master's program. In particular her professionalism will be demonstrated through her clinical nursing course.

This concept is based on the philosophy that education can be obtained through channels other than a formal degree. The criterion is to demonstrate expertise in advanced nursing.

From this information, the major professor will become more effective in guiding and directing the learner's experiences. If any gross defects are evident, changes in the teaching/learning system can be made, a feature which is essential in the system.⁸²

Goals of the Proposed Graduate Program

The goals of this proposed graduate program are to offer the prospective graduate student who plans to seek a career goal of either teaching or administration in schools of nursing, an opportunity to develop and pursue a program

⁸²Schein, Professional Education, p. 148.

leading to a Master of Arts Degree in Nursing Education or a Master of Science Degree in Nursing Education.

The program consists of teaching/administration, research, and advanced clinical nursing core strands with additional individual selected modular units that more accurately supplement their current knowledge, experience, and skills in order to become a master practitioner in the field of clinical nursing and nursing education.

Program Characteristics

The program is characterized by flexibility; student autonomy in determining his/her own learning experience; opportunity to become an expert practitioner in a traditional clinical field or develop a new specialty; inter-, intra-, and trans-disciplinary learning experience in instruction and practice; opportunity to gain practical experience in teaching or administration as needed or desired; modular learning units; interdisciplinary core units in research, nursing, and teaching/administration; opportunity to develop the student's own philosophy of nursing as well as his/her theoretical framework; become proficient in research attitude, problem-solving process in dealing with complex health problems; beginning skill in applied research; accountability built into the degree program and each modular unit; provision for horizontal and vertical mobility; opportunity to determine personal professional role in the delivery of

health care system based on nursing's unique contribution; opportunity to develop expertise in collaboration and coordination in interpersonal relationships utilizing effective communication techniques; opportunities to develop a close interpersonal relationship between faculty and students to facilitate personal development for each student.

Program evaluation would be based on questionnaire given to the student at the completion of her degree identifying if the specific program met the above characteristics. In addition, the program would be evaluated to determine if the student achieved the expected behaviors to be exhibited which follows on page 183.

Major Objectives of the Proposed Program

Role of Faculty

The role of the faculty in this program is to

(1) collaborate with the student in diagnosing her learning needs based on her education, experience, interest, skills, and career goals;

(2) aid the student in developing a graduate program incorporating the research, teaching/administration, and advanced clinical nursing modular core strands and those additional modular units from the data obtained from Objective 1, keeping in mind the learning pace and life style for the individual student;

(3) guide the student in developing a specific behavioral performance objective for the graduate program and for each modular unit in her program;

(4) meet with the student as frequently as needed to assess her progress in relation to the behavioral objectives;

(5) evaluate and record the data of the individual student's progress on her transcript;

(6) reassess the learning needs of the individual in order to adjust the curriculum plan based on student progress and changes desired;

(7) be the student's personal link to the university system to insure quality educational experience.

Role of the Student

The role of the student in this program is to

(1) diagnose learning needs based on education, experience, interest, skills and career goal or goals;

(2) develop a graduate program incorporating research, teaching/administration, and advanced clinical nursing modular core strand for a total of nine credits, including those additional modular units as needed, with thirty-six minimum credit hours needed for graduation;

(3) develop specific behavioral performance objectives for the specific graduate program and for each course;

(4) seek assistance as needed;

- (5) evaluate progress in relation to objectives;
- (6) record data in appropriate channels;
- (7) reassess learning needs.

Expected Instructional Outcomes and Possible
Teaching Strategies for the Learning
Experiences

During or at the completion of the program, the student should be able to demonstrate

- (1) ability to assume a leadership role;
- (2) articulation of a philosophy of nursing and theoretical framework to guide actions as a master clinician and master nursing educator/administrator;
- (3) a research process throughout the work, and ability to disseminate and utilize research findings;
- (4) a beginning expertise in action research;
- (5) expertness in advanced clinical nursing specialization in a recognized specialty field, or development of a creative applicable specialty for the future based on sound rationale after the advanced clinical nursing modular core;
- (6) expertise in teaching or administration;
- (7) understanding of curriculum, organizational theory, process of change, and goals of the specific educational development of nursing program to seek employment upon graduation;
- (8) ability to acquire and transmit knowledge and skills;

(9) understanding of the nurse's roles in comprehensive health care delivery system based on a patient/client centered curriculum;

(10) knowledge and application of the teaching/learning theories;

(11) knowledge of the role and utilization of media in the teaching-learning process based on the teaching strategy;

(12) collaboration and coordination through effective communication on all levels;

(13) development of a concept of responsibility for continuing learning;

(14) ability to guide and direct students and/or faculty;

(15) fulfillment of professional responsibilities;

(16) participation on a community-basis involvement in health-related issues;

(17) beginning knowledge of funding sources and grant application procedures and methods;

(18) conscientiousness in involvement of legislative issues fulfilling responsibility as a professional and citizen.

The program incorporates many teaching strategies to facilitate learning. Those that best facilitate each objective will be utilized. The possible teaching strategies

to use are lecture, seminars, case presentations, practicums in teaching/administration, independent study, learning modules, programmed instruction, library work, clinical nursing experiences, group process, peer evaluation, team teaching, counseling practicum, practice in diagnosing learning needs, participation and attendance of professional activities, participation in community planning, role playing, clinical experiences in the health care delivery system, direct and/or supervised nursing care of individuals, families, and groups in prevention, maintenance, and cure aspects, assessment tool, personal supervision and counseling, written assignments, verbal presentations, collaboration and coordination with appropriate persons, preceptorship, tutoring, participate in self-evaluation, and diagnose own learning needs.

Instructional Theory of Graduate Education
for Teachers and Administrators for
Programs in Nursing Education

A master's degree received from an accredited university is considered the acceptable minimum preparation for positions of faculty and administration of educational programs in nursing. To fulfill this objective, the following graduate curriculum was developed.

The student in the master's degree curriculum is provided the opportunity to capitalize on past knowledge, skill, and education acquired in any setting and build on

this foundation. A research, teaching/administration and advanced clinical nursing interdisciplinary core strand of nine credits is required in the program. Then, with the help of the faculty in diagnosing her learning needs, additional modular units are incorporated into her program adding a minimum of twenty-seven credit hours. Of these twenty-seven credits, nine elective credits in the area of teaching/administration are chosen; also chosen are nine elective credits in advanced clinical nursing, either in a recognized clinical specialty or in one developed by the student; three to six credits in thesis or professional paper are required; and six credits in either liberal arts or science modulars are chosen.

The student then is assisted by the faculty in determining program behavioral objectives and specific modular unit behavioral objectives. Evaluation of his/her work and successful completion of degree requirements will be based on the developed objectives. These objectives and the date of completion are then recorded on her transcript in lieu of grades.

The minimum criterion of acceptable behavior is satisfactory completion of the broad expected behaviors. Implementation, accountability, and demonstration of having met the objectives are determined by each student, guided and facilitated by the faculty.

When the objectives have been met, the student is eligible for a Master of Arts or Master of Science Degree in Nursing Education.

Recommendations

1. It is recommended that an experimental program be established in an accredited university setting to test this instructional theory and the postulates underlying it.

2. It is recommended that the postulates for this particular instructional theory be researched and identified for applicability to other disciplines.

Summary

The value of this instructional theory depends upon the results produced as research is undertaken to determine its reliability and validity. Its usefulness is yet to be determined.

APPENDIX

Date

Dean
School
Street
State

Dear _____:

This letter respectfully requests your assistance in obtaining data for my doctoral dissertation researching graduate education for teachers and administrators in Associate Degree in Nursing program.

In order to ascertain the current nature of graduate programs in existence which identify their curricula as specific for professional personnel in Associate Degree in Nursing programs, I am examining the philosophy, objectives, and courses designated to fulfill the degree requirements.

Your assistance concerning the following is needed:

1. Would it be possible to have a copy of all the course outlines including course objectives which are designated as essential to your curriculum?

2. Could you specify what is core content and what is specialized content?

3. Last, could you please send me a current graduate school catalogue?

Your help in this endeavor will be greatly appreciated. Thank you for your assistance.

Respectfully,

Mary Jo Bulbrook
Doctoral Candidate
North Texas State University
3355 Cromart
Fort Worth, Texas 76133

Date

Name
College
Street
State

Dear _____:

Enclosed are four questionnaires developed to obtain data for my doctoral dissertation researching graduate education for teachers and administrators in Associate Degree in Nursing programs.

Your assistance is respectfully requested in examining the questionnaires and responding to the pertinence of the questions asked. Any suggestions and/or deletions of any item are requested. Changes will be incorporated from your comments before the questionnaires are distributed to ADN programs in Texas.

If there are no specific changes you suggest, the questionnaires are scheduled to be distributed the second week in December as submitted.

Your help in this important endeavor will greatly be appreciated.

Thank you.

Sincerely,

Mary Jo Bulbrook
Doctoral Candidate
North Texas State University
3355 Cromart
Fort Worth, Texas 76133

QUESTIONNAIRE CONCERNING TEACHERS AND ADMINISTRATORS IN
ADN PROGRAMS IN TEXAS

DIRECTIONS

All comments will be held in strict confidence and will in no way be identified with your college. Please check all responses and add comments where it is indicated.

Please return by: Wednesday, December 20, 1972

To: Mary Jo Bulbrook, R.N., M.Ed.
335 Cromart
Ft. Worth, Texas 76133

1. Survey completed by: (check one)
 - a. College president _____
 - b. College personnel director _____
 - c. College division head _____
 - d. Other (specify) _____
2. What is the academic preparation of the administrator of your ADN program? (check one)
 - a. Doctorate in nursing _____
 - b. Doctorate in another field _____
 - c. Master's in nursing _____
 - d. Master's in another field _____
 - e. Other (specify) _____
3. In your opinion, is the academic preparation of the administrator of your ADN program adequate? (check one)
 - a. Yes _____
 - b. No _____
4. What is the past experience of the administrator of your ADN program? (check one)
 - a. Previous administrative experience in ADN program _____
 - b. Previous administrative experience in any nursing program _____
 - c. Previous administrative experience in any field _____
 - d. No previous administrative experience _____

5. In your opinion, is the experience of your administrator adequate? (check one)
- a. Yes _____
- b. No _____
6. Please comment on the criteria the administrator uses to assess a teacher or administrator as successful or unsuccessful. If more space is needed please comment on the back of this sheet.
7. What are the current needs for employment of administrators in your ADN program? (check one)
- a. Administrator needed _____
- b. Administrative assistant for first-year students _____
- c. Administrative assistant for second-year students _____
- d. None needed _____
8. Please comment on your college's professional expectations for all personnel employed as administrators. If more space is needed please comment on the back of this sheet.
9. Please comment on what courses graduate education could offer to prepare administrators for ADN programs.
10. Please comment on what graduate education could offer in practice to prepare administrators for ADN programs.
11. What is the academic preparation of the faculty in your ADN program? Check the column and indicate the number in each.
a. Doctorate in nursing	_____	Number	_____
b. Doctorate in another field	_____	Number	_____
c. Master's in nursing	_____	Number	_____

- d. Master's in another field _____ Number _____
- e. Bachelor's in nursing _____ Number _____
- f. Bachelor's in another field _____ Number _____
12. Is the academic preparation of the faculty on the whole considered adequate in your opinion? (check one)
- a. Yes _____
- b. No _____
13. What is the past experience of the faculty in your ADN program? (Please check the column and indicate the numbers)
- a. Previously teaching in ADN program _____ Number _____
- b. Previously teaching in any nursing program _____ Number _____
- c. Previous teaching in any area _____ Number _____
- d. No previous teaching experience _____ Number _____
14. In your opinion, is the experience of your faculty adequate?
- a. Yes _____
- b. No _____
15. Please comment on the basis of the criteria as to whether the faculty is assessed as successful or unsuccessful. Please use the back of this sheet if more space is needed.
16. What are the current needs for teachers in your ADN program?
- a. Number of full-time teachers _____
- b. Number of part-time teachers needed in the next five years _____
- c. Number of full-time teachers needed in the next five years _____
- d. Number of part-time teachers needed now _____
17. Please comment on your agency's professional expectations for all personnel employed as teachers. Use the back of this if it is needed.

18. Please comment on what courses graduate education could offer to prepare teachers for ADN programs. Use the back of this if it is needed.
19. Please comment on what graduate education could offer in clinical nursing practice to prepare faculty for ADN programs.
20. Please make additional comments not included in the above questions. Use the back of this sheet if necessary.

Thank you.

Date

President
College
Street
State

Dear _____:

This letter respectfully requests your assistance in obtaining data for my doctoral dissertation researching graduate education for teachers and administrators in Associate Degree in Nursing programs.

Enclosed is a questionnaire devised to obtain your personal (or that of a person designated by you) opinion concerning (1) the appropriateness of your teachers' and administrators' education and experience as a whole, (2) suggestions as to what graduate education could offer in both theory and/or practice that would help them to function effectively, and (3) the expectations for all the professional personnel in your college.

This data will be held in strict confidence and in no way will be identified with your college.

All the Associate Degree in Nursing programs in Texas are being surveyed including opinions from college presidents, nursing department heads, faculty, current and two-year graduate students of the program.

Your help in this endeavor will be greatly appreciated. Could you complete the enclosed survey and return it to me by _____.

Thank you for your assistance.

Respectfully,

Mary Jo Bulbrook
Doctoral Candidate
North Texas State University
3355 Cromart
Fort Worth, Texas 76133

QUESTIONNAIRE TO ADN DEPARTMENT HEAD OR CHAIRMAN CONCERNING
THE EDUCATION AND EXPERIENCE OF YOUR FACULTY

DIRECTIONS:

All comments will be held in strict confidence and in no way be identified to your college. Please check all responses and comments where they are indicated.

Please return the questionnaire by:

Monday, December 18, 1972

To: Mary Jo Bulbrook
Doctoral Candidate
3355 Cromart
Ft. Worth, Texas 76133

1. How many teachers are currently employed in your nursing program? Please specify the number. _____
2. How many more teachers are currently needed for your program? Please specify the number. _____
3. How many more teachers will be needed in the next five years? Please approximate the numbers.

Full-time _____

Part-time _____
4. Please answer the following questions concerning the academic preparation of your full-time and part-time faculty. Indicate their highest degree held. The department chairman should be included in the count.

	Full-time	Part-time
a. How many teachers have a doctorate in nursing?	_____	_____
b. How many teachers have a doctorate in another field?	_____	_____
c. How many teachers have a master's degree in nursing?	_____	_____
d. How many teachers have a master's degree in another field?	_____	_____
e. How many teachers have a master's degree <u>specific</u> to the ADN program?	_____	_____

- f. How many teachers have a bachelor's degree in nursing? _____
- g. How many teachers have a bachelor's degree in another field? _____
- h. How many teachers have less than a bachelor's degree? _____
5. Please indicate the number of faculty in each rank:
- a. Professor _____
 - b. Associate Professor _____
 - c. Assistant Professor _____
 - d. Instructor _____
 - e. Assistant Instructor _____
 - f. College does not utilize academic rank _____
6. Please list the academic honors of your faculty. (If you need more space, please list them on the back of the sheet.)
7. Please indicate the publications of your faculty within the last five years. If you need more space, please list them on the back of this sheet.
8. Please list the current professional activities and memberships of your faculty. (If you need more space, please list them on the back of this sheet.)
9. Please list the research activities of your faculty. Include those activities since they have been in your agency.
10. Please list the community based involvement of your faculty. (Use the back of this if necessary).

11. How many years experience has your full-time and part-time faculty had? (Indicate the years and number of persons in each category.)

	Full-time	Part-time
a. One year prior nursing teaching experience	_____	_____
b. Two years prior nursing teaching experience	_____	_____
c. Three years prior nursing teaching experience	_____	_____
d. Four years prior nursing teaching experience	_____	_____
e. Prior teaching experience other than nursing	_____	_____
f. No prior teaching experience	_____	_____

12. Indicate the areas and number of faculty in each area.

	Full-time	Part-time
a. Fundamentals only	_____	_____
b. Medical-Surgical nursing only	_____	_____
c. Maternal-Child Health nursing only	_____	_____
d. Psychiatry only	_____	_____
e. First-year integrated curriculum (means no differentiation in the above areas)	_____	_____
f. Second-year integrated curriculum	_____	_____
g. Fundamentals and Maternal-Child nursing	_____	_____
h. Fundamentals and Psychiatry	_____	_____
i. Fundamentals and Medical-Surgical nursing	_____	_____
j. Medical-Surgical nursing and Maternal-Child nursing	_____	_____
k. Medical-Surgical nursing and psychiatry	_____	_____
l. Maternal-Child nursing and Psychiatry	_____	_____
m. Assist in several as needed	_____	_____

13. List below and on the back, the universities where your faculty have received their highest degree. Indicate the number of faculty from each university.

<u>University</u>	<u>Full-time</u>	<u>Part-time</u>
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QUESTIONNAIRE FOR TEACHERS AND ADMINISTRATORS IN ASSOCIATE DEGREE IN NURSING PROGRAMS IN TEXAS

This questionnaire is part of a survey I am conducting in the state of Texas for my doctoral dissertation which is concerned with the development of a program of graduate education for teachers and administrators in Associate Degree Nursing programs.

Your honest replies to the questions will be of great value in determining the role of graduate education in preparing teachers and administrators for ADN programs.

All comments will be held in strict confidence and in no way will be identified with any persons answering the questions or to your nursing program.

DIRECTIONS: Please check all responses and add comments where indicated. Please return to your department chairman in a sealed envelope if desired and she will forward it to me by: Monday, December 18, 1972.

Thank you for your assistance.

Mary Jo Bulbrook, R.N., M.Ed.
Doctoral Candidate
3355 Cromart
Ft. Worth, Texas 76133

-
1. Please indicate your position in the department of nursing.

	Full-time	Part-time
a. Administrator	_____	_____
b. Faculty	_____	_____
c. Clinical Instructor only	_____	_____
d. Other (specify)	_____	_____

 2. Please indicate your academic qualifications.

a. Doctoral degree	_____
b. Master's degree in nursing specific for teaching or administration in junior colleges	_____
c. Master's degree in nursing	_____
d. Master's degree in another field	_____
e. Bachelor's degree in nursing	_____
f. Bachelor's degree in another field	_____
g. Associate degree in nursing	_____
h. No college degree	_____

3. Please indicate your academic rank.

- a. Professor _____
- b. Associate Professor _____
- c. Assistant Professor _____
- d. Instructor _____
- e. Assistant Instructor _____
- f. College does not utilize academic rank _____

4. Please indicate your past teaching experience by checking the area taught and the number of years in each.

Area	Numbers of Years
a. University	_____
b. Junior College	_____
c. Diploma	_____
d. Licensed Vocational Nurse	_____
e. In-service	_____
f. Other (specify)	_____

5. Please indicate your past clinical experiences by checking the area and number of years spent in each.

- a. Medical-Surgical Nursing _____
- b. Psychiatric Nursing _____
- c. Maternal-Child Health Nursing _____
- d. Public Health _____
- e. Other (specify) _____

6. In your opinion, do you feel your experience in the clinical area adequately prepared you for your present position?

- a. Yes _____
- b. No _____

7. If the answer to #6 is yes, please comment below why you feel it did help you.

8. If the answer to #6 is no, please comment below why you feel it did not help you particularly.

9. What could graduate education have offered in clinical experience to help you feel better qualified?

10. In your opinion, do you feel your academic preparation adequately prepared you for your present position?

a. Yes

b. No

11. If the answer to #10 is yes, could you please comment below why it did help you?

12. If the answer to #10 is no, could you please comment below why it did not help you particularly?

13. What could graduate education have offered in course offerings to help you feel better qualified?

14. Do you feel you fully understand the philosophy of your junior college?

a. Yes

b. No

15. Do you feel you fully understand the philosophy of ADN nursing?

a. Yes

b. No

16. Do you believe in the open-door admission policy which does not restrict students?

a. Yes

b. No

17. Have you participated in community professional activities?

a. Yes

b. No

List these below:

18. Do you feel competent in writing behavioral objectives?
- a. Yes _____
- b. No _____
19. Do you feel competent in the use of audio-visual instructional media of teaching?
- a. Yes _____
- b. No _____
20. Have you produced original teaching aids?
- a. Yes _____
- b. No _____
21. Have you participated in community health teaching?
- a. Yes _____
- b. No _____
22. Do you feel technically competent in your area of specialization?
- a. Yes _____
- b. No _____
23. Do you feel technically competent in another area?
- a. Yes _____
- b. No _____
24. Do you feel skillful in utilizing a variety of teaching methods?
- a. Yes _____
- b. No _____
25. Do you feel competent in evaluating students' progress?
- a. Yes _____
- b. No _____
26. Indicate the courses you feel competent to teach.
- a. Fundamentals of Nursing _____
- b. Medical Nursing _____
- c. Surgical Nursing _____
- d. Psychiatric Nursing _____
- e. Maternal-Child Nursing _____
- f. Integrated Curriculum _____
- g. Other (specify) _____

27. Which courses are you currently teaching?

- a. Fundamental of Nursing
- b. Medical-Surgical Nursing
- c. Psychiatric Nursing
- d. Maternal-Child Nursing
- e. Integrated Curriculum
- f. Other (specify)

The following comments pertain to your suggestions to graduate education for teachers and administrators preparing for Associate Degree in Nursing programs.

28. Do you see the need to study the history of the junior college?

- a. Yes
- b. No

29. Do you see the need to study the philosophy of the junior college?

- a. Yes
- b. No

30. Do you see the need to study the growth and development of ADN nursing?

- a. Yes
- b. No

31. Do you see the need for research in nursing geared to applied research?

- a. Yes
- b. No

32. Do you see the need for practicums in teaching and/or administration?

- a. Yes
- b. No

33. Do you see the need for a clinical specialty?

- a. Yes
- b. No

34. Do you see the need for clinical experiences in general nursing vs. clinical specialty?
- a. Yes _____
b. No _____
35. Do you see the need for the availability of practice in nursing skills in certain areas to improve clinical competency?
- a. Yes _____
b. No _____
36. Do you feel the need for teaching emphasis or administration focus specific to ADN?
- a. Yes _____
b. No _____
37. Do you see the need for experience in developing media tools?
- a. Yes _____
b. No _____
38. Do you see the need for learning about television teaching?
- a. Yes _____
b. No _____
39. Name the university from which you received your highest degree.
40. Add comments not applicable to the above categories. Use the back of this sheet.

QUESTIONNAIRE TO CURRENT STUDENTS AND GRADUATES OF ADN PROGRAMS IN TEXAS CONCERNING
OPINIONS ABOUT THE FACULTY OF THEIR ADN PROGRAM

This questionnaire is part of a survey I am conducting in the state of Texas for my doctoral dissertation which is concerned with the development of a graduate education program for teachers and administrators in ADN programs.

The department chairman of your program has selected you and several other current students and graduates to participate in this research. You have been selected by her. Please complete the questionnaire below.

All comments will be held in strict confidence and in no way identify the person answering the questionnaire, faculty, or nursing program.

Please return the questionnaire in the enclosed stamped envelope by: Wednesday, December 20, 1972. Send to: Mary Jo Bulbrook, Doctoral Candidate, 3355 Cromart, Ft. Worth, 76133.

DIRECTIONS: Please check your response to the following 5 questions regarding your impression of the faculty team in each of the following areas listed that describes your program.

Check: y column for yes; n column for no; u column for undecided response.

FUNDAMENTALS	MATERNAL- CHILD	PSYCHIATRY	MEDICAL- SURGICAL	1ST-YEAR INTEGRATED	2ND-YEAR INTEGRATED	
y n u	y n u	y n u	y n u	y n u	y n u	
---	---	---	---	---	---	1. Demonstrate nursing skills.
---	---	---	---	---	---	2. Active in community activities.
---	---	---	---	---	---	3. In support of junior college education.
---	---	---	---	---	---	4. Able to communicate what is/was expected in your course objectives.
---	---	---	---	---	---	5. Treating you as and individual.

Check the appropriate answer: _____ Current student _____ Graduate _____

December 7, 1972

Name
College
Street
State

Dear _____:

This letter respectfully requests your assistance in obtaining data for my doctoral dissertation researching graduate education for teachers and administrators for Associate Degree in Nursing programs.

1. Enclosed is a questionnaire to be completed by the department head or chairman of the nursing department (or a designated person). It is titled: "Questionnaire to ADN Department Chairman Concerning the Education and Experience of Your Faculty."

2. A separate questionnaire is to be completed by all the persons in your nursing department. It is titled: "Questionnaire for Teachers and Administrators in ADN Programs." If you need more copies please write or call me collect at the following number: 1-817-332-9963. (Number of copies sent ____.)

3. Ten questionnaires to be completed by 5 students currently enrolled (1 superior student; 3 average; 1 poor student) and 5 two-year graduates (again 1 superior, 3 average students and 1 poor student). If you have not graduated a class or do not have a class graduated two years, send the five to current enrolled students. The students are to be selected by the department chairman and sent by you to the student in the enclosed stamped envelope.

All data will be held in strict confidence and in no way identify any person or nursing program.

I realize this is a busy time for you, but could you please return the completed questionnaires in the enclosed folder by Monday, December 18, 1972.

Thank you for your assistance in this research endeavor. An abstract of the results of this survey will be made available to you upon request.

Sincerely,

Mary Jo Bulbrook
Doctoral Candidate
North Texas State University
3355 Cromart
Ft. Worth, Texas 76133

EXTENDED ROLES FOR NURSES*

. . . in Primary Care

. . . The term Primary Care as used in this paper has two dimensions: (a) a person's first contact in any given episode of illness with the health care system that leads to a decision of what must be done to help resolve his problem; and (b) the responsibility for the continuum of care, i.e., maintenance of health, evaluation and management of symptoms, and appropriate referrals.

.

Primary Care Functions for Which
Many Nurses Are Now Generally
Responsible:

Case finding and medical referral. These activities usually are carried out by nurses who function in patients' homes, in community clinics, in schools, and in industrial settings. Identification of ills, actual and impending, is expected of all nurses.

Case finding and social agency referral. Generally this function is carried out in patients' homes, in community clinics, in schools, and in industry, although hospital nurses increasingly assess social and economic circumstances of patients and seek to prevent problems and complications that are related to social and economic factors.

Primary Care Functions for Which
Nurses and Physicians Share
Responsibility:

Health surveillance of pregnant and postpartum women, well babies and children, patients discharged from therapeutic regimens, homebound invalids, and persons in rest and nursing homes.

Identification of the need for, and assisting in the planning and implementation of, changes in living arrangements affecting the health of individuals.

*Quoted from Extending the Scope of Nursing Practice, Department of Health, Education and Welfare (Washington, D.C., November, 1971), pp. 8-12.

Evaluation of deviations from "normal" in patients who present themselves for treatment.

Assessment of the responses of patients to illness and of their compliance with and response to prescribed treatment.

Performance of selected diagnostic and therapeutic procedures, e.g., laboratory tests, wound care.

Prescription of modifications needed by patients coping with illness or maintaining health, such as in diet, exercise, relief from pain, and adaptation to handicaps or impairments.

Making referrals to appropriate agencies.

Primary Care Functions for Which
Many Nurses are Now Prepared and
Others Could Be Prepared:

Routine assessment of the health status of individuals and families.

Institution of care during normal pregnancies and normal deliveries, provision of family planning services, and supervision of health care of normal children.

Management of care for selected patients within protocols mutually agreed upon by nursing and medical personnel, including prescribing and providing care and making referrals as appropriate.

Screening patients having problems requiring differential medical diagnosis and medical therapy. The recommendation resulting from such screening activities is based on data gathered and evaluated jointly by physicians and nurses.

Consultation and collaboration with physicians, other health professionals, and the public in planning and instituting health care programs.

Assumption of these responsibilities requires that nurses so engaged have knowledge and requisite skills for:

Eliciting and recording a health history;

Making physical and psychosocial assessments, recognizing the range of "normal" and the manifestations of common abnormalities;

Assessing family relationships and home, school, and work environments;

Interpreting selected laboratory findings;

Making diagnoses, choosing, initiating, and modifying selected therapies;

Assessing community resources and needs for health care;

Providing emergency treatment as appropriate, such as in cardiac arrest, shock, or hemorrhage; and

Providing appropriate information to the patient and his family about a diagnosis or plan of therapy.

. . . in Acute Care

. . . Acute care consists of those services that treat the acute phase of illness or disability and has as its purpose the restoration of normal life processes and functions.

Acute Care Functions for Which
Nurses Are Now Generally
Responsible:

Recognizing "cue complexes" or syndromes--such as pulmonary embolism, acute renal failure, insulin shock, and hemorrhage--and the making of clinical inferences.

Provision of emergency treatment as appropriate, e.g., in cardiac arrest, shock, hemorrhage, convulsions, and poisoning.

Provision of appropriate information to the patient and his family about diagnosis or plan of therapy following physician-nurse appraisal.

Acute Care Functions for Which
Nurses and Physicians Share
Responsibility:

Such responsibilities are now being shared in some settings on the basis of mutually agreed upon protocols by physicians and nurses:

Carrying out selected diagnostic and therapeutic procedures and interpreting information such as biochemical reports.

Translating research findings into practice, e.g., previous research conclusions concerning the causes of post-cardiotomy delirium can be used to minimize sensory monotony and sleep deprivation in intensive care units.

Acute Care Functions for Which
Many Nurses Are Now Prepared
and Others Could Be Prepared:

Securing and recording a health and developmental history and making a critical evaluation of such records as an adjunct to planning and carrying out a health care regimen in collaboration with medical and other health professionals.

Performing basic physical and psychosocial assessments and translating the findings into appropriate nursing actions.

Discriminating between normal and abnormal findings on physical and psychosocial assessments and reporting findings when appropriate.

Making prospective decisions about treatment in collaboration with physicians, e.g., prescribing symptomatic treatment for coryza, pain, headache, nausea, etc.

Initiating actions within a protocol developed by medical and nursing personnel, such as making adjustments in medication, ordering and interpreting certain laboratory tests, and prescribing certain rehabilitative and restorative measures. Two examples of these actions are: (1) a coronary care nurse recognizes sinoatrial arrest or block, discontinues the maintenance dose of digitalis according to standing orders, notifies the physician, and prepares to assist with such measures as transvenous pacing or Iso-proterenol drug therapy, and (2) a nurse administers postural drainage, clapping, and vibrating as a part of the treatment cycle for patients with chronic pulmonary problems caused by bronchiectasis, emphysema, or fibrocystic disease.

. . . in Long-Term Care

.....

Long-term care consists of those services designed to provide symptomatic treatment, maintenance, and rehabilitative services for patients of all age groups in a variety of health care settings. Provision of this care should be the result of mutual agreement between medical and nursing staffs, and should be based upon the needs and resources of the patient and the readiness of the family to participate in the plan of care.

.....

Long-Term Care Functions for
Which Nurses Are Now Generally
Responsible:

Giving treatments, rehabilitative exercises, and medications as prescribed by the physician.

Teaching the patient, members of his family, or both to give treatments or medications when indicated.

Teaching patients and family members to carry out the medical plan for special diet, taking into consideration cultural background, personal preferences, and financial status.

Observing and evaluating patients' physical and emotional condition and reaction to drugs or treatments.

Calling new signs or symptoms to the attention of the physician and arranging for medical attention when the patient's condition appears to warrant it.

Recommending appropriate measures regarding physical and social factors in the environment that affect patient care.

Instituting immediate life-saving measures in the absence of a physician.

Assisting the patient and family to identify resources which will be helpful in maintaining him in the best possible state of health.

Long-Term Functions for Which
Nurses and Physicians Share
Responsibility:

Making necessary changes in a treatment plan in light of changes of the patient's physical or emotional tolerance and in accordance with an established treatment plan.

Giving families information and encouragement which may help them to adopt attitudes and practices that promote health and reduce anxiety, tension, and fatigue.

Providing continuous health guidance for mentally ill patients and their families until all practicable rehabilitation of patient and family has been achieved with a joint decision of therapists involved.

Making appropriate referral for continuity of care.

Long-Term Care Functions for
Which Many Nurses Are Now
Prepared and Others Could Be
Prepared:

Assessing physical status of patients at a more sophisticated level than is now common in nursing practice.

Securing and maintaining a health history.

Within protocols mutually agreed upon by medical and nursing staff--make adjustments in medications; initiate requests for certain laboratory tests and interpret them; make judgments about the use of accepted pharmaceutical agents as standard treatments in diagnosed conditions; assume primary responsibility for determining possible alternative for care settings (institution or home) and for initiating referral.

Conducting nurse clinics for continuing care of selected patients.

Conducting community clinics for case findings and screening for health problems.

Assessing community needs in long-term care and participating in the development of resources to meet them.

Assuming continuing responsibility for acquainting selected patients and families with implications of health status, treatment, and prognosis.

Assuming responsibility for the environment of the care setting as it affects the quality and effectiveness of care.

NURSING PROGRAMS STUDIED

The nursing programs studied were from the following fifty-seven colleges or universities:

University of Alabama	State University of New Jersey
Arizona State University	Nebraska University
University of Arizona	Adelphi University
California State University	Columbia University (Faculty of Medicine)
Fresno State University	Columbia University (Teachers College)
Loma Linda University	Hunter College of the City University of New York
University of California (Los Angeles)	New York Medical College
University of California (San Francisco)	New York University
University of Colorado	Russell Sage College
Yale University	State University of New York at Buffalo
Catholic University	Syracus University
University of Florida	University of Rochester
Emory University	Duke University
University of Hawaii	University of North Carolina
Loyola University of Chicago	Case Western Reserve University
Saint Xavier College	Ohio State University
University of Illinois	University of Cincinnati
Indiana University	University of Pennsylvania
University of Iowa	University of Pittsburgh
University of Maryland	University of Puerto Rico
Boston College	Texas Woman's University
Boston University	University of Texas
University of Massachusetts	University of Utah
University of Michigan	Virginia Commonwealth University
Wayne State University	University of Washington
University of Minnesota	Marquette University
St. Louis University	University of Wisconsin
University of Missouri at Columbia	
Montana State University	
Rutgers University	

LISTING OF SPECIFIC CURRICULA IDENTIFIED IN 1972 NLN
PAMPHLET OF ACCREDITED MASTER'S DEGREE EDUCATION IN NURSING
PROGRAMS, INCLUDING FROM THE FIFTY-SEVEN PROGRAMS THE TOTAL
NUMBER OF PROGRAMS IN SPECIFIC CURRICULUM CATEGORIES*

<u>Major Curriculum Categories</u>	<u>Total Programs Listed</u>
1. Advanced Nursing Practice	
Obstetrics	6
Maternal-Infant	22
School	1
Medical-Surgical	34
Pediatrics	13
Community Health	24
Community Mental Health	1
Rehabilitation	4
Community Mental Health Psychiatric	37
Adult Psychiatry	2
Child Psychiatry	4
Family and Community	1
Medical	1
Physiological	1
Nursing Care of Child	5
Biophysiopathology	1
Nursing of the Adult	3
Psychosocial	1
Nurse Midwife	5

Data on the functional minor of the above programs follow: 4 require administration; 8 have teaching as optional with 1 program requiring teaching; 6 programs have supervision as optional and 1 program requiring it; 2 programs have research as optional; 5 programs have extra clinical optional and 1 program requires it; and 1 program has an option for a related minor functional.

*National League for Nursing, Department of Baccalaureate and Higher Degree Programs, Master's Education: Route to Opportunities in Modern Nursing (New York, 1972).

<u>Major Curriculum Categories</u>		<u>Total Programs Listed</u>
2. Clinical Specialization:		
Cardiology and Respiratory		1
Chronic		1
Cardiovascular		1
Psychiatric		2
Health Nurse		1
Clinical Leadership on (Medical-Surgical Nursing) Administration and Organization Theory Health Care Services		1
3. Administration:		
Associate Degree Nursing		1
Nursing Education		3
Hospital Nursing Service		7
Public Health		4
Clinical Nursing Service		1
Comparative Nursing Care Systems		1
4. Administration of Nursing Service:		
Child Psychiatry		1
Medical-Surgical		4
Maternal-Child Health		3
Psychiatry		4
Community Health		3
Rehabilitation		1
Biophysical Pathological		1
Pediatrics		1
Adult		1
Child		1
5. Supervision of Nursing:		
Maternal-Child Health		3
Medical-Surgical Nursing		8
Obstetrics		4
Pediatrics		3
Psychiatry		5
Public Health		6
School Nurse		1
Medical Surgical Psychiatric		1
Adult		1
6. Inservice Education:		
Hospital		1
Public Health		1

<u>Major Curriculum Categories</u>		<u>Total Programs Listed</u>
7. Psychosociological		1
8. Family and Community		1
9. Psychosocial		1
10. Administration and Supervision of Nursing:		
Community Health		2
Community Mental Health		1
Medical-Surgical		2
Maternal-Child Nursing		1
Rehabilitation		1
11. Supervision and Teaching:		
Medical-Surgical Nursing		1
12. Teaching of Nursing:		
Maternal-Child Health		13
Community Mental Health		2
Medical-Surgical Nursing		21
Obstetrics		3
Pediatrics		4
Fundamentals		1
Medical Surgical Psychiatric		1
Teaching in Associate Degree Nursing and Baccalaureate:		
Community Health		1
Fundamentals		1
Medical-Surgical		1
Maternal-Child		1
Psychiatric		1
School and College Health		1
Biophysiopathological		1
Child		1
Cardiology and Rehabilitation		1
Psychiatric and Mental-Health		16
Nursing of Adults		1
Nursing Maternal-Child		1
Rehabilitation		3
Clinical Specialty		1
Community College		1
Physiological		1
Psychosocial		1
Family and Community		1

OUTLINE OF GRADUATE PROGRAM OBJECTIVES AT TEACHERS COLLEGE,
COLUMBIA UNIVERSITY, FOR TEACHERS AND ADMINISTRATORS
SEEKING POSITIONS IN ADN PROGRAMS, 1951*

Objectives	Courses	
	Administrator	Instructor
Understanding of the role of education in this society and the issues facing educators at present	Education in the American Culture	Education in the American Culture
Understanding the development of nursing education and its place in the whole educational structure	Foundations of nursing and nursing education	Foundations of nursing and nursing education
Understanding the community or junior college, its place in the educational system, and basic principles of its educational program	Philosophy of the community college Principles of vocational education	Philosophy of the community college Principles of vocational education
Understanding of self and factors influencing adjustment	Mental hygiene	Mental hygiene
Understanding of young adults	Psychology of the late adolescent and young adult	Psychology of the late adolescent and young adult
Understanding of research methods	Studies in nursing education and nursing service	Studies in nursing education and nursing service
Development of ability to use results of studies and research for the improvement of nursing practice		

Objectives	Courses	
	Administrator	Instructor
Understanding of principles and methods of curriculum development and planning	Curriculum of junior colleges and technical institutes	Curriculum development Curriculum of junior colleges and technical institutes
Development of skill in application of curriculum principles	Procedures and programs of curriculum development	
Understanding the teacher's role in guidance	Personnel administration and counseling problems in nursing	General principles of guidance
Development of skill in application of understanding		
Knowledge of principles of educational administration	Organization and administration of junior colleges and other education for young adults	
Development of skills in the application of principles	Administration of vocational education Administration of programs for nursing technicians	
Understanding of problems of financing education	Financing nursing education and budget planning for nursing programs	
Understanding principles of budgeting		
Development of skill in the making of budgets		
Understanding the principles of public relations	Public relations in nursing	
Understanding methods for promoting public relations programs		

Objectives	Courses	
	Administrator	Instructor
Understanding the principles of effective teaching		Principles of teaching
Knowledge of teaching techniques		Teaching nursing to nursing technicians
Development of skill in teaching		Observation and practice teaching in programs for nursing technicians
		Audio-visual aids and their use
Understanding of principles of measurement in evaluating outcomes of instruction, student's attitudes and behavior		Introduction to measurement
Application of principles of measurement		Problems of measurement in nursing and nursing education

*Mildred L. Montag, The Education of Nursing Technicians (New York, 1951), pp. 128-130.

EFFECT OF CLINICAL EXPERIENCE ON FACULTY'S CURRENT TEACHING POSITION

Of the 109 persons who answered "yes," the following reasons are stated:

Experience with different hospitals helped to teach fundamentals.

Large hospitals with a variety of experiences helped to become clinically competent.

Helped to deal with individual persons and families.

Experience is needed to teach.

Provided input from different states.

Adds greater depth to theory and helps in evaluating skills.

Reinforcement of theory.

Aids in dealing with present practical concepts.

A special area is not advantageous when teaching an integrated ADN program.

Provided for a frame of reference.

Offered opportunities to teach patients.

Help to learn to deal with students on the floor.

Opportunities to perfect technical skills.

Of those who answered "no" (44 persons) concerning the lack of helpfulness of their clinical experience, the following reasons were given:

Experience was not long enough.

Lacking in skills from some clinical areas.

Experience is not helpful; one needs graduate education.

Teachers should be taught to teach.

Helped to gain ability to organize and see the needs of hospital personnel, but did not help to teach.

Experience does not help per se.

Need to work with students in all areas.

Teaching is more than being a nursing practitioner.

Having a specialized clinical field did not help to teach.

Lack of qualified supervision.

Experience was not in a hospital.

Did not help with the latest in nursing.

Integrated curriculum makes it difficult to be expert in all areas of responsibility.

Needed to work more before teaching.

SUGGESTIONS GIVEN BY RESPONDENTS ON QUESTIONNAIRE TO
TEACHERS AND FACULTY OF ADN PROGRAMS IN TEXAS
CONCERNING LEARNING NEEDS REGARDING
CLINICAL EXPERIENCE

Latest trends in surgery.

Methods of teaching.

Opportunities for those without a degree
in nursing.

Experience in prenatal nursing needed.

More content in rehabilitation nursing.

Counseling of students.

Increase knowledge.

More structured guidance.

Clinical specialization.

Greater availability of courses.

More training and practice in areas.

Some pediatric, psychiatric, and obstetrical
work.

Courses applicable to special areas.

General clinical nursing rather than
specialization nursing.

More experience.

Relevancy.

Clinical in one-to-one relationship.

No need for clinical specialization.

Cardiovascular nursing.

Student clinical evaluation.

Nurse midwifery.

Clinical study.

Broadening scientific theory.

Rotation through each clinical area to reinforce undergraduate education.

How to utilize clinical facilities, make better assignments, evaluating students realistically.

Leading pre- and post-conferences.

More feedback from instructors.

Ability to choose clinical experiences.

Student teaching relationships.

More comprehensive experiences.

Reassurance.

Conducting conferences.

CLINICAL NURSING ASSESSMENT SYSTEM FOR MASTER CLINICIAN*

I. Data Base

Diagnosis or Assessment (assemble, arrange, appraise objective and subjective data)

A. Identify individual, family and/or group status on the health-illness continuum.

1. Present needs or problems
2. History of this need or problem
3. Nature of the referral
4. Previous experience with the need or problem
5. Expectations from the patient

B. Individual, family and/or group profile.

1. General observation
 - a. Identifying data
 - b. Circumstance and setting of the assessment
 - c. General description of the individual, family and/or group
2. Biophysical sphere
 - a. Past medical history
 - b. Family medical history
 - c. System review
 - 1) general
 - 2) integument
 - 3) central nervous system
 - 4) eyes
 - 5) ears
 - 6) nose and throat
 - 7) dentition
 - 8) respiratory
 - 9) cardiovascular
 - 10) gastrointestinal
 - 11) urinary
 - 12) genito/reproductive
 - 13) psychiatric
 - 14) medications
3. Psychological spheres
 - a. Emotions and behaviors
 - b. Central organizing processes
 - c. Perceptions

*Mary Jo Bulbrook, "Assessment System for Master Clinicians," unpublished paper, May, 1973.

- d. Ego states
- e. Transactions
- f. Games
- g. Self-description
- h. Choices
- 4. Sociocultural sphere
 - a. Family of orientation constellation
 - b. Early recollections
 - c. Birth and development
 - d. Education and training
 - e. Work record
 - f. Recreation and interest
 - g. Marital and family data

C. Nurse's profile.

- 1. General response to individual, family and/or group
- 2. Ego states during interaction
- 3. Transactions
- 4. Games
- 5. General impressions of patient, family or group reaction to the assessor
- 6. Describe nurse's assets and/or limitations in handling this individual, family, and/or group

II. Problem or Need List

(Classified by: a diagnosis, a physical finding, a symptom, an abnormal laboratory finding, psychiatric, environmental problems.)

For each problem or need, identify the patient system affected. The patient is conceptualized as a conjunction of three systems: a central system (a disturbance produces a serious threat to the patient's life or well being); proximal system (the interface between the patient's central system and his immediate environment); distal system (Includes all of these components of the larger system).**

D. Active problem or need.

- 1. Acute
- 2. Chronic

**Faye Abdellah and others, "Experiments in Nursing Education, Practice and Delivery Systems of Care," New Directions in Patient-Centered Nursing, edited by Abdellah and others (New York, 1973), pp. 464-468.

E. Inactive problem or need.

III. Initial Treatment Plan-Nursing Intervention

(Involves supportive, remedial and/or curative, re-educational or preventive care in collaboration and coordination with the health team.)

F. Implementation of the medical plan.

G. Nursing intervention. (Plans are made for each problem of the patient and are numbered identically to the problem.)

Nursing intervention is a set of actions which regulate the patient's needs. A matrix for classifying patient systems, patient needs, and nursing interventions follows.***

NURSING INTERVENTION	PATIENT NEEDS			
	PROTECTION	COMFORT	GROWTH	STIMULATION
Restorative				
Inhibitive				
Constructive				
Preventive				

The nursing actions or interventions are determined in this model by the needs of the patient.

Nursing interventions are classified into a four-category system. They are: restorative (one which changes the present state of the patient back to a more desirable one); inhibitive (one which reduces or eliminates a deteriorating process); preventive (one in which anticipation of undesired consequences leads to action which reduces or eliminates the possibility of these consequences occurring); constructive (one in which the patient's repertoire of responses is increased or the quality of responses is improved).

***Ibid., p. 469.

This matrix is utilized for each patient problem identified.

IV. Progress Analysis and Evaluation

H. Progress assessment.

1. Narrative Notes

Subjective
Objective
Assessment
Plan

2. Flow sheets--a record to keep data per visit

I. Discharge summary (status for each identifiable problem)

1. Condition and progress on discharge
2. Discharge to and return date
3. Recommendations

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