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Grace P. Miller

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CHAPTER 1

A. THE STUDY

I. INTRODUCTION

Seven years ago, by government decree, schools of
nursing in the Province of Québec were transferred from
the hospitals to the educational system, thus removing the
responsibility for and jurisdiction over the preparation
of nurses from the Department of Health and placing it under
the Department of Education. Very simply, this move
implemented one of the recommendations of the Parent
Commission (1961-1966), but to those directly concerned
with the preparation of young people for the nursing
profession, the change represented far more; it confirmed
the shift in philosophy from the idea of nursing 'service'
to that of nursing 'education'.

In accordance with this shift in educational philosophy
and practice (which was one of the major pre-occupations
of the 'Quiet Revolution' of the sixties) nursing, along
with other programmes in the health field were subsumed
under the category of 'post-secondary' education, and thus
became the responsibility of the C.E.G.E.P.'s (Colleges
d'enseignement général et professionnal). The creation of
the CEGEP was the result of one recommendation of the Parent
Report which called for 'Institutes' to bridge the gap
between secondary school on the one hand and university and
technological professions on the other. These institutions
were to be administered by public corporations representative
of teachers, students, and the community. This 'fact', to-
gether with the new 'spirit' of freedom and optimism which
pervaded the sixties combined to produce a modern, student-
oriented concept of teaching and learning. The philosophy
of the CEGEP provided for the assurance of equal access
to post-secondary education to all regions of the province,

as well as equal opportunity to adults (mature students) to pursue studies. This involved, among other things a more 'liberal' attitude toward standards of failure or success: not only could students repeat courses within the programme of their choice until success was achieved, but they were entitled to all the support and constructive counselling that both their teachers and the professional counsellors could offer, in order to help them achieve their goals.

The teachers in the nursing options within the colleges are for the most part graduates of the traditional hospital-based system of "training". The change-over was as complete as it was swift offering these teachers no opportunity for preparation or socialisation.

This exploratory study has been undertaken in an attempt to discover how well the protagonists in the present nursing educational arena - teachers of nursing, hospital nursing staff, and nursing students are adjusting their philosophies and perceptions to the changed orientation. In other words, what relationship do the old attitudes, traditions and value orientations bear to the reality of the modern nursing programme.

Five areas have been chosen for exploration as those most likely to feel the effects of the change, and thus to contain the seeds of conflict and anxiety:

(1) Philosophy of nursing practice.
(2) Philosophy of nursing education.
(3) Patterns of authority.
(4) Selection of clientele for admission.
(5) Student and peer evaluation of teacher performance.

II. STATEMENT OF THE PROBLEM

The explosion of knowledge and rapid social change
which resulted from increased urban/industrialisation and
technological expansion has been felt, not least of all,
in the field of medicine and health, necessitating a
re-evaluation upgrading, and often complete reorientation,
of the education of both doctors and nurses.

By the beginning of the twentieth century there was
already a marked expansion in the number of schools of
nursing of the type designed and set up by Florence
Nightingale, both in England and in the United States.
Indeed, the first hospital schools of nursing in English
Canada were staffed by graduates of schools in these two
countries. Desjardins (1971) in his history of the
nursing profession in this province, and MacDermott (1940)
describing the development of the Montreal General Hospital
School of Nursing provide ample documentation.

With respect to French Canada, the history of nursing
goes far back to the days of "New France", where care of
the sick was a well established activity, organised and
implemented by nuns from the various religious communities
which had emigrated from France and established themselves
in Québec. The names Jeanne Mance, Marguerite d'Youville,
Hôtel Dieu and Hospital Notre Dame are among the corner-
stones of Québec History. This type of nursing, invaluable
though it was, was "service"-oriented based on compassion
for the sick and destitute. It was Florence Nightingale
who pioneered the revolution in nursing in which science
rather than compassion would become the guiding force.

For the sake of expediency and economy the early schools of nursing were located in the hospitals and completely under their control, but this was never intended to be a permanent state of affairs; the transition of nursing education from the pre-scientific to the scientific-oriented society in which we now live was predicted by Miss Nightingale.

As the century advanced a concern began to be felt by nursing educators both in Canada and the United States that nurses were not being educated to keep pace with scientific advances in medicine, and with the changes in societal needs. In 1929, a committee of enquiry headed by Professor G.M. Weir (head of the education department of the University of British Columbia) was given the precise mandate to study "the economic, educational and sociological problems of the nursing profession in Canada, particularly as it related to nursing education". The now famous Weir Report "had a remarkable influence", writes Edouard Desjardins (1971). His methods of investigation provided him with a documentation of nursing in Canada that was priceless. Foremost among the recommendations of the Weir Report was the one that nursing training, for the same reasons as for teacher training, be integrated into the general education system of the Province.

By mid-century, the concern felt by professional nurses in Canada was brought sharply into focus by contemporary statements made by three different people.

1. Margaret Mead (1958):

> "Change has become so rapid that adjustment cannot be left to the next generation; adults must not once but continually - take in, adjust to, use and make innovations....in this world, no one can complete an education."

2. _Dr. Katherine McLaggan: (1965)

> "the commitment is in favour of intelligent
> well-educated people in nursing. Women
> need not continue to be satisfied with a
> system of education which is divided against
> itself because of service commitments and
> which requires its members to be largely
> self educated. If nursing will not provide
> that type of education which is necessary
> to assure self-directing individuals, then
> it must be satisfied in future to attract
> primarily the intellectually limited
> members of society."

3. Dr. Helen K. Mussalem: (1964)

> "Today (1964) seventy-five percent of hospital
> school instructors are unqualified and a large
> percentage of instructors in university-schools
> require further graduate preparation for their
> positions."

This situation impelled the Canadian Nurses'
Association to initiate projects in order to identify
basic educational problems and to recommend courses of
action. Among their conclusions were:-

(1) That the hospital-based school of nursing, being service-
oriented was not an appropriate institution for the
education of professional nurses, and

(ii) That nurses, like members of any other profession should
be educated in institutions with a basic purpose of
providing education rather than "training - through-
service" - an outmoded practice in conflict with modern
concepts of education.

The Weir Report (1932) had, among its recommendations,
many for revision of the Nursing curriculum in Canada.

E.L. Brown (1948) performed a similar function for nursing education in the United States. Both recommended an increase in academic subjects and an elevation of the level of academic admission requirements. The National League for Nursing was founded shortly after with a mandate to constantly monitor the nursing curriculum with a view to upgrading and accelerating the process of modernisation and professionalisation.

.When the schools were situated in and under the jurisdiction of hospitals, student nurses were taught by instructors who were themselves trained nurses who still perceived themselves and were perceived by others (hospital staff) as being primarily nurses. It was thus a comparatively simple matter for teachers of nursing to transmit to other students the requisite knowledge and skills while socialising them into the values and attitudes favoured by their particular institution. The revolutionary change in nursing education in Québec brought about by the Parent Commission and the setting up of CEGEPs removed the teacher from a comparatively "safe" background with its familiar atmosphere of tradition and permanence to an alien milieu so rapidly and completely that there was no opportunity for suitable socialisation. How much anxiety and personal conflict has this too-rapid transition occasioned for the teachers? To what extent is the teacher of nursing being forced to change her perception of her role? An integral part of the nursing programme is the clinical experience - the period of time spent in the hospital setting under the supervision of the nursing instructor, during which the student learns practical nursing skills. How do the teacher's erstwhile colleagues perceive her in this role, as a guest and stranger, or still as one of themselves?

Equally important, if there does indeed exist multidimensional conflict how does this translate itself into the learning environment, into student teacher interactions? It is likely that the teacher is finding that her traditional background has left her largely unprepared for the "free" and democratic atmosphere of the college where the responsibility for learning, making decisions and choices, setting priorities and evaluating teacher performance is accorded even the most junior student?

In the spring of 1976, a small group of nursing students approached, through their representative, the department of Black and Third World Studies at the college with which the writer is presently associated with the complaint that their learning was being severely hampered as a result of the victimisation and discrimination practiced by certain nursing teachers. The grievance of these students - members of several minority ethnic groups - was that although they were not exactly failing their courses they were being subjected to such a degree of anxiety and tension that they were having great difficulty in functioning at their present mediocre level. The Director General of the college astutely diagnosing this situation as a mere symptom of a more basic malfunction, appointed an ad hoc committee to examine the evidence and make recommendations.

The committee, after meeting intensively for a fortnight, filed its report. Two of its conclusions caused the writer great concern:-

(1) That if discrimination could not be proved, there did exist at least a pattern of callousness toward students.

(2) That the teachers accused were themselves victims of inexperience and isolation within a divided and incohesive nursing department.

Knowing the teachers in the department and working with them as colleagues, I have always been convinced of the genuineness of their concern for the quality of the students' learning and of their motivation to be "good" teachers. Could these teachers be not callous, but rather subjected to certain constraints which are handicapping by reason of their severity and suddenness?

Conflict in the following areas would certainly generate severe constraints.

(i) Philosophy of nursing practice.
(ii) Philosophy of nursing education.
(iii) Authority Patterns.
(iv) Admission and selection of clientele.
(v) Student and peer evaluations.

The present study is an attempt to explore and record the reactions and opinions of teachers of nursing in the college system, of the students who must learn to nurse the sick for the most part in the classroom rather than at the bedside, and of the graduate nurses in the hospitals where the student goes to learn the professional skills which are such an integral part of the nursing programme.

The aim is to discover whether conflict exists - in the teacher's perception of her role and between this perception and the expectations of the hospital staff, and what effect this condition has on the learning experience

of the student. Also important is the student's perception
of his/her role in the present milieu and the contribution
this role makes to the educational environment. The hope
was that the conscious or unconscious steps the protagonists
take to resolve any existing conflict might be delineated.

III. LITERATURE REVIEW & CONCEPTUAL FRAMEWORK

The lack of literature about the teaching of
nursing compared with the massive accumulation of
literature on the practice of nursing is indeed
lamentable. Literally hundreds of studies have been
done on every conceivable aspect of patient care, whether
the patient be hospitalised, at home, or a visitor to
a community agency, whether the patient be young or old,
male or female, a medical or a surgical patient.. The
Canadian Nurses Association Research Index is an
impressive document. Much has also been written on the
role of the nurse. Perhaps the scarcity of literature is
due to the fact that the modern teacher of nursing is only
just beginning to be regarded as a teacher per se; as yet
comparatively few universities preparing nursing teachers
offer courses in teaching philosophies, teaching and learn-
ing theories and foundations of education. A teacher of
nursing was regarded in the light of a clinical instructor -
one who transmitted bedside skills primarily. Sholtis and
Bragdon wrote in 1961 of the art of clinical instruction.
In their view, among the desirable characteristics of the
teacher were a knowledge of and ability to transmit know-
ledge and desirable attitudes to her students.

Shaffer, Qudonate and Deveselya (1972) have written
a book on teaching nurses how to teach, but it concentrates
mainly on the principles of teaching any subject and from
its general tone appears to apply rather to the teaching
of nursing in the traditional setting.

Dixon and Koerner (1975) have done a three stage
study of faculty Perception of Effective Classroom
Teaching in Nursing. Still on the subject of teacher

evaluation, Jacobson (1965) identified the effective and
ineffective behaviour of teachers of nursing as described
by their students. Schaefer in 1972 wrote a paper for
the Journal of Nursing Education with the title "Toward
a Full Profession of Nursing: The Challenge of the Educator's
Role". In the same edition Kenneth Conklin makes a plea
for the foundations of education to be taught to students
and teachers of nursing. "Being a professional nurse
is one thing" he says, "but being a professional teacher
is something else". The brief presented to the Superior
Council on Education by the A.N.P.Q. * in 1972 outlines
the philosophy of nursing, and recommendations for up-
grading the quality of nursing education in the college
setting - "C.E.G.E.P. Nursing Education, After Five Years."

For the purposes of this exploratory study, I have
classified both milieux - the traditional nursing educa-
tional system, and the college setting as separate sub-
cultures, each having its own system of values, signs and
symptoms of social intercourse, and common cues and
responses e.g. rewards and sanctions (Kramer 1974).

From a consideration of the elements of the situation
which provoked this study, several specific concepts emerge.
These (listed and briefly described below) have provided
both a general context and a selection of probes with which
to evaluate the findings.

(i)   PROFESSIONALISATION

Part of the drive toward increased nursing education
had its roots in a desire to upgrade the status of
nursing, to increase its prestige as a profession rather
than an "occupation".

* Association of Nurses of The Province of Québec.

Everett Hughes (1963) describes this drive toward professionalisation as part of a general movement in the larger society. He says:

> "Perhaps the way to understand what professions
> mean in our society is to note the ways in which
> occupations try to change themselves or their
> image, or both, in the course of a movement to
> become professionalised....the nurse, whose occupa-
> tion is old, seeks to upgrade her place in the
> medical system. Her work, she says, requires much
> more general education than formerly, and more
> special knowledge; as medicine advances, the physi-
> cians delegate more and more technical functions
> to the nurse. The nurse wants a measure of independ-
> ence, prestige and money, in keeping with her en-
> larged functions, as she sees them."

Not a very complimentary assessment; it is in fact, anachronistic and only superficially accurate. The occupation of "caring for the sick", is indeed an old one, as old as civilisation itself; the nursing profession today, with its emphasis on extensive education, continuing education and its growing body of scientific knowledge is very much a product of modern technological society.

Many sociologists have defined professionalism or the process of professionalisation, from Flexner (1915) to Moore and Rosenblum (1970) to Bennett and Hockenstad (1973). There is a marked consensus on the following criteria:

(i)   A considerable amount of knowledge and learning.
(ii)   Possession of certain techniques which can be communicated.
(iii)   Possession of an effective self-organisation.
(iv)   Committment to a service ideal.
(v)   Personal autonomy modified by responsibility.

J.A. Jackson has added to the above criteria two

interesting items:

(vi) The exercise of careful control over recruitment, training certification and standards of practice.

(vii) The colleague group is well organised and has disciplinary powers to enforce a code of ethical practice.

The above criteria apply equally well to both nursing and teaching. A Whitlin (1963) has remarked the similarity in societal expectations of both teachers and nurses:

"The function of the educator is to effect behavioural changes in specified groups of people and to do so in a planned, goal-directed manner. Certain professional people....are expected to put service to others before personal profit. In this respect the image of the educator has common traits with that of the healer of the sick."

This "disadvantage" is probably offset by certain privileges enjoyed by professional people among which is "the setting of special standards and their enforcement".

(11) ROLE DIFFUSENESS

Role diffuseness occurs when multiple interpretations and expectations are accorded a single role. Many sociologists agree that the teacher's role is necessarily a diffuse one, and therefore unspecific. Wilson (1962) writes of "the business of socialising children, of motivating, inspiring and encouraging them, of transmitting values to them" etc. as being all unspecific. As long as the teacher's concern goes beyond measurable levels of knowledge to include some influence upon the student's personality, the role has a diffuse commitment. The C.E.G.E.P., by its very philosophy, requires the teacher

to go beyond measurable levels of knowledge, if all students
must be helped to arrive at a level of equal opportunity
of achievement.

The teacher of nursing comes to the college setting
with a legacy of negative experiences due to the diffuse-
ness of the nursing role. This is well documented by
Haas (1964) writing of the "blurred image" of nursing and
the diffuseness of the role.

(iii). ROLE CONFLICT.

According to Sarbin (1954) role conflict occurs "when
a person occupies two or more positions simultaneously and
when the role expectations of the one are incompatible with
the role expectations of the other". Considering the
nursing teacher's background of dedication to service, it
can be easily seen that the role expectations of the nurse
may come into conflict with the role expectations of the
teacher in the clinical setting, as this professional is
very likely to perceive "legitimacy" in these expectations.

Grace (1972) hypothesises that the more expectations
which are accepted by a role occupant as legitimate, the
greater the role "load" and the greater the potential for
conflict". Talcott Parsons (1951) sees role conflict as
"disrputive and tension-inducing, with adverse effects for
the role occupants and the organisation of which (she) is
a member."

(iv) ROLE CONSENSUS

The teacher of nursing in the college is very rarely
the recipient of a consensus regarding her role. If the
hospital staff regard her as primarily a nurse and expect

her to rigidly uphold the values she was taught, and both
the college and the Ministry of Education expect her to
implement the values of teaching, meeting individual
students needs, often to the jeopardy of excellent patient
care, then each is imposing on her a "conflicting
prescription." The teacher, failing of course to conform
to both sets of expectations becomes a prey to personal
confusion, ambivalence and anxiety.

This section serves to expose the need for more
research into the dynamics of teaching nursing, and to
place the problem explored in this study within a conceptual
framework. These conceptual probes, when applied to the
findings (described in Chapter II) were to show surprising
results, particularly in the areas of role conflict and
role consensus.

IV. BACKGROUND INFORMATION ON THE STRUCTURE OF
     NURSING EDUCATION IN QUEBEC TO THE PRESENT

The standardisation of nursing practice in hospitals
and the regulation of teaching in schools of nursing in
the Province of Québec are two of the most important
responsibilities within the mandate of the Order of Nurses
of the Province of Québec, and historically nursing-pro-
grammes in this province evolved within the guidelines
designed by the Curriculum Committee of the Order*; that
is, with the exception of the period between 1925 and 1961
when the English – language schools of nursing in Québec
opted to follow instead the guidelines of the Standard
Curriculum issued by the National League of Nursing
Education in the United States. This event however,
appears to have set the precedent for separate curricula
for French – and English – language schools of nursing,
because in 1961 the A.N.P.Q. issued a curriculum for
English – language schools of Nursing in the Province of
Québec ----the result of eight years of work and study
by the members of a Curriculum Committee consisting of
nurses, nursing instructors and curriculum supervisors
of the Association.

What is most important to note here is that tradition-
ally standard curricula, whether designed by the National
League in the United States or by our own provincial
Association, have served rather as _guidelines_ than as decrees.
In fact, curricula were intended to be, instead of static,
dynamic and open-ended, subject to constant revision and
upgrading. It was recommended by the Committee that teachers,
to be suitably prepared, should be expert in their field,

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*. As a result of the requirements of the Professional Code,
The Association of Nurses of the Province of Québec became
the Order of Nurses of the Province of Québec, in the fall of
1975.

.aware of all educational resources available within their
own hospitals and be prepared to employ a variety of
teaching strategies. This I think, would account for
the wide degree of variation in experiences related
by the participants in this study, regarding the ratio
of service hours to study hours, who was directly
responsible for the students' learning (nursing instructor
or head nurse) and so on. One is left to imagine that
the type of learning experience offered to students with
regard to where the emphasis was placed was dictated either
by nursing service requirements, or by the degree to
which the vision of the Directors of these schools was
futuristic in orientation, or by a mixture of both.

The following are the objectives and suggested
content of the Curriculum issued by the A.N.P.Q. in 1961:

OBJECTIVES:
To prepare the student nurse to give basic nursing care
to any patient.
To guide the student toward maturity.
To assist the student nurse to become a good citizen.

CONTENT.
Human Growth and Development
Community Organisation
Anatomy and Physiology
Nutrition
Microbiology
Pharmacology
The Practice of Nursing, Parts I to IV.

Set out below is an example of how one hospital school
of nursing in Montreal* employed the A.N.P.Q. guidelines
to design their own curriculum:

_____
* The Jewish General Hospital

PHYSICAL SCIENCES.

Anatomy and Physiology
Chemistry
Microbiology
Nutrition and Diet Therapy
Pharmacology

SOCIAL SCIENCES.

Community Organisation (includes History and trends in
    Nursing, Religion and Sociology).
Human Growth and Development
Professional Adjustments
Psychology
NURSING I - Basic Nursing
NURSING II
Medical and Surgical
Central Supply Room
Eye, Ear, Nose & Throat
Epidimiology
Gynaecological
Neurological
Outpatient Department
Operating Room
Orthopaedic
Public Health
Recovery Room
Urological
NURSING III
Geriatric
Obstetric
Paediatric
Psychiatric
NURSING IV
Disaster Nursing
Ward Administration

As has been implied previously, the ratio of clinical to classroom hours was arbitrary and unique to each school, as was the length of time allotted for the learning of each subject. The school whose curriculum has been described above provided approximately two hours of classroom to each hour of clinical practice.*

Compare with the above the objectives and content of the CEGEP nursing curriculum decreed by D.G.E.C. and recorded in the Cahiers de l'enseignement collegial:

OBJECTIVES

To introduce the student to the concept of illness. (emphasis the writer's).

To give him/her a basic knowledge of the methods by which he/she can render to the sick all the types of specific care he may require.

To familiarise the student with various surgical techniques and appliances required for the care of the sick.

CONTENT

Semester # I
English 3-0
Humanities 3-0
Human Biology I 3-2
Metabolic Chemistry 2-2
Developmental Psychology 3-0
Intruction to Nursing 3-3

Semester # 2

English 3-0
Humanities 3-0
Human Biology II 3-2
Microbiology 2-2
Adolescent Psychology 3-0
Nutrition 3-0
Basic Nursing 3-4

Semester # 3

English 3-0
Humanities 3-0
Introduction to Sociology 3-0
Psychiatric Nursing 45-225

Semester # 4

English 3-0
Humanities 3-0
Social Problems 3-0
Medical / Surgical Nursing 90 - 270

Semester # 5

Obstetrical Nursing 90-180
Elective **3-0

Semester # 6

Paediatric Nursing *** 90 I
Elective 3-0

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* The numbers to the right of each subject represent class-
room and laboratory hours, respectively: thus, for example,
Human Biology I 3-2 has three hours of classroom theory
and two hours of laboratory. In the case of the nursing
subjects the second number represents clinical practice
hours in the health agency setting.

** Since the implementation of the Professional Code requir-
ing all professionals to demonstrate competency in the French-
language or risk being refused licensure, Career students
in anglophone CEGEP's are being counselled to take French -
language courses as electives.

*** Obstetric and Paediatric nursing are regarded as
specialties and due to their complexity and the total
number of hours involved are regarded as representing
several regular courses.

The increase in academic workload of the CEGEP
nursing student is very evident. Conversations with the
students led the writer to wonder whether traditionalism
is always the result of training and socialisation and
not sometimes of a more basic tendency. Students wondered
angrily how success in the humanities related to success
in the nursing profession. Some even balked at the
sciences! Nursing teachers at the very least are sometimes
impatient with the heavy load of 'extraneous' subjects which
leave students too little or no time to practise skills
in the nursing laboratory. I think there is urgent need
for a more convincing and satisfactory justification than
the one that these additional subjects either "broaden the
educational base" or "contribute to the total development"
of the student's personality. Both of these objectives
are indeed desirable if young professionals are to meet
satisfactorily the requirements of modern society, but for
some reason the number of believers within the student body
has remained small.

B. RESEARCH METHODS

I. INTRODUCTION

The concern of the writer, and the one which forms the basis for this study it will be remembered, was whether the precipitation of teachers trained in a traditional system of nursing education, into the CEGEP milieu with its student - oriented philosophy of democracy and equal rights of access to learning opportunities in the programme of choice might not to some extent jeopardise the success of the learning environment in the CEGEP nursing programme. That there do exist elements threatening to this environment was demonstrated when a College AD HOC Commitee at one of our campi summoned in response to student complaints of victimisation by their teachers, after examining the evidence, admitted to receiving distinct impressions of callousness and disunity within the nursing department. (see p. 7 of this thesis).

The writer found these conclusions not only disturbing, but as a colleague of the teachers cited in the accusation, difficult to accept. Over the next nine months, in the capacity of participant observer, I began to gather some informal field notes with the initial intention of satisfying myself that not only were the nursing teachers in my department far from callous, but were handicapped in the process of their work by certain bureaucratic constraints alien to the former system of nursing education, e.g. student/teacher ratios, job security, and so on.

The results were so interesting that I was prompted to prepare a formal proposal for a study of the status of

the educational environment in the nursing options of
the three anglophone colleges in the Province.

II. SELECTION OF THE SAMPLE.

As of 1970 there are forty CEGEP's in the Province
of Québec offering nursing programmes, thirty-seven of
which are francophone. The barrier thus imposed by my
lack of facility in the French language forced the decision
to concentrate on studying the anglophone colleges. So,
although the sample may appear to be small by comparison,
the three colleges (five campi) from which it is drawn
do represent almost 100% of the anglophone sector (there
is one additional nursing option within the CEGEP de l'Out-
ouais in the City of Hull).

The number of students admitted yearly to the nursing
programme at each college is decreed by DGEC (la Direction
Générale de l'Enseignement Collégial). The number of
new students (i.e. students admitted to the first year
of the programme) annually at each of the three colleges
fluctuates between 100 and 120. An attrition rate of 15%
to 20% is considered to be within normal limits. Teachers
are hired according to the decreed ratio of 1:15, and
this is strictly adhered to for budgetary reasons. (This
means that should the student enrolment fall in a
particular year, a proportionate number of teachers
must be 'released'.)

An additional consideration complicates the staffing
projections for nursing teachers; the 1:15 ratio applies
to classroom teaching only. For purposes of clinical
instruction where closer supervision is required, the

ratio is 1:8. The same teachers teach both classroom
and clinical practice. An example of the staffing
projections for one year at one campus is presented in
Appendix # 2. At any given time there may be 180 to
200 students in an entire nursing programme with 23 to
25 teachers.

Another factor which may account for the comparatively
small size of the sample is the fact that respondents were
selected on the basis of willingness to participate in
the project. This is a decided disadvantage as one is
thus prevented from obtaining the broadest possible cross-
section of opinion, but it also has the advantage of honesty
and spontaneity and less risk of the "Hawthorne effect".

Furthermore, it should be remembered that this is
solely an exploratory study from which it is hoped to
generate hypotheses which can be tested in more
representative samples at a later date.

III. DESCRIPTION OF THE SAMPLE.

During the nine months of participant observation,
teachers would often air their frustrations in confidential
conversations with the writer, or when the situation became
overwhelming, would share the problem in a general faculty
meeting, in the hope that the collective effort would ensure
a solution. In addition, the writer was on several occasions
requested to sit on review committees, where students appealed
a failing grade. In these ways I was made aware of teachers'
personal philosophies and the difficulties they faced, as
well as of student expectations and their disillusionment
when they are unmet. I had thus unconsciously established

myself as a sympathetic listener, and when later a
formal request for interviews was made, most teachers
and students assented willingly.

The material is drawn from fifteen nursing instructors
and twelve students from three anglophone colleges, and
from six graduate nurses from three hospitals.   (See Table 1)

The fifteen teachers vary in possession of experience,
from one to ten years, and in clinical (nursing) experience
of from one to eight years. (often the teachers with the
greater amount of nursing experience have less of teaching,
and vice versa.)   Interviews and conversations with the
six nursing staff members will serve to confirm information
already given as to the nature of the learning experience
under the traditional system, and to reveal personal reactions
and feelings to the changes in the nursing programme.

The nursing students are drawn from the three years
of the programme, which should provide interesting compari-
sons in the area of their perceptions of themselves,
their teachers, and of nurses and nursing in general. The
data is gathered by means of informal discussions and
interviews in such a way as to obtain profiles of teachers,
students and hospital staff interacting in a potential
conflict situation.

TABLE 1

DISTRIBUTION OF SAMPLE IN CEGEPS AND HOSPITALS

SOURCE	NO. OF TEACHERS	NO. OF STUDENTS	NO. OF NURSING STAFF
College # 1 Campus A	4	3	-
College # 1 Campus B	7	2	-
College # 2 Campus A	2	3	-
College # 2 Campus B	1	2	-
College # 3	1	2	-
Hospital # 1	-	-	3
Hospital # 2	-	-	3
Total	15	12	6

IV. THE INTERVIEW SCHEDULE

My participant observation during the intial period
of nine months revealed important areas of difficulty
useful for researching the problem already outlined at the
beginning of this paper. The nature of the problem made
it important for the researcher to elicit not only specific
information but the psychological atmosphere as well. For
example, to the question, "Do you find the fact of student
evaluations threatening?" a teacher might reply, "No, I
had heard about them before"; but if she is talking freely
about her first year of teaching nursing in the college,
she may relate some such incident as a small group of
students accusing her verbally either of unfairness in
grading or in allocation of learning experiences in the
clinical area. The teacher may then say something like,
"If they had said anything like this at midterm or earlier,
I would not have minded, because then I could have had
time to rectify the situation, but here we were in early
December, with the evaluation forms coming around in less
than a week. I tell you; my entire week-end was ruined."

I decided therefore to employ a partly structured/partly
flexible interview schedule for the exploratory research
phase; I was interested at this time mainly in eliciting
spontaneous reactions and responses. A degree of structure
was necessary in order to ensure reactions to certain
crucial topics.

The schedule is divided into six parts to correspond
with the five areas of potential conflict isolated for
exploratory research, namely:-

1. Philosophy of Nursing Practice

This is designed to establish the type of training
background from which the teachers and hospital nurses
graduated - to show that priority was given to the nursing
school administration to the acquisition of nursing skills
rather than knowledge, to "how" to give nursing care
rather than "why" it was given.

2. Philosophy of Nursing Education

This section was directed to the teachers, and was
designed to expose the differences in orientation between
the traditional methods of "teaching" nursing, and the
modern method of "helping students to learn" how to nurse.
It is intended to reveal attitudes toward success and
failure, toward inflexible standards of perfection which
act as their own agents of quality control, as opposed to
standards of achievement tailored to individual students
abilities.

3. Authority Patterns

This section is directed to both teachers and graduate
nurses who have had a common background in this respect.
It is intended to demonstrate the degree of authoritarian-
ism which existed in the traditional schools of nursing,
and its effectiveness as a socialisation tool. It will
show also whether the rigidity of the rules imparted a
feeling of security to some of the students, and to what
extent these graduates have internalised these values.

4. Admission and Selection of Candidates

Again this section is directed to both teachers and graduate nurses. Its purpose is further to establish the awareness of the background, the fact that these traditional schools were middle class oriented for the most part, and the interviewees' reactions to these values in the context of present day society.

5. Student and Peer Evaluations

Here the questions and conversations are once more directed to teachers only. They will establish the fact that evaluation of teacher performance was unknown in traditional schools of nursing, and that they represent a very real threat to the self-image and self-esteem to people with such a frame of reference.

6. Students' Perceptions

These questions are intended to lead students to talk freely of their expectations of nursing, their reactions to the college milieu, and their perceptions of their teachers' roles. In choosing students from all three years of the programme, it was hoped that changes in perceptions and expectations may be demonstrated.

A complete interview schedule is presented in Appendix No. I.

V. THE INTERVIEWS

The data was collected over a period of two months, extending from the beginning of April to the end of May, 1977.

The interviews and discussions were intended to occupy from fifty to seventy minutes but this plan was not always sucessful. On occasion, the interviewee's concern and anxiety to share it became so overwhelming that the session would elapse without the interviewer being able to ask any questions. The writer soon learned to yield control of the interview on such occasions having discovered that much valuable information was being offered. Often a second rendezvous would have to be planned with this interviewee.

Reactions to the study have been uniformly favourable. Everyone, nurses and teachers thought it was high time a study of this type was undertaken. Although everyone had opinions and did not hesitate to voice them, nurses were less willing than teachers to allow themselves to be interviewed. Perhaps this reluctance had its roots in the thought of having their words officially recorded. Head nurses were the most cooperative, perhaps because of their traditional responsibility for students and have retained their interest in them. Teachers were willing and eager to talk to a colleague whose sympathies were known. Differences in points of view were not drawn along campus lines, perhaps because being subject to the same bureaucracy, many experiences were held in common. News of the impending study spread quickly to the other campi, through sharing of clinical space, so that teachers when approached

were found to have already decided whether to contribute
or not. Often they would ask for more detailed information
about the aims of the study, and would then recommend others
of their colleagues who were known to have strong views on
one subject or another.

As spontaneity and honesty were basic requirements
in an exploratory study of this nature, I invited the
respondents, students included to choose the time and place
for the interview most comfortable for them. As a result,
teachers at campi and colleges other than the writer's were
interviewed either at the hospital at the end of the clinical
day, or at their homes in the late evening. Hospital staff
were interviewed on their floors on week-end days when
the routine was less hectic.

Students often chose days on which they had fewest
classes and of course, no impending examinations.

Altogether, this part of the study proved to be a
rewarding and enjoyable experience for researcher and
subjects alike.

This chapter has presented a historical background
of the nursing profession, focussing on the Province of
Québec, changes in nursing education which have occurred
as a reflection of changes in the education system and in
Québec society. The problem posed by a too rapid and
complete change which has resulted in a conflict between
old attitudes and new definitions has been introduced as
the basis for this exploratory study. The areas most
likely to contain the seeds of conflict have been presented and

briefly described, as have the sample and method of study.

The second and final chapter will present the findings in the form of tables, a discussion illustrated by the most representative verbatim comments of the respondents, and a summary listing the hypotheses generated and areas justifying further study.

CHAPTER II

A. REPORT ON FIELDWORK

INTRODUCTION

At this point, namely, as I am about to present
the field work and its results, I would like briefly
to remind the reader of the main areas of concern,
the exploration of which has been the raison d'être
of this thesis. They are the areas which, during the
period of participant observation of teachers'
responses to the demands of the milieu were isolated
as possessing the most potential for conflict and
anxiety, as it was in these areas that the greatest
degree of contrast between the traditional and the modern
systems of nursing education was to be found. The
areas listed were:-

1. Philosophy of nursing practice.
2. Philosophy of nursing education.
3. Authority Patterns.
4. Admission and selection of candidates.
5. Student and peer evaluation of teacher performance.

An additional area, titled "students' perceptions"
was found to be necessary, as the students, being the
recipients of the teachers' performance, stand to be
directly affected by any existing conflict.

1. PHILOSOPHY OF NURSING PRACTICE.

It is somewhat difficult to express in concrete
terms what is meant by a philosophy of nursing practice.
The reason perhaps is the fact that this is a subjective

area, the interpretation of which is dependent upon
the values held in each school of nursing. If for
"philosophy", one substitutes "emphasis" then the
meaning becomes clearer. All schools embraced a common
ideal, handed down from Miss Nightingale, but the
philosophy of each school was represented by the
aspects of nursing practice to which priority was
given, e.g. skill in giving physical care, as opposed
to skill in organising physical nursing care, and so
on.

Instructors and nursing staff enacted the ideals,
thus serving as the role models through whom students
became socialised with the profession. However, the
following philosophy was reconstructed by the department
of one of the city hospitals for the benefit of the new
graduates who joined the staff each year.

"We believe that nursing is a distinct professional
activity consisting of the promotion of health,
the prevention of disease, the skilful assistance
of the sick person toward the best possible state
of health and independence or toward a peaceful
death."

This is almost identical with the philosophy of
nursing offered by the Association of Nurses of the
Province of Quebec (Now known as the Order of Nurses of
Québec.) in their brief presented to the Superior
Council on education in 1974, and with that presented
in the Ethical Code devised by the International
Council of Nurses.

Nursing departments in the colleges are faced with
the task of creating a philosophy which while taking
into account the realities of a college-based programme
and the demands of modern education will reinforce the
standard described above. In keeping with the realities
of the situation, interviews about nursing philosophy
had to be broken down into (a) nursing practice
(b) nursing education.

In tabulating the responses to questions on the
philosophy of nursing practice, teachers and hospital
staff were combined. For the findings on nursing
education, the teachers will represent 100%.

TABLE 2

EMPHASIS ON ACQUIRING BEDSIDE SKILLS AND SERVICE TO
PATIENT: OPINIONS OF 15 TEACHERS AND 6 HOSPITAL STAFF.

RESPONDENTS	NOT AT ALL	VERY LITTLE	MODERATELY SO	VERY MUCH
TEACHERS	-	-	9.5% (2)	61.75% (13)
NURSES	-	-	-	28.5% (6)
TOTAL			9.5% (2)	90.25% (19)

When asked the question "Did you feel during your
training that emphasis was placed on acquiring bedside
skills and on service to the patient?" two teachers out
of a total of fifteen (9.5%) felt the degree of emphasis
was placed on this aspect.

"Yes, they were extremely old-fashioned.
It was learning how to serve, all the way."

> "Emphasis was definitely on nursing service. We
> had one instructor who circulated on four or five
> wards. We were therefore left to the mercy of
> the head nurse and her staff. If classes were
> scheduled and tasks were not completed then we
> did not attend class. There was no limit to the
> number of shifts or night duty a student could be
> assigned to work. As skill in each procedure
> was acquired it was marked off on a check list."

> "Our training was traditional in every way; yes,
> the emphasis was certainly on skills."

TABLE 3.

BURDEN OF WORKLOAD: OPINIONS OF 15 TEACHERS AND 6
HOSPITAL STAFF.

RESPONDENTS	NOT AT -ALL	VERY LITTLE	MODERATELY SO	VERY MUCH
TEACHERS	-	9.5%(2)	-	61.75%(13)
NURSES	-	-	-	28.5% (6)
TOTAL		9.5%(2)	-	90.25%(19)

To the question "Did you feel burdened by the
workload?", all six nurses (28.5%) and thirteen of
fifteen teachers (61.75%) remembered feeling heavily
burdened. Two teachers remembered getting off rather
lightly - one trained at a school which was beginning
to shift its emphasis from "service" to "education",
and the other found the lectures having so little
relevance for her that she preferred working on the ward.

> "No; compared with others I've heard of, we were
> fairly well pampered. Our teachers could refuse
> to let us be assigned too heavy a patient load."

> "A little, but we preferred going to work on the
> wards, we hated the classes."

"Yes, very much. Often we fell asleep during the lecture, we felt so exhausted."

"Yes, and you were made to feel quite guilty if you had a lecture during duty hours. The weight of responsibility that is what was heaviest."

"Very much. The students were always assigned the heaviest nursing tasks."

"During the first six months I felt scarcely able to cope."

"Yes. We worked many evening and night shifts, with one week/end off every month."

TABLE 4

ALLOTTMENT OF CLASSROOM TIME: OPINIONS OF 15 TEACHERS AND 6 HOSPITAL STAFF.

RESPONDENTS	FAR TOO LITTLE	BARELY ENOUGH	ENOUGH	MORE THAN ENOUGH
TEACHERS	61.75% (13)	-	9.5%(2)	9.5%(2)
NURSES	4.75% (1)	-	4.75%(1)	9.5%(2)
TOTAL	66.5% (14)	-	14.25%(3)	19% (4)

When asked, "Was there (in your opinion) adequate time allowed for the learning of nursing theory?", thirteen teachers and one nurse remembered having far too little (66.5%), one teacher and one nurse thought the time was just about enough(14.25%) while one teacher and four nurses (19%) thought they had had more than enough time.

"No, at my school there was never enough time. It was a question of fitting the lectures into the work period. Often lectures were given for most part in our off duty time."

"No, there was never enough time to do any real
learning."

"No, there was too little time; too much night duty,
and too many classes scheduled for early morning.
Some of the students fell asleep."

"There may have been enough time, but only just."

"Yes, there was enough time for what was being
offered."

"Yes, there was enough time, but as the lectures
very rarely matched the clinical experience, I
wonder whether we could not have learned more than
we actually did."

TABLE 5

FAVOURING A RETURN TO THE TRADITIONAL TYPE OF PROGRAMME:
OPINIONS OF 15 TEACHERS AND 6 NURSES.

RESPONDENTS	NEVER	NOT CERTAIN	WITH RESERVATIONS	YES
TEACHERS	19%(4)	–	42.75% (9)	9.5% (2)
NURSES	9.5%(2)	–	14.25% (3)	4.75%(1)
TOTAL	28.8%(6)	–	57.0% (12)	14.25%(3)

In response to the question "Would you like to see
a return to the traditional type of nursing programme?"
four teachers (19%) and two nurses (9.5%) declared
categorically "never"; nine teachers (42.75%) and three
nurses (14.25%) would if changes i.e. shifts in emphasis
were made. Two teachers (9.5%) and one nurse (4.75%)
would like to see a return, freely and without reservations.

From the above findings it is clearly established
that although in the opinion of both nurses and teachers
their training was extremely task oriented and that skills
were given precedence over learning and understanding,

the majority would not agree to complete discarding the traditional type of programme. They appear to think that the ideal lies somewhere between the two extremes. They would not like to see the emphasis placed entirely on education.

"Yes, I would every time, providing changes were made in the orientation - less repetitions in practice of techniques and more education."

"Oh yes, I would, although many changes in outlook and philosophy would have to take place."

"I might, but I certainly have reservations about it."

"Oh yes, everytime; although I still value a liberal education."

"Many changes would have to be made before I would say yes."

"No, I would not. Today's programme offers a great deal more than skill at the bedside."

"No, I would not. I think the nursing students of today very fortunate."

"Oh yes, definitely! The old diploma programme offered more emotional security."

"Yes, I would; the science of nursing is all very well and has its place, but I would not want to be deprived of learning the art of nursing as well."

TABLE 6

EXPECTATIONS HELD BY WARD STAFF OF THE NURSING TEACHER'S ROLE, AS PERCEIVED BY THE 15 TEACHERS.

SEEN AS TEACHERS	SEEN AS NURSES	SEEN AS BOTH	TOTAL
20% (3)	20% (3)	60% (9)	100%(15)

To the Question "What expectations do you think
the ward staff have of you as a nursing teacher?",
nine teachers (60%) felt the expectation was a dual
one; they were received as teachers but expected to
perform as nurses and to feel they 'belonged'; three
(20%) thought they were perceived solely as teachers,
and three (20%) thought they were seen primarily as
nurses.

> "I think they have dual expectations. They
> regard me as being completely responsible
> for the students, and they sometimes ask
> me questions because they feel I know more
> than they do; but at the same time they
> expect me to feel myself a part of the milieu,
> answering the phone, doing same types of
> nursing care, etc....I am accepted as one of them,
> in other words, they know I'll help them out."

> "It is a sort of "double" message. They regard
> me as being completely responsible for the students
> e.g. if a student makes a mistake, instead of
> offering a helping hand to the student, they
> will report the matter to me immediately,
> "Are you aware that your student has done so-
> and-so....?" On the other hand, they seem
> upset when I do not attend ward rounds, and
> they will assign me the narcotic keys if
> they have to go to coffee and no one else is
> immediately visible, and in some inexplicable
> way I feel compelled to do at least some patient
> care."

> "I can see the transition is very difficult for
> them. They imply very definitely that the
> students are completely my responsibility, but
> if I am negatively sanctioned by being made to
> feel unwelcome, and my students merely a burden
> on an already overworked staff."

> "I feel they see me as a good nurse who has
> acquired teaching skills."

"Basically as a nurse, but with some teaching skills."

"I think they see me as a nurse, and when I first
started teaching I spent a lot of time performing
additional nursing duties. I was forever running
around, my high anxiety level was translated into
a heightened perception of the inadequacies of my
students, constantly apologising and filling in
for them."

"They see me as a teacher, as an outsider, certainly
not as a nurse."

"They see me as a teacher but as a good one simply
because they think me an expert nurse."

"They see me as a teacher but my place in their
estimation depends on how "good" a nurse I show
myself to be."

It will be interesting to compare the above responses
with those in the next section where the teachers discuss
their perceptions of their own roles.

2. PHILOSOPHY OF NURSING EDUCATION

Such a philosophy involves mainly standards of excellence,
values held regarding success and failure, whether levels
of achievement are adjusted to meet individual students'
abilities or whether it is the students who adjust to
meet the standards set. In other words, it involves
whether the teaching is "standard" or "student" oriented.

In the traditional setting, standards and performance
expectations were uncompromisingly high. Students who did
not or could not meet the required level of achievement
were made to withdraw from the programme.

"The class might begin with 180 students; at the
"capping" ceremony six months later, perhaps
99 remained."

This kind of educational philosophy is regarded as "standard-oriented". In the modern system, in accordance with the recommendations of the Parent Report, the college philosophy tends rather to be "student-oriented." Placed side by side, the two philosophies look somewhat like this:

STUDENT-ORIENTED	STANDARD-ORIENTED
"All people have equal rights to access to education but not equal ability; our job is to find ways to help students to arrive at a level of equal opportunity."	"All people are not equal and nothing will make them so; our responsibility is to uphold and teach professional standards and pass only those who are able to reach them."

How do nursing teachers with a tradition of standard-orientation cope with her responsibilities in the college environment? The tables below demonstrate the teachers' struggle to grapple with this problem.

TABLE 7

ORIENTATION OF EDUCATIONAL PHILOSOPHY; OPINIONS OF FIFTEEN TEACHERS.

STANDARD-ORIENTED	STUDENT-ORIENTED	NOT CLEARLY DEFINED	TOTAL
100%	-	-	100%

When asked "What do you think the educational philosophy of your own school of nursing may have been?" all fifteen teachers replied that they were very standard oriented; the

standard of excellence could not be compromised, if
a student did not measure up, it simply demonstrated
that she was unsuited both to the study and practice
of nursing.

> "They aimed at maintaining an excellent
> standard, both academically and clinically;
> if you couldn't stand the pace, you simply
> dropped out."

> "You had to be clever or you couldn't stay,
> after all there was the reputation of the
> school to maintain."

> "Expectations were high - 65% was the passing
> mark and if student failed twice she was
> asked to leave the programme. Fear of
> failure was a constant companion."

I do not think that this attitude is as unacceptable
or as open to censure as would at first appear, if one
remembers that in pre-Nightingale times the practice
of nursing or caring for the sick was a servile occupation,
totally lacking in prestige or social status, and that
one of Florence Nightingale's primary objectives was
the upgrading and professionalisation of nursing. If
the nursing profession is not only to survive but to
maintain its place with the other health professions
in an increasingly technological and scientifically
oriented society, then nursing administrators and educators
as the two bodies who share the responsibility for the
status of nursing can be forgiven for any overzealousness
in favour of excellence.

TABLE 8

UNIVERSITY PREPARATION OF NURSES FOR COLLEGE
TEACHING: I REPORT OF FIFTEEN TEACHERS

	NOT PREPARED	VAGUELY PREP.	MORE OR LESS PREPARED	WELL PREPARED
	86.7% (13)	13.3% (2)	-	-
TOTAL	86.7% (13)	13.3% (2)	-	-

To the question "were you given any idea during
your university preparation that teaching nursing in
a college might be different from teaching it in
hospital?", thirteen teachers (86.7%) replied that
they had not received any preparation to this effect.
Only two teachers (13.3%) admitted to having been
vaguely prepared.

> "Perhaps I was, in a way. You see I myself
> learned nursing in a university programme,
> so I was prepared to find a program similar
> to my own."

> "In a vague sort of way only. The reality
> was still quite a surprise."

Some of the responses given by the thirteen teachers
went like this:

> "No, or we might have started some sort of
> adjustment process then."

> "No; I had no teacher preparation at all; you
> see my major at university was nursing
> administration."

> "No, the idea was that providing one knew one's
> material one could teach it anywhere."

> "No, I had no preparation whatever, I had to find
> my own way."

What is being demonstrated here by nursing educators
is belief in the myth that to know one's subject well
guarantees one's ability to teach it. We have come
a long way since educators thought along these lines.
In modern student-oriented teaching philosophy success
in teaching is measured rather by the student's
success in learning. Jerome Bruner defines teaching
as "causing people to learn".

TABLE 9

UNIVERSITY PREPARATION FOR COLLEGE TEACHING II:
REPORT OF FIFTEEN TEACHERS.

TAUGHT TO EMPHASISE THEORY	TAUGHT TO EMPHASISE SKILLS	TAUGHT TO GIVE EQUAL WEIGHT	TOTAL
6.7% (1)	80% (12)	13.3% (2)	100% (15)

When asked "what did your university preparation
direct you to emphasise in your teaching?", twelve
teachers (80%) replied that they had been taught to
emphasise nursing skills, two to give equal weight,
and only one teacher was directed to emphasise nursing
theory with a somewhat lesser focus on the more basic
skills".

"Nursing skills, integrated to a certain extent
with theoretical knowledge."

"Nursing practice; I emerged very task-oriented."

"A combination of capable nurse with some focus on
rationale and decision making."

"Good, capable nursing, combined with the ability to
think, solve problems and make decisions."

"The preparation of expert practitioners of physical
nursing care."

That nurses should receive this impression is not
surprising. The aims and objectives of nursing education
are firmly rooted in the tradition of skilled service
to the sick. As recently as 1965 the International
Council of Nurses gave the following definition of the
objectives of nursing education:-

> "The nurse is a person who has completed a
> programme of basic nursing education and is
> qualified and authorised in her country to
> supply the most responsible service of a
> nursing nature for the promotion of health,
> the prevention of illness and the care of the
> sick." *

Even today, the objectives of modern nursing
education, in Québec at least have not been clearly
enunciated by our Order; even in its Brief presented
to the Superior Council on education - a major document
analysing the effects of integration of nursing education
into the college system, dealt with every aspect except
modifications to the curriculum and what form these
modifications should take. The only attempt at direction
appears to come from the following statement:-

> "Three factors seem primordial when it comes to
> preparing the student nurse for the role she/he
> is to assume; the first criterion remains the
> quality of the teachers, the second, adequate
> clinical experience and the third, the use of
> mathematics for a clinical evaluation of the
> student."

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* Desjardins, Edouard, "Heritage", Montreal 1971. P. 106

The "quality" of the teachers appears to be determined by the possession of a university degree in addition to a nursing diploma - the brief deplored the fact that the selection criteria for teachers of nursing options in CEGEP's did not recognise the importance of a university preparation. Teachers of nursing are thus faced with the dilemma: how to get students to achieve the same level of competence required of nursing as they know it, in a drastically reduced period of time; is the same level of competence required, and if it is not, does this represent a decline in nursing standards in what is purported to be an improved upgraded nursing education programme?

TABLE 10

CURRENT PRIORITIES AND EMPHASES IN CURRICULUM:
STATEMENTS OF FIFTEEN TEACHERS

EMPHASISE THEORY	EMPHASISE SKILLS	TRY TO GIVE EACH EQUAL WEIGHT	TOTAL
86.6% (13)	-	13.4% (2)	100% (15)

When asked "what do you find yourself emphasizing now in your own teaching?", thirteen teachers (86.6%) replied that they emphasised nursing theory, focussing on concepts and principles which students can later generalise to situations, in clinical practice, while two (13.4%) teachers confessed to being uncertain which direction to take, and found themselves trying to give equal prominence to both theory and skills.

"I emphasize principles which the student will
generalise to situations in the clinical area."

"I think the theory is the more important, the
rationale and the "whys"."

"I aim at balancing them both; a sound knowledge
of concepts and principles, with skill in the
very basic techniques."

"I emphasize the theory, with the expectation
that the student will be able to apply their
knowledge in the clinical area."

"I found I had to follow the changing trend, now
I stress theory, responsibility and problem solving
skills."

"Now I emphasize theory, structure and problem
solving."

"It took time, but I adjusted to the reduction in
prominence of acquisition of skills, now I
concentrate on content and on teaching the
student to relate principles to practice."

The fact that no one admitted to emphasizing the
acquisition of skills represents not the conviction of
the teachers, but perhaps a change in attitude born of
necessity; there was simply not enough time if the
theoretical content of the course as decreed was to be
taught.

Only in one instance did a teacher admit to emphasizing
theory from a conviction of its "rightness".:

"I focus on theory now; I remember how little time
there was for that in my own experience."

TABLE 11

TEACHERS' PERCEPTIONS OF THEIR OWN ROLES:
OPINIONS OF FIFTEEN TEACHERS.

See Themselves As Teachers.	See Themselves As Nurses	Confused
52.6% (8)	33% (5)	13.4% (2)

In response to the question "Do you see yourself primarily as a teacher, or as a nurse?", eight teachers (52.6%) replied that they saw themselves as teachers; five (34%) saw themselves as nurses, and two (13.4%) felt very confused. The respondents' actual remarks are more eloquent than any comment the writer could make in relation to this situation.

According to Sarbin (1954) role conflict "when a person occupies two or more positions simultaneously and when the role expectations of the one are incompatible with the role expectations of the other." Considering the nursing teacher's background of dedication to service, the potential for role conflict for the nursing teacher in the clinical setting can easily be seen. From the responses of the teachers interviewed, the ability to resolve role conflict appears to be a function of experience as a nursing teacher. Consider the following responses, (a) from teachers with less than two years experience, and (b) from those with more than three:-

(a)   "As far as my job goes I teach but primarily I am a nurse."

      "Last year (my first) I saw myself as a nurse; as my self confidence increases so does my ability to see myself as a teacher."

"At first I saw myself as a nurse but as the
semesters pass I am finding it easier to see
myself as a teacher."

"This is my first year, and I am somewhat confused;
I know my role in the class room but in the
hospital I feel I must act as a nurse; how do
I reconcile the two?"

"I see myself as a teacher but part of teaching
is role modelling, so I try to act as a member
of the ward staff, transcribing doctors' orders
and serving medications."

(b)   "During my first year at the college I saw myself
as a nurse; now I find that perception changing -
I feel ready to accept my identity as a teacher."

"I see myself as a teacher with the responsibility
of transmitting the principles of nursing to any
students."

"I see myself as a teacher with expertise in my field-
the degree of expertise lying in the balance between
the expectations of the clinical area and those of
the college milieu."

But what of the disturbing situation when the conflict
does not resolve with the passage of time and increased
experience? These two teachers have been teaching for
more than three years:-

"More than ever as a nurse that's the crazy thing
about it. How can you teach nursing unless you
feel like a nurse."

"I see myself as a nurse; I never intended to teach;
my coming to the college was for me purely a temporary
situation, a year, no more."

"In the college I see myself as a teacher; in the
hospital it has to be a blend of both; you see,
I have to be the students model."

Compounding the conflict is the "legitimacy" the teacher perceives in the expectations others (hospital staff) hold regarding her. Grace (1972 p. 4) hypothesises that "the more the expectations which are accepted by a role occupant as legitimate the greater the role "load" and the greater the potential for conflict."

Talcott Persons (1951 p. 378) sees role conflict as "disruptive and tension-producing, with adverse effects both for the role occupants and for the organisation of which (she) is a member".

TABLE 12

HOSPITAL STAFF'S PERCEPTIONS OF THE TEACHERS' ROLES; OPINIONS OF SIX HOSPITAL NURSES.

See Them As Nurses	See Them As Teachers	Uncertain	Total
-	100% (6)	-	100% (6)

At this point the hospital nurses were asked "How do you perceive the nursing teacher, as a teacher, primarily, or as a nurse"?, it was interesting to note that all six nurses (100%) saw them primarily as teachers, but who must, of necessity, be "good" nurses themselves if they are to teach nursing. Teachers who appear to be lacking in nursing expertise cause hospital staff concern and anxiety, but on the other hand the nurses' insistence on seeing the teachers primarily as recipients of that role implies a degree of distancing and possible rejection which could not fail to increase any existing anxiety or insecurity the teachers may be experiencing.

This burden on the teachers to pacify the nursing staff by meeting their perceived expectations is no myth, it is very much a fact of life. Teachers are tacitly regarded as nurses who have opted for the 'easy' way to learn nursing - by being in the clinical area for a few hours each day two days a week. Daphne Walker Mesolella (1970), a clinical instructor at a large psychiatric teaching hospital in this city, is much more positive in her definition of this relationship between ward staff and nursing teachings - "hostility and antagonism" are the terms she uses and suggests that "territory" is the key factor responsible.

> "Into this private territory intrude the (nursing)
> instructor and her students. The degree of
> hostility directed to the instructor and her students
> is related to the length of time spent on the ward...
> recent developments in nursing education have
> intensified the problem of territory-community
> colleges in some provinces and the C.E.G.E.P.'s in
> Quebec have diminished the time students spend
> on the wards."

As one nursing teacher of five years experience says it:

> "They see me as a teacher, but the implication is
> that my status in their esteem depends on how
> motivated I am to constantly upgrade my own nursing
> skills. I think that then they feel secure that I
> will pass these on to the students."

The teacher of nursing is very rarely the recipient of concensus regarding her role. If the hospital staff are to see her as a nurse, firmly upholding the values she was taught, and the college and the Department of Education expect her to be implementing modern teaching philosophies, meeting individual student learning needs often to the jeopardy of high standards of patient care, then each is imposing on a conflicting prescription."

The inexperienced teacher, it has been shown, who fails (naturally) to conform to <u>both</u> sets of expectations be-comes "a prey to personal confusion, ambivalence and anxiety." (Biddle, 1966, P. 273).

> "I think they see me as a nurse, and when I first started teaching I spent a lot of time performing additional nursing duties. I was forever running around; my high anxiety level was translated into a heightened perception of the inadequacies of my students, I was constantly apologising and filling in for them."

TABLE 13

TEACHERS' RESPONSIBILITY FOR STUDENTS' LEARNING: OPINIONS OF 15 TEACHERS.

NOT AT ALL	NOT ENTIRELY	AS FAR AS POSSIBLE	YES
26.6% (4)	13.3% (2)	26.6% (4)	33.5% (5)

To the question: "Do you agree with the college philosophy that it is part of your responsibility as a teacher to try to meet the individual learning needs of your students?", four of the teachers (26.6%) felt it was in no may their responsibility, four (26.6%) felt that it was only as far as it was possible, two (13.3%) had reservations, and five (33.5%) agreed entirely.

The struggle in which the teachers are engaged in order to reconcile teaching in a modern setting with transmitting traditional standards of skill is very apparent in their responses:

> "No, that expectation is not practicable; I feel responsible to create such an environment as will enable the student to meet his/her objectives. I feel responsible to identify problems and refer students to the appropriate resource."

"Definitely. I feel I must identify their
weaknesses and find ways of teaching students
how to cope although they are at different stages
of learning. One disadvantage is that the quicker
student is exposed to the risk of being neglected."

"Only to the extent that it does not interfere with
the learning needs of the rest of the group. I
can tell you I did not feel this way at first. Now
I no longer take work home and from Monday to
Friday and all day Sunday as well. I have learned
to value my sanity. If I am to be of use to my
students I have to remain sane."

"I believe I must help them if they have difficulty
in understanding something. I don't feel
responsible in delving into their personal
problems. I feel my responsibility ends with
identifying a problem and directing the student
to help."

One young teacher at the end of her first year had not
yet solved her dilemma:

"Yes and no. I started out trying to do just that
and it seemed that the harder I worked with the
students, the fewer results I saw. I had to ask
myself, "am I trying to learn for them? Should
I be teaching them instead to take responsibility
for their own learning?"

The table demonstrates how widely divergent were
the opinions of the teachers and the fact that they
are just that - personal opinions. Nowhere have the
proponents of this philosophy - laudable though it is,
clearly indicated any limits to guide the inexperienced
teacher, which needs to meet, how far to go in meeting
them, where does the student's own responsibility lie?
Some teachers may not wish or feel qualified to "delve
into their students personal problems. Are they inter-
fering with learning? It is apparently a matter of personal
interpretation and each teacher learns by trial and error
and her own bitter experience whether to "delve" or not.

These interviews dealing with the philosophy of
nursing education have demonstrated conflicts in
perception of role expectations and the anxiety
generated by the lack of a clearly defined philosophy
relevant to the teaching of nursing in the college
setting. The next section relates to patterns of
authority, their place in the traditional setting, and
their effect on the attitudes and values of nurses who
now teach in the colleges.

3. AUTHORITY PATTERNS

The list of rules and regulations which existed
in hospital schools of nursing often caused the students
to feel as if every facet of their lives was under
strict control. The regulations outlined an entirely
new system of authority, governing the students' daily
pattern of activity on the wards, in the residence and
even outside of the institution, in terms of how often
she could leave the residence and how late she was
allowed to be out. (Male students were increasingly
admitted to the study of nursing only after the 1969
amendment to the Nurses Act, omitting the words "of
the female sex". Very soon the student developed
an unquestioning respect for authority; this would stand
her in good stead in the years to come, when relating
to the hierarchical organisation of both the nursing
and medical staff of the institution. Erving Goffman
(1956, p.473) describes this imposition of rules as
an efficient and sucessful socialising tool:

> ".......Rules of conduct infuse all areas of
> activity..attachment to rules leads to a
> constancy of patterning of behaviour; infraction
> characteristically leads to feelings of uneasiness
> and negative social sanctions."

One teacher interviewed commented:

> "We ate, worked and slept by rule.
> Standing and remaining standing in
> the presence of doctors and senior
> nursing staff members was only one
> of them."

TABLE 14

STRINGENCY OF RULES EMPLOYED AS A SOCIALISING AGENT:
OPINIONS OF FIFTEEN TEACHERS AND SIX HOSPITAL STAFF.

RESPONDENTS	VERY STRICT	MODERATELY STRICT	STRICT	NOT STRICT
TEACHERS	57.1% (12)	9.5% (2)	-	4.75%(1)
NURSES	19.0% (4)	-	9.5%(2)	-
TOTAL	76.1% (16)	9.5% (2)	9.5%(2)	4.75%(1)

When asked "How stringent were the rules which
governed your daily life during your training?" twelve
teachers (57.1%) and four nurses (19.%) replied that
they had been very strict, two teachers (9.5%) had found
them only moderately strict, two nurses (9.5%) remembered
them to be strict but bearable, and only one teacher
(4.75%) thought her school had allowed quite a degree
of discretion. Some of the twelve teachers comments
are reported below:-

> "There were many strict rules and regulations -
> length of uniform, little or no private life.
> All nursing care techniques were standardised,
> heaven help the innovater!"

> "The rules were very, very strict. Housemothers
> in the residence saw that the rules were obeyed
> - in by 11 p.m., dressing conservatively,
> but there was very little counselling. For
> serious infringement of the rules you could be
> sent down to the office of the director who could
> ask you to leave."

"First of all, it was a highly structured
environment - uniform was prescribed, make-up,
long hair, long fingernails and nail polish
were forbidden. Our teachers were monitors
and role models."

"The atmosphere was certainly authoritarian.
A housemother checked us in and out of the
residence. We were too scared even to make
special requests for time off. Students were
not allowed to call each other by their first
names in public, and you were present on duty
or at lectures even if you were ill, but they
needn't have worried, we would have tried to
go even if we were dying."

"We ate, worked and slept by rules. Standing
in the presence of doctors and supervisors
was only one of them."

"It was the usual old-fashioned authoritarian
atmosphere; there was a taboo on every normal
activity. We were too scared of being put out
of the programme to protest."

It is interesting to note that these negative
overtones were not reinforced by the hospital staff.
All agreed that the rules were many and rigid, some
often unnecessary, but most saw them as beneficial
for character building:

"It was a good thing; the rules and our enforced
obedience to them shaped our behaviour for the
rest of our lives."

"Yes, there were rules and regulations which
dictated a strict code of behaviour, but we
were young, and the rules helped us to mature
into well-disciplined persons."

Both categories of respondents, however agreed
that they were treated like children regardless of their
age; whether this type of relationship was what offered
the emotional security referred to in the previous
section dealing with nursing practice, would be an
interesting idea to investigate.

In its report to the Minister of Education on the
state and needs of college education, the Superior
Council made an important observation regarding the
status of prospective CEGEP students:

> "College students have completed the cycle of
> elementary and secondary studies....At this
> time the student should normally be ready to
> enter the adult world, to be in an adult
> setting...In the areas of discipline administra-
> tion and pedagogy, the relationship between
> the college and the student is already set at
> an adult level." *

Thus the nursing sutdent in the college, like her
counterparts in the other disciplines lives away from
the college, often at home with parents, but more often
doing her own housekeeping, alone or sharing with friends.
She is commited only to meet the objectives of the courses
in which she has enrolled and to pass her examinations.
Conflict may arise between the nursing teacher and the
student if her attendance at class is less than 100%
and in the hospital where both staff and teacher expect
"professional" deportment from the student e.g. never
being late for duty, being absent for reasons other than
severe illness, or showing suitable regard for protocol.
The student is free to withdraw temporarily from
the nursing programme if personal problems and/or
commitments become too distracting (perhaps it is
partially in recognition of this possibility that the
Order of Nurses has granted each nursing student five
years in which to complete the three year programme).
She is free to question and openly criticise her teacher's
decisions, appeal her course grade, and write as negative
an evaluation of her teachers performance as she feels
convinced is deserved, knowing that her opinions will

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* Conseil Superieur de l'Education, "Report to the Minister
  of Education – The College" July, 1975.

contribute to the decision as to whether that particular
teacher will be re-engaged. Rheha de Tornyay writing
in 1971 (p. 9) of the teaching - learning interaction
has this to say:-

> "It is a common observation that we are dealing
> with a new breed of student, one who is more
> aware, better informed, eager to become involved
> in the world about him, and who demands relevance
> in education. These characteristics of contemporary
> students....are not congruent with the old traditional
> concepts of teaching and the learning process."

TABLE 15

FREEDOM ENJOYED BY THE MODERN NURSING STUDENT:
OPINIONS OF FIFTEEN TEACHERS AND SIX NURSES.

RESPONDENTS	LESS	ABOUT THE SAME	MORE	MUCH MORE
TEACHERS	-	9.5% (2)	-	61.8%(13)
NURSES	-	-	-	28.5%(6)
TOTAL	-	9.5% (2)	-	90.3%(19)

To the question "Do you think nursing students in
the colleges today enjoy more freedom than you did",
the responses from both teachers and hospital staff were
very definite; thirteen teachers (61.8%) and all six
nurses (28.5%) replied that today's nursing student enjoys
much more freedom than they had - freedom not only of
movement, but to make their own decisions and to question
authority. The next table gives the respondents'
reactions to this new freedom:

TABLE 16

REACTIONS TO STUDENTS' FREEDOM: OPINIONS OF FIFTEEN
TEACHERS AND SIX NURSES.

RESPONDENTS	IMPROVEMENT	NO IMPROVEMENT	NO OPINION
TEACHERS	14.3% (3)	52.25% (11)	4.75% (1)
NURSES	-	28.5% (6)	-
TOTAL	14.3% (3)	80.75% (17)	4.75% (1)

Question "Do you think this conceding of so much
freedom to the student is an improvement?" Answers
were very enlightening; eleven of the teachers (52.25%)
and all six nurses (28.5%) did not think it was an
improvement, three teachers (14.3%) thought it was a
change for the better, and one teacher (4.75%) was
reluctant to offer any opinion.

> "Not really; most of them are too young and immature
> to handle it, just as we might have been."

> "I have reservations about saying 'yes' this
> freedom includes having a say in the making of
> important decisions, e.g. about curriculum and
> hiring of new teachers. Often students reveal
> a lack of insight and degree of subjectivity
> that are alarming."

> "I would say no, they are now moving too far in
> the opposite direction."

> "Not in most cases. Most sixteen and seventeen
> year-olds who enter nursing today cannot cope
> with the lack of structure and tend to fall by
> the wayside."

> "Not necessarily; the rigidity of the old structure
> did offer a measure of security."

> "Not in all cases;it is good that students can feel
> free to question and disagree, but I think they
> know that freedom involves responsibility too."

"Yes. Although their lack of maturity sometimes
leads the student to abuse this freedom, I feel
it makes for a less anxiety-ridden environment."

"Yes, I do; students may make poor decisions
through lack of judgement and subjectivity,
but with guidance and counselling this can be
corrected; it is all part of growth and learning."

The respondents' reaction to the patterns of
authority discussed above have a direct bearing on their
feelings about the attitudes and values traditionally
held by members of the nursing profession. K.K. Guinée
(1966) defines values and attitudes in the following way:-

"Value may be defined as importance attached by the
individual to a given idea, person or object....
Values are developed as part of the learning
procress by observing and by associating with
people, ideas and institutions in society....
Attitudes are closely associated with feelings
and values; they are prejudgments with which
the individual approaches a situation."

Anyone reading the rather precise definition offered
by Edouard Desjardins, Montreal physician, archivist
and scholar need no longer be in doubt as to what are
the values and attitudes required in a "good" nurse:-

"The education of the nurse has always been based
on obedience to laws derived from natural right
and civil ordinance and or respect for the human
person. Dignity, honesty, and a conscience moulded
by a sense of responsibility have always been
considered as qualities indispensable to any nurse
worthy of a calling that has been honoured by a
Jeanne Mance or a Florence Nightingale."

TABLE 17

NECESSITY OF CERTAIN ATTITUDES AND VALUES IN THE
NURSING PROFESSION: OPINIONS OF FIFTEEN TEACHERS
AND SIX NURSES:

RESPONDENTS	STRONGLY DISAGREE	DISAGREE	AGREE WITH RESERVATIONS	STRONGLY AGREE
TEACHERS	-	-	9.5% (2)	61.8% (13)
NURSES	-	-	9.5% (2)	19% (4)
TOTAL	-	-	19% (4)	80.8% (17)

When asked "Do you think that there are certain
values and attitudes peculiar to the nursing profession,
the response was overwhelmingly positive.   Thirteen
of the sixteen teachers (61.5%) and four of the six (9.5%)
nurses strongly agreed, while two teachers and two nurses
(9.5%) had reservations.

> "Definitely - responsibility, dedication, commitment,
> this is what makes nursing a profession."
>
> "I strongly agree; values such as responsibility,
> self-discipline, empathy and professionalism."
>
> "I strongly agree."
>
> "I strongly agree.   I find a knowledge even of these
> values sadly lacking in the college students."
>
> "I strongly agree."
>
> "I strongly agree.- independence of thought,
> motivation, caring and discretion."

TABLE 18

NECESSITY OF STRICT RULES FOR SOCIALISATION PURPOSES.

RESPONDENTS	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
TEACHERS	-	19%(4)	31.25%(7)	19% (4)
NURSES	-	4.75%(1)	14.25%(3)	9.5% (2)
TOTAL	-	23.75%(5)	45.5%(10)	28.5% (6)

Responses to the question "Do you think these strict rules and regulations were necessary in order for the students to learn the required values and attitudes; opinions were somewhat divided; only four of the fifteen teachers (19%) and one of the six nurses (4.75%) disagreed; seven teachers (31.25%) and three nurses agreed; while the four remaining teachers (19%) and two nurses (9.5%) strongly agreed.

"They were not pleasant, but they were necessary; discipline lays the foundation for self-discipline."

"They did not need to be quite as strict as they were, but young students do need discipline and guide lines in learning how to set limits for themselves."

"I agree, they have to be taught to be responsible and professional."

"I disagree; I think the setting of limits with responsibility and accountability would be more effective."

"I agree; I see the need for discipline more than ever this year."

"I disagree; the course is difficult enough without the added burden of fear and anxiety - of breaking some outmoded regulation."

"Rules and regulations alone are lifeless; role-modelling is what counts."

"I disagree; it is proper role-modelling that counts not rules."

All comments emphasising discipline and self-discipline were made by hospital staff; those emphasising the influence of role-modelling were made by teachers.

TABLE 19

COMPARATIVE DEGREES OF AUTHORITY OVER NURSING STUDENTS:
OPINIONS OF FIFTEEN TEACHERS

RESPONDENTS	MORE	ABOUT THE SAME	LESS	MUCH LESS
TEACHERS	-	6.75% (1)	13.3%(2)	80%(12)
TOTAL	-	6.75% (1)	13.3%(2)	80%(12)

When asked "Do you think you have less authority to enforce rules now, than your superiors had over you?" twelve out of fifteen teachers replied that they felt they had much less, two felt they had less, and only one thought the two situations were similar.

Very strong feelings surfaced over this question:-

"Oh, much less; I can't even ensure regular attendance at classes."

"Oh, less certainly; think of all the eating, smoking and talking that go on in the classroom now."

"Less, of course. I find myself having to think twice now before bawling a student out? Am I overstepping my bounds? Is this within my jurisdiction?"

Three teachers, while admitting that they had less authority, felt that that could be an improvement:

"Much less, but that may not be such a negative thing."

"I may have less authority, but I hope that by the same token my students find me less threatening."

"Let's just say it is different now. You cannot command respect, it has to be earned."

Throughout these comments runs the same unverbalised feeling that is common to all teachers, namely that lack of authority or control in a classroom is handicapping and damaging to the self confidence. There is a strong possibility that the image of permissiveness attributed to the CEGEP is nothing but a myth. It could be that nursing teachers are unconsciously assuming that once the rigidly authoritarian structure is removed, what remains is complete laissez-faire bordering on anarchy. The fact that teachers are constantly asking one another "how far do I go in repremanding a student?" "Is it within my jurisdiction to dismiss from my class a student whose behaviour is unsatisfactory or disruptive?" bears out this suggestion and leads directly to the next question the teachers were asked.

TABLE 20

EFFECTS OF LOSS OF AUTHORITY ON TEACHERS' SELF IMAGE: OPINIONS OF FIFTEEN TEACHERS.

RESPONDENTS	NOT AT ALL	A LITTLE	A FAIR AMOUNT	VERY MUCH
TEACHERS	6.6%(1)	–	6.6%(1)	87%(13)
TOTAL	6.6%(1)	–	6.6%(1)	87%(13)

When asked "Do you feel at a disadvantage in your
interactions with the students?", thirteen of the fifteen
teachers (87%) felt very much at a disadvantage, one
(6.6%) felt a fair amount and the other (6.6%) felt
quite comfortable.

The teachers comments are impressive, revealing
anxiety, uncertainty, and the pain of disillusion.

> "I do; I don't feel free to act naturally.
> I have to be so much on my guard."

> "Yes, I hesitate to be myself, to show displeasure
> or to be firm with a student."

> "Yes, I feel I am on trial."

> "I do, and I think it is a ridiculous situation
> when a teacher is almost apologetic when she
> has to give a student a negative evaluation."

> "Yes, what if I cannot always be the nice guy?
> This is what the students seem to value."

> "I had some idea of the "poor little student"
> and how just and fair and approachable I was
> going to be. But it is not really like that,
> is it? Some rude awakening I had!"

> "Yes, I do, and I don't feel a teacher ought always
> to be defending and justifying herself to
> students."

Perhaps it is not surprising that two of the most
experienced teachers should reply thus:

> "At first yes, but I have learned to adjust to
> this by employing a little more structure right
> from the start. It may not be the best solution,
> but it certainly makes for survival."

"Naturally, under the circumstances; but I have
found that you lose your fear of the students
with increased experience. Only when you feel
secure are you able to say to a student "you
have not met my requirements" and hang the
consequences."

Do the teachers really fear the <u>students</u>, or
do they fear the loss of the "security blanket" of
structure and authority? 'Sanity' and 'survival'
loom large on the horizon of the teachers needs, both
appear to be threatened by this feeling of insecurity
and vulnerability. It should be very interesting
when we come to examine this context the students'
perceptions of the freedom and power they are purported
to have.

The next set of interviews will establish the
background of middle class orientation with regard
to selecting and admitting students to the study of
nursing, prevalent in most traditional schools of
nursing.

4. ADMISSION AND SELECTION OF CANDIDATES

In the mid sixties a Royal Commission was appointed to study the Health services in Canada. It examined, among other things, the relationship between social class and eligibility for recruitment into the nursing profession. R.A.H. Robson, head of the Commission reported:

> "In general, we found that girls coming from families of professional people and white-collar workers tended to consider nursing earlier than those from blue collar and farm families."

Selection procedures, Robson found followed the Florence Nightingale tradition of operating in favour of candidates who could be described as "impecably middle class", where in order to ensure that this standard was maintained, students were required to pay a fee for their training and board. Students in this requirement (increased government subsidies to hospitals was a factor), but apart from board and lodging had to be supported entirely by their families for the duration of their training. Robson further found that apart from evidence of academic standing and good health, the selection procedure included a personal interview with the director of the school in which an attempt was made to assess personality and "suitability".

Directors of schools of nursing (it was found) approved:

> "on the whole (1) a happy person, an extrovert at ease in the presence of strangers, (11) a clean person, dressed well but conservatively; (111) poised and polite and (1v) a girl from a happy family." *

* Robson, R.A.H. "Sociological Factors affecting Recruitment into the Nursing Profession." Royal Commission on Health Services, Queen's Printers 1967.

Consider the present function of the CEGEPS dictated by the recommendation of the Parent Commission:-

(i) "to make post-secondary studies available to _all_ regions."

(ii) "To offer to adults the opportunity to pursue studies."

This philosophy is implicit in the prediction made by the Superior Council of Education:-

"In greater and greater numbers, a clientele from the working community will gradually integrate with young adults in the institutions of post-secondary education. Day and night courses tend to become the same, simply broadening the time table of possibilities for individuals to acquire an education. Tomorrow, there will no longer be a distinction between "regular" students and "adult" students, but only between full-time students and part-time students, all in an adult setting."

The new era in education is the era of the working class nursing student from non- WASP immigrant minority families. Post-selection and on-going counselling have taken the place of the pre-selection interview.

The respondents in the study were in complete agreement as to the social class from which their contemporaries were selected.

"Yes, middle and upper class definitely. More than half the girls in my group came from private schools."

"They were definitely middle class and WASP, no francophone or minority groups. A high school classmate of mine applied for admission at the same time I did. We had similar academic grades; I was selected she was not."

"Definitely, wealthy merchant families, doctors'
and lawyers' daughters with a token sprinkling
of lower middle class students. In a group
of just under 100, two girls were from homes
with divorced parents."

"Oh yes, there is no doubt of that. I think
it was the class of student admitted which
determined a school's prestige, or it may have
been the other way around."

There was <u>one</u> private school - Catholic where
a high tuition fee was charged.

TABLE 21

WISDOM OF MAKING ELIGIBILITY TO STUDY DEPENDENT ON
SOCIAL CLASS: OPINIONS OF FIFTEEN TEACHERS AND SIX NURSES.

RESPONDENTS	NOT AT ALL	TO SOME EXTENT	VERY GOOD	NOT CERTAIN
TEACHERS	4.75%(1)	9.5%(2)	57%(12)	-
NURSES	-	-	23.75%(5)	4.75%(1)
TOTAL	4.75%(1)	9.5%(2)	80.75%(17)	4.75%(1)

Responses to the question "Do you think Florence
Nightingale did a good thing in setting the precedent
of allowing only middle class girls to study nursing?"
were very diverse; one teacher only (4.75%)out of fifteen
thought Miss Nightingale had been unwise, two 9.5% thought
she had been unwise to some extent, the bulk - twelve
teachers (57%) and five nurses (23.75%) felt it had been
a very good decision, while one nurse (4.75%)was uncertain.

The respondents who conceded that for the society
in which she lived Florence Nightingale had made a
wise decision, hastened to assert that in this society
not only would such a decision not be relevant, it would
not be tolerated.

"It was a wise decision, for the time."

"She was wise then; it would not be possible in a rapidly changing social structure."

"It was necessary in her day; we owe the status of our progression to her values."

"She needed to do that; today it would not be applicable."

"Perhaps in her day she did, but I was never one to hold with that sort of thing."

"For her time it was absolutely necessary; she would not get away with it today."

TABLE 22

COMPARATIVE DETERIORATION IN ADMISSION STANDARDS:
OPINIONS OF FIFTEEN TEACHERS AND SIX NURSES.

RESPONDENTS	DISAGREE	UNCERTAIN	AGREE WITH RES.	AGREE
TEACHERS	23.75%(5)	4.75%(1)	-	42.75%(9)
NURSES	4.75%(1)	-	-	23.75%(5)
TOTAL	28.5%(6)	4.75%(1)	-	66.5%(14)

When asked "Do you think that compared with the traditional period, admission standards have fallen?", five teachers (23.75%) and one nurse (4.75%) disagreed, one teacher (4.75%) was uncertain, while nine teachers (42.75%) and five nurses (23.75%) agreed. They made comments like:

"Oh, they certainly have."

"Yes, the 'cream' is going into the other professions."

"Oh yes, times have changed."

"Yes, especially academically; we are no longer
attracting the cream."

"Oh, I would say so, indeed."

TABLE 23.

EFFECT OF SOCIAL CLASS ON ABILITY TO ASSIMILATE NEW
VALUES AND ATTITUDES: OPINIONS OF FIFTEEN TEACHERS
AND SIX NURSES.

RESPONDENTS	DISAGREE	UNCERTAIN	AGREE WITH RES.	AGREE
TEACHERS	23.75%(5)	4.75% (1)	-	42.75%(9)
NURSES	4.75%(1)	-	-	23.75%(5)
TOTAL	28.5% (6)	4.75%(1)	-	66.5% (14)

When asked "Would you agree that social class affects
the ability to assimilate values and attitudes?", the
responses were very revealing. Five teachers (23.75%)and
one nurse (4.75%) disagreed; one teacher (4.75%) was
uncertain, while nine teachers (42.75%) and five nurses
(23.75%) agreed.

"Yes, I think so; it takes longer. Personal
values have to be unlearned first."

"Social class does affect the speed at which
socialisation takes place."

"It does not affect the ability to learn,
but social class determines perspective and
priorities."

"Yes, belonging to a different class is
inhibiting."

"Yes, I think it does. Values and attitudes are
basically a matter of early learning and environ-
ment. If the foundations have not been laid in
early life, they are difficult to build upon later."

"Yes, it <u>does</u> have an effect. There are
standards of care and behaviour which
<u>must</u> be met."

Those who disagreed did so for different reasons.

"No, not if the quality of teaching is good
enough."

"I don't think so; lower class students can be
so motivated that they readily accept new values."

"I have to disagree. It does not matter what
social class one originates from, motivation
is the thing. Often I find the working class
student nurse more warm and empathetic than
her upper class peers."

"Perhaps it takes longer for some, but everyone
learns in the end. Social class does not
affect innate intelligence, I think."

From the results tabled above, one is strongly
tempted to hypothesise that the traditional values
regarding social class and its relationship to
eligibility for admission to nursing still operates,
and that the more vehement the denial of the relevance
of these values to today's society, the greater the
degree of conflict experienced in adjusting to the change
- the classical conflict between new definitions and
old attitudes.

TABLE 24

DESIRABILITY OF TEACHING STUDENTS BELONGING TO ONE'S
OWN SOCIAL CLASS: OPINION OF FIFTEEN TEACHERS.

RESPONDENTS	NEVER	UNCERTAIN	YES WITH RES.	YES ALWAYS
TEACHERS	80%(12)	6.6%(1)	-	13.2%(2)
TOTAL	80%(12)	6.6%(1)	-	13.2%(2)

To the question, "If you had a choice, would you teach only students of your own social class?", twelve of the teachers (80%) replied strongly in the negative, one(6.6%) was uncertain while two (13.2%) thought it very desirable.

"No, I would not; I would stagnate."

"No, I would not; I would not grow or develop as a teacher."

"No, everyone deserves a chance to learn and grow."

"No, never. All I ask for are students who are motivated to learn."

"Yes, every time."

"Yes, interaction is easier. You are on a common wavelength."

The responses in these interviews revealed inconsistencies and uncertainty; while agreeing readily that social class considerations were anachronistic, teachers would seem almost to hanker after the old days, when the middle class student must have been "easier" to teach. There always appears to be an underlying attitude of condescension, even when the majority declare they would not want to teach only students of their own social (middle) class, it would almost seem as if it is because they feel the working class student will provide for the teachers' personal growth by providing new experiences.

The interviews in the next section relate to a very controversial topic, that of evaluation of teacher performance.

5. STUDENT AND PEER EVALUATIONS

Student evaluation of teacher performance and
effectiveness is still a relatively recent phenomenon,
and a subject of debate at many colleges and universities.
Grush and Coslin (1975) found that the use of student
ratings was the single most divisive issue among college
faculty. Mims (1970) reported that nursing students,
over-whelmingly favoured a system of student evaluation
of teaching, but that the faculty had mixed feelings on
the subject. McKay (1974) hypothesised that teachers of
nursing who felt threatened by student evaluations were
those who themselves as students had had negative
experiences with evaluation. These reactions even in
1977 are not surprising, since the idea of student
evaluations in relation to the traditional patterns of
authority and submission could be regarded as little
short of revolutionary. The fact is that student
evaluations are a permanent feature of modern student-
oriented education, one of the objectives of which is
to facilitate the total development of the student.

Kathleen K. Guinée (1966) writes that:-

"students should learn to participate in evaluation,
because it is a process they will utilise through-
out life. More specifically, they should partici-
pate in the evaluation of teaching, because it is
one of the more important factors contributing to
their success or failure to obtain their objectives
in the school of nursing. Students' opinions are
valuable, because they can judge the teaching
according to its effect on themselves."

Student evaluations in the CEGEP milieu are linked
to reengagement of the teacher; thus they become poten-
tially threatening to the teacher without "permanence".

TABLE 25

DEGREE OF SURPRISE OF NEW TEACHERS AT IDEA OF STUDENT
EVALUATIONS: OPINIONS OF FIFTEEN TEACHERS.

RESPONDENTS	NOT AT ALL	SLIGHTLY	A FAIR AMOUNT	VERY MUCH
TEACHERS	52.8%(8)	13.2%(2)	-	33%(5)
TOTAL	52.8%(8)	13.2%(2)	-	33%(5)

When asked, "On your arrival at the college, did the
fact of student evaluations surprise you?", eight teachers
(52.8%) replied that they were not at all surprised, two
teachers (13.2%) were a little surprised, while 5 teachers
(33%) were very much surprised.

That more than half the teachers were not surprised
at the prospect of being evaluated by their students seems
a surprisingly large figure in view of their reaction,
until they confess that their lack of surprise is due to
their having been warned by friends and colleagues already
teaching in the system.

"No, I had heard about the CEGEP philosophy."

"No, I was not surprised, although I am not
saying I was ready for it."

"No, I had been told about it."

"No, I had heard about it previously; I was
surprised then."

TABLE 26

TEACHERS' REACTIONS TO IDEA OF BEING EVALUATED:
OPINIONS OF FIFTEEN TEACHERS

RESPONDENTS	REJECT COMPLETELY	REJECT WITH RESERVATIONS	ACCEPT WITH RESERVATIONS	ACCEPT COMPLETELY
TEACHERS	26.6%(4)	-	73.4%(11)	-
TOTAL	26.6%(4)	-	73.4%(11)	-

Responses to the question "How do you react to
the idea?", fell into two categories. Four teachers
(26.6%) rejected the idea completely, while eleven
(73.4%) accepted it with reservations, for example:-

> "I agree with the principle, but students tend to
> be so subjective that the results can be
> extremely depressing."

> "I agree, providing comments are presented in a
> constructive manner and signed by the teacher."

> "It could be a very useful tool for teacher
> improvement."

The four teachers who rejected the idea did so
uncompromisingly:

> "I sincerely question the value of student
> evaluations."

> "I do not think that at their age students have
> the ability to be sufficiently objective."

> "No, I do not agree with the idea, especially
> the form in which it now exists."

> "No, I do not agree with the idea."

TABLE 27.

THREATENING EFFECT OF LINKING STUDENT EVALUATION TO
RE-ENGAGEMENT.

RESPONDENTS	NOT AT ALL	A LITTLE	A FAIR AMOUNT	VERY MUCH
TEACHERS	20%(3)	-	-	80% (12)
TOTAL	20%(3)	-	-	80% (12)

When asked, "Do you feel threatened by the fact
that the student evaluations are linked to re-engagement?"
only three teachers (20%) replied that they did not feel
threatened, the remaining twelve teachers, an over-
whelming 80% felt very much threatened.

Here, though the degree of threat and anxiety felt
by the teacher is in direct relationship to her experience.
The teachers with the most experience had found a way to
rationalise away the fear.

"No, a teacher would have to really be inept to
get herself fired."

"I did at first, but as competence and personal
security increased, my fear and anxiety decreased."

"No, my philosophy is that if a significant number
of students think I am poor at my job, then perhaps
I am, and shouldn't be there anyway."

The less experienced teachers are much less objective.

"Yes, the thought can be very destructive to a new
teacher with no job security. I had a lot of
confidence when I started, but my first evaluation
really threw me. My one recurring thought was
"my God, back to the drawing board, to start a
new career."

"I think the idea is disgusting; it is a reversal
of the 'apple polishing' process for the teachers.
The timing too, is unfair, and the questions
asked seem to expect negative answers."

"Yes, I feel downright intimidated; it is a
dangerous privilege to give to young anxious
students."

One critical element that surfaced during the
interviews was the fact that students were not required
to sign their evaluations, signing their names was
optional.   The fact that the student could remain anony-
mous detracted from her accountability and precludes
the possibility of any fruitful discussion between
student and teacher.   The teachers feel this to be
particularly unjust as they themselves are obliged to
sign their evaluations of student performance, otherwise
they would be regarded as invalid.

PEER EVALUATIONS

TABLE 28
TEACHERS' REACTIONS TO PEER EVALUATIONS:
OPINIONS OF FIFTEEN TEACHERS

RESPONDENTS	NEGATIVE	FAIRLY NEGATIVE	FAIRLY POSITIVE	POSITIVE
TEACHERS	26.4%(4)	26.4%(4)	33%(5)	13.2%(2)
TOTAL	26.4%(4)	26.4%(4)	33%(5)	13.2%(2)

Responses to the question "What is your reaction to
the idea of being evaluated by your peers?" ran the entire
gamet of feeling.   Four teachers (26.4%) reacted negatively,
four more were only fairly negative (26.5%) , five teachers
(33%) felt fairly positive, while only two (13.2%) felt
positive.

"How valid are they? I feel that the degree
of positiveness of the evaluation is a
function of the working relationship."

"If the interactions are positive and supportive,
I am willing to concede the validity, although
my peers are not always in a position to evaluate
my ability." *

"How often do my peers see or hear me teach? How
can they evaluate me accurately?"

"I think it depends on the personality interaction.
It all comes back to "who is doing it".

"It gives one let's say, an uncomfortable feeling;
what if you are not the friendly, gregarious
type?"

"Make no mistake, peer evaluations can be subjective
too, and are dependent on the working relationship."

"Since all my peers are not expert teachers and
have their own fears and anxieties, the peer
evaluation has a potential for destructiveness."

Although the teachers have provided themselves with
some security in the form of the group relationship the
residual apprehension appears too powerful to make for
a decidedly positive reaction. The bulk of the reactions
lie in the 'grey' area of fairly negative - fairly positive.
There were too many reservations, too many 'ifs' and 'buts'.
One teacher defined the whole situation of evaluation
succinctly:

"Evaluation should not be a secret procedure; the
teacher being evaluated should be invited to
defend it. All this secrecy breeds anxiety and
fear, and until the situation is remedied the
evaluation whether done by student or peer will
continue to be destructive and anxiety-generating."

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* Teachers very rarely sit in on others' lectures
or group discussions, it is thought by the teachers
to be too threatening.

The question of evaluation proved to be a thorny one;
a surprising amount of negative feelings surfaced regard-
ing the fact that students have the option (which they
rarely exercise) to sign their evaluations of their
teachers, while teachers must sign theirs of students;
What was very evident also, was the fact that in the
CEGEP system inexperienced teachers far outnumber the
experienced.   Job security was an important factor
influencing annual teacher turnover.   Perhaps the new
negotiated contract granting "permanence" automatically
in the spring of the second academic year (it used to
have to be applied for in the third year, and was not
at all guaranteed) will be more attractive and will
encourage teachers to remain longer.

Somehow the peer evaluations do not represent a
threat of any significance to the teacher's survival,
perhaps due to the peculiar circumstances of its
proportionate weight - 35% to the students' 65%.   There
is yet another peculiar circumstance - teacher's tend
to teach in 'teams' grouped according to the subject
and level they are teaching (the teacher student ratio
of 1:8-10 recommended by DGEC* would mean four teachers
to a class of say, thirty students in the second year of
the programme).   Why the mechanism of teaching in groups
or teams serves to mitigate fear of the peer evaluation
will be demonstrated presently.

The final group of interviews in this section will
deal with the perceptions of the students, both of their
environment, and of their own place within it.   It will
also show a complete departure from the findings of the
Weir Report concerning the relationship of social class
to the choice of nursing as a profession.

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* Direction générale de l'enseignement collégial.

6. STUDENTS' PERCEPTIONS

For reasons of clarity and sequence the writer thinks it will be more valuable to present the perceptions of the student at this point in the narration of the findings, when the 'stage' has been set, so to speak, because after all, the students are the recipients not only of the teachers' efforts, but of their reactions to events in the work environment. So as to alleviate any anxiety the students might feel at being confronted, leading questions were asked, to which they could reply at length or however they chose.

TABLE 29

POSSESSION OF CLOSE RELATIONS OR FAMILY FRIENDS IN THE
NURSING PROFESSION: RESPONSES OF TWELVE STUDENTS.

RESPONSES	NO ONE	CLOSE RELATIVE	FAMILY FRIEND	OTHER
%	66.6%(8)	8.3%(1)	8.3%(1)	16.6%(2)
TOTAL	66.8%(8)	8.3%(1)	8.3%(1)	16.6%(2)

When asked "do you have close relatives or family friends who are nurses?", eight students (66.6%) replied that they had no one, one student (8.3%) had a close relative and one other had a family friend, while two had heard of distant relatives but had never met them (16.6%).

It is thought the above table may be enhanced by the following replies to the question "How did you come to choosing nursing as a career?"

"At the age of 25, I suddenly looked at
myself and was alarmed by what I saw I
had accomplished nothing, I was headed
in no specific direction. I thought I
would make a beginning by going back to
school. After eight months of indecision,
I chose nursing. I had been looking for
a programme with an attainable, fore-
seeable goal. Nursing seemed just right,
and I have never doubted my decision." *

"I have always wanted to be a nurse, no one
helped me make my decision."

"I have always liked to work with people in
a helping capacity."

"It seemed the most practical thing for me
at the time, although I have always gotten
a lot of satisfaction from working with
people and helping them."

"I have always been facinated by the health
field and the opportunity for contact with
the sick and those needing help. I felt
I had so much to give, so I chose nursing."

"My grandmother lived with us for years,
and when she became ill I helped with her
care. I had always wanted to work with
animals, but caring for my grandmother
helped change my mind."

"When leaving high school my guidance counsellor
and I made the decision that I should enter
nursing. However my decision was not implemented,
as I married soon after. Now that my family is
independent and my husband is in favour, I have
started the nursing course."

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* Compare the description given of the student
entering the career programme by the Superior
Council in its brief to the Minister, p. 16 & 17.

TABLE 30

LEARNING TO NURSE FROM A COLLEGE CLASSROOM
OPINIONS OF TWELVE STUDENTS.

RESPONSES	VERY DISAPPOINTED	FAIRLY DISAPPOINTED	FAIRLY SATISFIED	SATISFIED
%	-	66.6%(8)	24.9%(3)	8.3%(1)
TOTAL	-	66.8%(8)	24.9%(3)	8.3%(1)

When asked "How do you feel about learning to nurse
from a college instead of from the hospital, eight students
(66.6%) were fairly disappointed, as compared to three
(24.9%) who were fairly satisfied, and one (8.3%) who
pronounced herself satisfied with the arrangement.

> "I have mixed feelings. I would have preferred
> to be in a hospital full time as one gains
> confidence in skills sooner that way, but I
> appreciate the college setting and the many
> other subjects I can take. I feel I am getting
> a better all-round education."

> "At first I found it very weird. I would have
> preferred to be in the hospital because then
> I could have real people with real diseases
> to learn from instead of from a book.".

> "The small amount of hospital experience has been
> a bit disappointing. I would rather be studying
> in the hospital."

TABLE 31

STUDENTS' PERCEPTION OF TEACHER'S ROLE:
OPINIONS OF TWELVE STUDENTS.

RESPONSES	AS A TEACHER	AS A NURSE	DEPENDS ON MILIEU	UNCERTAIN
%	43% (5)	25.8%(3)	16.6%(2)	16.6%(2)
TOTAL	45% (5)	25.8%(3)	16.6%(2)	16.6%(2)

PATTERNS OF AUTHORITY

Tremendous anxiety and concern surfaced here over
the absence of the authoritarian structure, believed
to be so necessary for socialisation. Hospital staff
commented again and again on the danger to the student
and modern nurse of lack of self-discipline, while
teachers bemoaned the students' immaturity and lack of a
sense of responsibility and dedication. Most important,
the teachers perceived themselves to be handicapped by
the modern setting - the milieu was less conducive to
the role-modelling that was so necessary.

SELECTION PROCEDURES FOR ADMISSION OF STUDENTS

Here the most surprising information regarding social
values and attitudes to social class revealed itself.
Teachers and graduate nurses both, readily agreed that
ideas of elitism and social stratification were woefully
outmoded in our present society, yet maintained almost
categorically that one had to be middle or upper class
in order to be able to assimilate such values and attitudes
as those requisite in the nursing profession. The new
definitions were being maintained in theory, but the
old attitudes were firmly entrenched.

STUDENT EVALUATIONS

None of the teachers felt committed to the idea
of student evaluations. Most accepted the principle,
but rejected the reality which was unsigned evaluations
made by students regarded as immature and incapable of
objectivity. A few teachers rejected the concept in toto.
The situation here is very grave, since student evalua-
tions of teacher performance are an integral part

of the modern education system which is committed to the
total personality development of the student. If teach-
ers somehow do not come to accept and concur with student
evaluation of their performance, the impasse can be
resolved in one of only two ways - increased strain and
anxiety or career dissatisfaction and abandonment.
Student evaluations are here to stay.

PEER EVALUATIONS

The negative reactions to student evaluations have
contaminated expectations regarding the peer evaluation,
as one teacher put it,

> "any kind of evaluation is bound to be
> threatening"

Even when teachers have resorted to the mechanism
teaching and working in groups, and making a conscious
effort to facilitate the group dynamics feeling as they
do that a positive-peer evaluation will result from a
positive working relationship, they fail to generate
an unqualified enthusiasm for the peer evaluation, even
when it is weighted so insignificantly in relation to
that of the students, that non-reengagement is not a
realistic threat. Some of their reservations are valid,
given the realities of the situation, their peers can
hardly evaluate them honestly or accurately since they
so rarely see or hear each other's performance, it is
true, but how can they gain knowledge of each other's
abilities and expertise when any suggestion of sharing
or monitoring is met with resistance born of defensiveness
and anxiety?

STUDENTS' PERCEPTIONS

These have been particularly valuable with regard to role expectations and evaluation of teacher performance. The fact that the students largely perceive their instructors as teachers first and foremost, and some teachers perceive themselves as nurses first and foremost, while yet a few others are uncertain, seems to predict non-fulfillment of student expectations. It is possible to hypothesise that it is this conflict in role perception, which leads to dissatisfaction of expectations and results in negative evaluation by the students.

To summarise, the conflict evidenced in this study comprises the following dimensions:-

(1) Conflict between cultural values and institutional expectations.
(2) Conflict due to role diffuseness.
(3) Conflict due to inter-role misconceptions.
(4) Conflict due to exposure to conflicting sets of legitimised role expectations.

According to Grace, (1972) conflicts of so many types and at such intense levels exact a price for their resolution. He lists the following options:-

(a) Role retreatism
(b) reduced role satisfaction
(c) reduced career satisfaction
(d) increased strain and anxiety

The more experienced teachers may be tempted to
resort to role retreatism as a solution, but such a
tactic would be counter-productive, in relation to the
objectives of modern college education. The interests
of the college student cannot be abandoned; there is
no question of the college student being "short-changed"
in the interest of teacher survival. We are told:

> The Superior Council feels, rather, that we are
> always faced with the personal needs of the students.
> Education must be centred on the real needs of the
> students....the educational activity of the student
> is the raison d'etre of the college. *

Need for the three remaining options can be obviated
if the "elements of uncertainty and malintegration of
the system" are eliminated: nursing options in the colleges
need to define and state their philosophy in writing for
the benefit of prospective faculty members. The univer-
sities preparing nurses for the teaching of nursing should
also be in possession of these written statements. Guide-
lines are urgently needed from the Order of Nurses of
Québec and from the Provincial Committee regarding the
new level of behavioural expectations of the college
graduate in nursing. This knowledge would help to remove
a great deal of the "diffuseness" from the teacher's role.
If nursing teachers are not in receipt of precise direction
as to the expectations of the level of competence of the
students they are to graduate, they will be unable to
design realistic objectives and will therefore continue to
expend valuable energy in efforts to resolve their own
conflect and anguish or, as they put it, in preserving
their "sanity".

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* Brief from the Superior Council on Education to the
   Ministry, pp. 17, 19.

In addition, we need to explode once and for all
the myth that to possess a body of knowledge is necessar-
ily the same as being able to teach it;   this myth seems
to be perpetuated by the consensus that "adequate" pre-
paration of nursing teachers comprises a nursing diploma
plus a university degree. Until there is a reorientation
of this kind of thinking we will be paradoxically,
moving farther away from the UNESCO objective of so
changing the preparation of nursing teachers that they
will become essentially educators, rather than mere
"transmitters of pre-established curricula." *

SUGGESTED AREAS FOR FURTHER STUDY

One of the stated aims of this exploratory study
was the generation of hypotheses for further testing.
From the store of information, reactions and opinions
gained from this study, the following questions and
hypotheses seem to surface:-

1. Does the multicausal anxiety felt by the teachers
    communicate itself to the students in the form of
    unrealistic expectations, and increased rigidity
    of standards?

2. Does the apparent rejection of the teacher as a
    fellow-nurse by the hospital staff lead the teacher
    to increase her efforts to become accepted to such
    an extent that the students' learning experience is
    jeopardised?

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* Faure, E. "Learning to Be" UNESCO- Harrapp Paris'
  1972, p. 16.

3. Are the teachers who, after several years of teaching, persist in perceiving themselves primarily as nurses, the ones most assiduous in perpetuating the old attitudes and values?

4. The anonymity of a negative evaluation increases anxiety and insecurity in the recipient.

5. Conflicts between the role expectations of teachers and students result in a reduced likelihood of students' expectations being met.

6. Disappointment in student expectations of their teachers' role are most often the reason for negative evaluation of teacher performance.

7. I would like to see a closer examination of the relationship between the degree of conflict experienced by the teacher and their evaluations of student performance, particularly in the areas of 'safety' and decision making.

During the final stages of this study, I received two letters from McGill University, one from the Department of Education announcing the implementation of a new programme, "Diploma in College Teaching" and more important, the fact that the department had collaborated with the School for Graduate Nurses, who were supplying two options. One of these options was in nursing practice and the other in the teaching of nursing. The second letter had been written by the Director of the School of Nursing and gave more details of the programme, as it

related to the two nursing options. These two letters comprise Appendix III.

How effective this programme will be, and how far the knowledge and information offered will go toward resolving the problems emerging from this exploratory study remains to be proven, but the contribution made by the McGill School of Nursing to a programme offered by the Department of Education is, at least, an indication of a new awareness of the needs of nurses-in-transition from practice to teaching.

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APPENDIX # I.

NAME:

SEX: MALE   FEMALE

FATHERS OCCUPATION:

AGE GROUP: 21-29;   30-39;   40-50

SCHOOLING: HIGH SCHOOL;   UNIVERSITY

GRADUATE OF: HOSPITAL DIPLOMA PROGRAM; BASIC UNIVERSITY
                                              PROGRAMME

YEARS OF NURSING EXPERIENCE:

YEARS OF TEACHING EXPERIENCE:

Schedule # 1   Philosophy of Nursing Practice

Scale 0 ——→ 3

I. Did you feel during your hospital training that the
emphasis was placed on acquiring bedside skills and
on service to the patient? What are your impressions
of your experience in nursing school?

II. Did you feel burdened by the workload?

0. Not at all
1. A little
2. Moderately so
3. A great deal

III. In your opinion was there adequate time allowed for
the learning of nursing theory?

0. Far too little
1. Barely enough
2. Enough
3. More than enough

IV. Would you choose to train in a hospital programme today?

0. Never
1. With reservations, i.e. if changes were made
2. Not certain
3. Yes, every time

V. How do you see the nursing teacher in the clinical area
solely as a teacher, or as a nurse primarily?

(iii)

Shedule # 2 Philosophy of Nursing Education

I: What is your nursing training background? Are you a graduate of a diploma programme or the university basic programme? Can you describe the philosophy of your school?

II. Were you prepared at university for teaching nursing in the college setting?

III. What were you taught to emphasize, nursing skills or nursing theory?

IV. What do you emphasize now in your teaching?

V. How do you see yourself, as a nurse or solely as a teacher?

VI. Do you believe it is part of your responsibility as a teacher to meet the individual learning needs of the students?

Schedule # 3   Authority Patterns

Scale 0 ———→ 3

I.   Can you talk a little about how it was during your
     training, how strict the rules were, what kind of rules
     they were, and who was responsible for seeing they were
     obeyed, etc.?

II. Do you think nursing students in the college tody enjoy
     more personal freedom than you and your classmates did?

     0. Much less
     1. A little less
     2. About the same
     3. Much more

III. Do you resent this to any extent?

IV. Do you think there are certain attitudes and values
     which every "good" nurse should have?

     0. Strongly disagree
     1. Disagree
     2. Agree with reservations
     3. Strongly agree

V.   Do you think strict rules and regulations are needed in
     order for the student to acquire these very "desirable"
     values and attitudes?

     0. Strongly disagree
     1. Disagree
     2. Agree with reservations
     3. Agree

Additional Questions for teachers

VI.   Do you feel you have less authority over your students
      than your own superiors had over you?

      0.   Much less
      1.   A little less
      2.   About the same amount
      3.   More

VII. Do you have difficulty adjusting to the idea of students
      "rights" and "equality".

      0.   Not at all
      1.   A little
      2.   A fair amount
      3.   A great deal

VIII. Do you feel at a disadvantage in the presence of your
      students?

      0.   Not at all
      1.   A little
      2.   A fair amount
      3.   A great deal

IX.   Do you think this 'freedom' is a change for the better?

Schedule # 4   Admission & Selection of Clientele

I. Many studies in Canada and other parts of the world have shown that nursing students were preferably selected from the middle class. Remembering your own background, your teachers, head nurses and classmates, would you say this was true? What was the population of your own school of nursing like?

II. Do you think Florence Nightingale was wise in setting the precedent of admitting only students who were "impeccably" middle class to her schools?

0. Very unwise
1. unwise
2. wise
3. very wise

III. Do you think from that point of view, that the admission standards have fallen since nursing schools moved into the colleges.

0. Not at all
1. Only a little
2. Somewhat
3. A great deal

IV. Would you say that social class affects the ability to learn to assimilate values and attitudes?

V. If it were possible, would you choose to teach only students of your own social class?

0. Never
1. Not certain
2. Yes, with reservations
3. Yes, every time

Schedule # 5 .   Student & Peer Evaluation

I. It is well documented that in the field of nursing
    teacher evaluations, perhaps due to the strong
    authoritarian tradition, is a comparatively new
    phenomenon. In your own school, were you required
    to evaluate the performance of your teachers? By
    what means did you indicate satisfaction or
    disatisfaction with your teachers?

II. On your arrival at the college, did the fact of
     student evaluations surprise you?

     0. Not at all
     1. Very little
     2. Moderately
     3. Very much

III. Are you in agreement with the idea of student evaluations?

      0. Not at all
      1. Very little
      2. Moderately
      3. Very much

IV. Do you see the student evaluations as a positive
     constructive tool vis à vis your own professional
     improvement?

     0. Not at all
     1. Very little
     2. Moderately
     3. Very much

V. Do you feel anxious or threatened by the fact that student evaluations are linked with re-engagement?

    0. Not at all
    1. Very little
    2. Moderately
    3. Very much

VI. Do you feel threatened by the idea of being evaluated by your peers?

    0. Not at all
    1. Very little
    2. Moderately
    3. Very much

VII. Do you think your peers are always in a position to evaluate you fairly and accurately?

    0. Never
    1. Almost never
    2. Sometimes
    3. Always

(1x)

NAME:

SEX: MALE   FEMALE

FATHERS OCCUPATION:

AGE: 16-25;   26-35;   36-45.

STATUS: SINGLE   MARRIED   DIVORCED   RAISING A FAMILY

SCHOOLING: REGULAR HIGH SCHOOL   HIGH SCHOOL - ADULT EDUCATION

Schedule # 6   Student's Perceptions

So as to help students remain at ease, the interview will
be 'guided' by the following questions:-

Year of Programme: 1   2   3.

1. Do you have a parent or other relative who is a nurse?

2. How did you come to choose nursing as a career?

3. How do you feel about the concept of learning how to nurse
    from a college, instead of in hospital?

4. As far as the nursing part of your studies is concerned,
    do you feel you have a great number of rules to remember?

5. Do you see yourself as less 'free' than your counterparts
    in other disciplines in the college?

6. How do you see (perceive) your teacher, as a nurse, or
    as a teacher?

7. Does your perception of your teacher vary with the
    setting in which she is, viz. college classroom or
    hospital floor?

8. Do you see yourself as your teacher's equal, with equal
    rights to your own point of view, and to having them
    heard?

9. Do you see your teacher as being in the status role in
    any facet of your relationship?

10. What is your reaction to the idea of having to evaluate your teacher?

The interview is "unstructured" in the sense that they are not confined to 'yes' or 'no' responses, but it was thought by the writer that the guiding questions would help the student to feel less 'focused on'.

APPENDIX II

Presented here are staff and student projections for a hypothetical academic semester in any CEGEP nursing programme. It shows the decreed student/teacher ratios and work hours. This ratio forms the basis for assessing staffing needs, on the basis of student projections.

The basic ratio is 1 teacher per 15 students.

40 students = 1 class
12 hours per week = 1 full time nursing teacher - classroom
16 hours per week = 1 full time nursing teacher -(clinical area)
(Clinical & Classroom instruction performed by the same teacher)

FALL TERM

1ST YEAR   Basic Nursing
Nursing 101 - 120 students
Classroom - 3 groups x 3 hrs. $= \frac{9}{12}$ or $\frac{3}{4}$ teacher
Clinical - 15 groups x 3 hrs. $= \frac{45}{16}$ or 2 $\frac{13}{16}$ teachers

Total 3 $\frac{6}{16}$ teachers

2ND YEAR   Medical/Surgical/Psychiatric Nursing
Nursing 501/601 - 80 students
Classroom - 2 groups x 12 hrs. $= \frac{24}{12}$ or 2 teachers
Clinical - 10 groups x 16 hrs. $= \frac{160}{16}$ or 10 teachers

Total   12 teachers

3RD YEAR   Obstetrical Nursing
Nursing 301 - 40 students
Classroom - 1 group x 12 hrs. = 1 teacher
Clinical - 5 groups x 15 hrs. $= \frac{80}{16} =$ 5 teachers

Total 6 teachers

Paediatric Nursing

Nursing 401 - 40 students

Classroom - 1 group x 12 hrs. =   1 teacher

Clinical - 5 groups x 16 hrs. = $\frac{80}{60}$ = 5 teachers

            Total   = 6 teachers

Total decreed staffing needs - 27 $\frac{6}{16}$ teachers

Total departmental staffing needs = 25 * teachers

* It is wiser and more forsighted if the department does not hire to the decreed limit in any one year, as student enrolment may fall below projected levels.

(xiv)

McGill University

Faculty of Education

July 1977

Dear Graduate Nurse,

The enclosed material is to make you familiar with the opportunities for graduate nurses available within the 30-credit McGill Diploma in College Teaching, now accepting applications for September 1977. In past programs of this type, little attention has been paid to the expressed wish of many nurses to upgrade their skills in nursing practice and in the teaching of nursing. In the program leading to the Diploma in College Teaching it is now possible for a graduate nurse to earn up to half of the total credits in "field experience" courses especially designed to do this. The way in which this has been accomplished is explained by Professor Gilchrist, Director of the School of Nursing, in her letter on the following page.

Some of the nurses to whom this letter is addressed will be teachers in CEGEPs and colleges. Others will be on the staff of large teaching hospitals. We welcome applications from both groups of graduate nurses, as well as from college-level teachers per se, in the belief that the possibilities for shared experience will lead to a valuable enrichment of the curriculum.

The enclosed materials should make clear the nature of the program and the way in which it has been designed to meet the needs of a variety of special groups, especially graduate nurses. Further information concerning the program, and application forms for admission to the program may be obtained from:

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College-Level Programs,
Faculty of Education,
McGill University,
3700 McTavish Street,
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