ACKNOWLEDGEMENTS

I wish to thank all the people who participated in this study—nurses, teachers and students both—for their honesty and spontaneity and for their willingness to share with me their opinions and concerns; my thanks go also to the many friends, and colleagues who from time to time offered suggestions and ideas. Finally my grateful thanks to my Professor Arpi Hamalian, for her unflagging support, help and advice.

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 professionnel). 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', together 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 cornerstones 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. Musalem: (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

(2) 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 Quebec 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 learning 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 knowledge 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 Koernér (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 upgrading 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 educational system, and the college setting as separate subcultures, 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.

(1) 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 occupation 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 physicians delegate more and more technical functions to the nurse. The nurse wants a measure of independence, prestige and money, in keeping with her enlarged 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) Commitment 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, 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 diffuseness 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 "disruptive 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 Quebec are two of the most important responsibilities within the mandate of the Order of Nurses of the Province of Quebec, and historically nursing programmes 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 Quebec 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 Quebec ---- 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 traditionally 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,

* As a result of the requirements of the Professional Code, The Association of Nurses of the Province of Quebec became the Order of Nurses of the Province of Quebec, 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
Epidemiology
Gynaecological
Neurological
Outpatient Department
Operating Room
Orthopaedic
Public Health
Recovery Room
Urological
NURSING III
Geriatic
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
Introduction 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
The numbers to the right of each subject represent classroom 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 requiring 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 jeopardize 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 Committee at one of our camps 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 comparisons 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>
<thead>
<tr>
<th>SOURCE</th>
<th>NO. OF TEACHERS</th>
<th>NO. OF STUDENTS</th>
<th>NO. OF NURSING STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>College # 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campus A</td>
<td>4</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>College # 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campus B</td>
<td>7</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>College # 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campus A</td>
<td>2</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>College # 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campus B</td>
<td>1</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>College # 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Hospital # 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Hospital # 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>12</td>
<td>6</td>
</tr>
</tbody>
</table>
IV. THE INTERVIEW SCHEDULE

My participant observation during the initial 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 authoritarianism 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 successful. 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.**

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>NOT AT ALL</th>
<th>VERY LITTLE</th>
<th>MODERATELY SO</th>
<th>VERY MUCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td></td>
<td></td>
<td>9.5% (2)</td>
<td>61.75% (13)</td>
</tr>
<tr>
<td>NURSES</td>
<td></td>
<td></td>
<td>9.5% (2)</td>
<td>28.5% (6)</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td>9.5% (2)</td>
<td>90.25% (19)</td>
</tr>
</tbody>
</table>

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.**

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>NOT AT ALL</th>
<th>VERY LITTLE</th>
<th>MODERATELY SO</th>
<th>VERY MUCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>-</td>
<td>9.5%(2)</td>
<td>-</td>
<td>61.75%(13)</td>
</tr>
<tr>
<td>NURSES</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>28.5%(6)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>-</td>
<td>9.5%(2)</td>
<td>-</td>
<td>90.25%(19)</td>
</tr>
</tbody>
</table>

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**

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

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>FAR TOO LITTLE</th>
<th>BARELY ENOUGH</th>
<th>ENOUGH</th>
<th>MORE THAN ENOUGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>61.75% (13)</td>
<td>-</td>
<td>9.5% (2)</td>
<td>9.5% (2)</td>
</tr>
<tr>
<td>NURSES</td>
<td>4.75% (1)</td>
<td>-</td>
<td>4.75% (1)</td>
<td>9.5% (2)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>66.5% (14)</td>
<td>-</td>
<td>14.25% (3)</td>
<td>19% (4)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>NEVER</th>
<th>CERTAIN</th>
<th>WITH RESERVATIONS</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>19% (4)</td>
<td>-</td>
<td>42.75% (9)</td>
<td>9.5% (2)</td>
</tr>
<tr>
<td>NURSES</td>
<td>9.5% (2)</td>
<td>-</td>
<td>14.25% (3)</td>
<td>4.75% (1)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>28.8% (6)</td>
<td>-</td>
<td>57.0% (12)</td>
<td>14.25% (3)</td>
</tr>
</tbody>
</table>

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.**

<table>
<thead>
<tr>
<th>SEEEN AS TEACHERS</th>
<th>SEEEN AS NURSES</th>
<th>SEEEN AS BOTH</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>20% (3)</td>
<td>20% (3)</td>
<td>60% (9)</td>
<td>100% (15)</td>
</tr>
</tbody>
</table>
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**

"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."

**STANDARD-ORIENTED**

"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.**

<table>
<thead>
<tr>
<th>STANDARD-ORIENTED</th>
<th>STUDENT-ORIENTED</th>
<th>NOT CLEARLY DEFINED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>-</td>
<td>-</td>
<td>100%</td>
</tr>
</tbody>
</table>

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: A REPORT OF FIFTEEN TEACHERS

<table>
<thead>
<tr>
<th>NOT PREPARED</th>
<th>VAGUELY PREP.</th>
<th>MORE OR LESS PREPARED</th>
<th>WELL PREPARED</th>
</tr>
</thead>
<tbody>
<tr>
<td>86.7% (13)</td>
<td>13.3% (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>86.7% (13)</td>
<td>13.3% (2)</td>
<td></td>
</tr>
</tbody>
</table>

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.**

<table>
<thead>
<tr>
<th>TAUGHT TO EMPHASISE THEORY</th>
<th>TAUGHT TO EMPHASISE SKILLS</th>
<th>TAUGHT TO GIVE EQUAL WEIGHT</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.7% (1)</td>
<td>80% (12)</td>
<td>13.3% (2)</td>
<td>100% (15)</td>
</tr>
</tbody>
</table>

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."

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 EMPHASIS IN CURRICULUM: STATEMENTS OF FIFTEEN TEACHERS

<table>
<thead>
<tr>
<th>EMPHASISE THEORY</th>
<th>EMPHASISE SKILLS</th>
<th>TRY TO GIVE EACH EQUAL WEIGHT</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>86.6% (13)</td>
<td>-</td>
<td>13.4% (2)</td>
<td>100% (15)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>See Themselves As Teachers</th>
<th>See Themselves As Nurses</th>
<th>Confused</th>
</tr>
</thead>
<tbody>
<tr>
<td>52.6% (8)</td>
<td>33% (5)</td>
<td>13.4% (2)</td>
</tr>
</tbody>
</table>

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 (33%) 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 classroom 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 Parsons (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.

<table>
<thead>
<tr>
<th>See Them As Nurses</th>
<th>See Them As Teachers</th>
<th>Uncertain</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>100% (6)</td>
<td>-</td>
<td>100% (6)</td>
</tr>
</tbody>
</table>

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 spent 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 consensus 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 both sets of expectations becomes "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.

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Not Entirely</th>
<th>As Far As Possible</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>26.6% (4)</td>
<td>13.3% (2)</td>
<td>26.6% (4)</td>
<td>33.5% (5)</td>
</tr>
</tbody>
</table>

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 way 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 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 of taking 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 interfering 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 successful 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.

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>VERY STRICT</th>
<th>MODERATELY STRICT</th>
<th>STRICT</th>
<th>NOT STRICT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>57.1% (12)</td>
<td>9.5% (2)</td>
<td>-</td>
<td>4.75% (1)</td>
</tr>
<tr>
<td>NURSES</td>
<td>19.0% (4)</td>
<td>-</td>
<td>9.5% (2)</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL</td>
<td>76.1% (16)</td>
<td>9.5% (2)</td>
<td>9.5% (2)</td>
<td>4.75% (1)</td>
</tr>
</tbody>
</table>

When asked "How stringent were the rules which governed your daily life during your training?" twelve teachers (57.1%) and four nurses (19.0%) 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 innovator!"

"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 administration and pedagogy, the relationship between the college and the student is already set at an adult level."

Thus the nursing student 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 committed 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

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.**

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>LESS</th>
<th>ABOUT THE SAME</th>
<th>MORE</th>
<th>MUCH MORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>-</td>
<td>9.5% (2)</td>
<td>-</td>
<td>61.8%(13)</td>
</tr>
<tr>
<td>NURSES</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>28.5%(6)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>-</td>
<td>9.5% (2)</td>
<td>-</td>
<td>90.3%(19)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>IMPROVEMENT</th>
<th>NO IMPROVEMENT</th>
<th>NO OPINION</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>14.3% (3)</td>
<td>52.25% (11)</td>
<td>4.75% (1)</td>
</tr>
<tr>
<td>NURSES</td>
<td>-</td>
<td>28.5% (6)</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL</td>
<td>14.3% (3)</td>
<td>80.75% (17)</td>
<td>4.75% (1)</td>
</tr>
</tbody>
</table>

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 process 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 Édouard Desjardins, Montréal 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:

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>AGREE WITH RESERVATIONS</th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>-</td>
<td>-</td>
<td>9.5% (2)</td>
<td>61.8% (13)</td>
</tr>
<tr>
<td>NURSES</td>
<td>-</td>
<td>-</td>
<td>9.5% (2)</td>
<td>19% (4)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>-</td>
<td>-</td>
<td>19% (4)</td>
<td>80.8% (17)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>AGREE</th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>19% (4)</td>
<td>31.25%</td>
<td>19%</td>
<td>(4)</td>
</tr>
<tr>
<td>NURSES</td>
<td>4.75% (1)</td>
<td>14.25%</td>
<td>9.5%</td>
<td>(2)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>23.75% (5)</td>
<td>45.5%</td>
<td>28.5%</td>
<td>(6)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Respondents</th>
<th>More</th>
<th>About the Same</th>
<th>Less</th>
<th>Much Less</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>-</td>
<td>6.75% (1)</td>
<td>13.3% (2)</td>
<td>.80% (12)</td>
</tr>
<tr>
<td>Total</td>
<td>-</td>
<td>6.75% (1)</td>
<td>13.3% (2)</td>
<td>.80% (12)</td>
</tr>
</tbody>
</table>

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 reprimanding 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.

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>NOT AT ALL</th>
<th>A LITTLE</th>
<th>A FAIR AMOUNT</th>
<th>VERY MUCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>6.6%(1)</td>
<td>-</td>
<td>6.6%(1)</td>
<td>87%(13)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>6.6%(1)</td>
<td>-</td>
<td>6.6%(1)</td>
<td>87%(13)</td>
</tr>
</tbody>
</table>
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 students, 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 "impeccably 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 (i) a happy person, an extrovert at ease in the presence of strangers, (ii) a clean person, dressed well but conservatively; (iii) poised and polite and (iv) a girl from a happy family." *

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 one 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.

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>NOT AT ALL</th>
<th>TO SOME EXTENT</th>
<th>VERY GOOD</th>
<th>NOT CERTAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>4.75%(1)</td>
<td>9.5%(2)</td>
<td>57%(12)</td>
<td>-</td>
</tr>
<tr>
<td>NURSES</td>
<td>-</td>
<td>-</td>
<td>23.75%(5)</td>
<td>4.75%(1)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>4.75%(1)</td>
<td>9.5%(2)</td>
<td>80.75%(17)</td>
<td>4.75%(1)</td>
</tr>
</tbody>
</table>

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 progress 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.**

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>DISAGREE</th>
<th>UNCERTAIN</th>
<th>AGREE WITH RES.</th>
<th>AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>23.75%(5)</td>
<td>4.75%(1)</td>
<td>-</td>
<td>42.75%(9)</td>
</tr>
<tr>
<td>NURSES</td>
<td>4.75%(1)</td>
<td>-</td>
<td>-</td>
<td>23.75%(5)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>28.5%(6)</td>
<td>4.75%(1)</td>
<td>-</td>
<td>66.5%(14)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>DISAGREE</th>
<th>UNCERTAIN</th>
<th>AGREE WITH RES.</th>
<th>AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>23.75% (5)</td>
<td>4.75% (1)</td>
<td>-</td>
<td>42.75% (9)</td>
</tr>
<tr>
<td>NURSES</td>
<td>4.75% (1)</td>
<td>-</td>
<td>-</td>
<td>23.75% (5)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>28.5% (6)</td>
<td>4.75% (1)</td>
<td>-</td>
<td>66.5% (14)</td>
</tr>
</tbody>
</table>

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 environment. If the foundations have not been laid in early life, they are difficult to build upon later."
"Yes, it does have an effect. There are standards of care and behaviour which must 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 tabulated 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.

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>NEVER</th>
<th>UNCERTAIN</th>
<th>YES WITH RES.</th>
<th>YES ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>80%(12)</td>
<td>6.6%(1)</td>
<td></td>
<td>13.2%(2)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>80%(12)</td>
<td>6.6%(1)</td>
<td></td>
<td>13.2%(2)</td>
</tr>
</tbody>
</table>
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 overwhelmingly 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 throughout life. More specifically, they should participate 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 potentially threatening to the teacher without "permanence".

TABLE 25
DEGREE OF SURPRISE OF NEW TEACHERS AT IDEA OF STUDENT EVALUATIONS: OPINIONS OF FIFTEEN TEACHERS.

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>NOT AT ALL</th>
<th>SLIGHTLY</th>
<th>A FAIR AMOUNT</th>
<th>VERY MUCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>52.8%(8)</td>
<td>13.2%(2)</td>
<td>-</td>
<td>33%(5)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>52.8%(8)</td>
<td>13.2%(2)</td>
<td>-</td>
<td>33%(5)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>REJECT COMPLETELY</th>
<th>REJECT WITH RESERVATIONS</th>
<th>ACCEPT WITH RESERVATIONS</th>
<th>ACCEPT COMPLETELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>26.6% (4)</td>
<td>-</td>
<td>73.4% (11)</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL</td>
<td>26.6% (4)</td>
<td>-</td>
<td>73.4% (11)</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>NOT AT ALL</th>
<th>A LITTLE</th>
<th>A FAIR AMOUNT</th>
<th>VERY MUCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>20%(3)</td>
<td>-</td>
<td>-</td>
<td>80% (12)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20%(3)</td>
<td>-</td>
<td>-</td>
<td>80% (12)</td>
</tr>
</tbody>
</table>

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 overwhelming 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 anonymous 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

<table>
<thead>
<tr>
<th>RESPONDENTS</th>
<th>NEGATIVE</th>
<th>FAIRLY NEGATIVE</th>
<th>FAIRLY POSITIVE</th>
<th>POSITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEACHERS</td>
<td>26.4%(4)</td>
<td>26.4%(4)</td>
<td>33%(5)</td>
<td>13.2%(2)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>26.4%(4)</td>
<td>26.4%(4)</td>
<td>33%(5)</td>
<td>13.2%(2)</td>
</tr>
</tbody>
</table>

Responses to the question "What is your reaction to the idea of being evaluated by your peers?" ran the entire gamut 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."

* 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 regarding 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 - teachers 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.

* Direction générale de l'enseignement collégial.
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.

<table>
<thead>
<tr>
<th>RESPONSES</th>
<th>NO ONE</th>
<th>CLOSE RELATIVE</th>
<th>FAMILY FRIEND</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>66.6%(8)</td>
<td>8.3%(1)</td>
<td>8.3%(1)</td>
<td>16.6%(2)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>66.8%(8)</td>
<td>8.3%(1)</td>
<td>8.3%(1)</td>
<td>16.6%(2)</td>
</tr>
</tbody>
</table>

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, foreseeable 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 fascinated 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."

*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.

<table>
<thead>
<tr>
<th>RESPONSES</th>
<th>VERY DISAPPOINTED</th>
<th>FAIRLY DISAPPOINTED</th>
<th>FAIRLY SATISFIED</th>
<th>SATISFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>-</td>
<td>66.6% (8)</td>
<td>24.9% (3)</td>
<td>8.3% (1)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>-</td>
<td>66.8% (8)</td>
<td>24.9% (3)</td>
<td>8.3% (1)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>RESPONSES</th>
<th>AS A TEACHER</th>
<th>AS A NURSE</th>
<th>DEPENDS ON MILIEU</th>
<th>UNCERTAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>43% (5)</td>
<td>25.8% (3)</td>
<td>16.6% (2)</td>
<td>16.6% (2)</td>
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<td>TOTAL</td>
<td>45% (5)</td>
<td>25.8% (3)</td>
<td>16.6% (2)</td>
<td>16.6% (2)</td>
</tr>
</tbody>
</table>
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 evaluations of teacher performance are an integral part
of the modern education system which is committed to the total personality development of the student. If teachers 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 of 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'être 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 universities preparing nurses for the teaching of nursing should also be in possession of these written statements. Guidelines 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 conflict and anguish or, as they put it, in preserving their "sanity."

* Brief from the Superior Council on Education to the Ministry, p. 17, 19.
In addition, we need to exploding once and for all the myth that to possess a body of knowledge is necessarily the same as being able to teach it. This myth seems to be perpetuated by the consensus that "adequate" preparation 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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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

FATHER'S 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?
Schedule # 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?
(iv)

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 today 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 dissatisfaction 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
NAME:

SEX:  MALE  FEMALE

FATHER'S 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. = 9
12 or 3
4

Clinical - 15 groups x 3 hrs. = 45
15
16
16

Total 3
16
6 teachers

2ND YEAR Medical/Surgical/Psychiatric Nursing
Nursing 501/601 - 80 students
Classroom - 2 groups x 12 hrs. = 24
12

Clinical - 10 groups x 16 hrs. = 160
16

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. = 80
16

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 = \frac{27}{15} = \frac{6}{15} teachers

Total departmental staffing needs = 25 teachers

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

Prof. Roland J. Wensley,
Associate Director,
College-Level Programs,
Faculty of Education,
McGill University,
3700 McTavish Street,
Montreal, P.Q. H3A 1Y2

Telephone: 392-8807

Postal address: 3700 McTavish Street, Montreal, PQ, Canada H3A 1Y2