CHAPTER SEVEN

AFFIRMING NURSING IDENTITY THROUGH CURRICULUM CHANGE

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ABSTRACT

What is obvious is that over the last five years, nursing had become an increasingly diverse profession. In the current wave of industrial difficulties, nursing professionals are battling with an identity crisis of what is required of them as beginning nurses. So preparation for practice now and the future within nursing curricula has struggled with a way to find a solution when it is entrenched with complexity, confusion, differing priorities and competing tensions. This paper is about exploring the tensions and dilemmas within nursing and how industry requirements are challenging curricula. The author will attempt to argue a conceptual framework for future curricula that not only celebrates the essence and identity of nursing but also offers a way forward in an educational sense that reflects the dynamic and evolving health care industry.

INTRODUCTION

The idea for this article occurred when I was writing a paper with a colleague on the dilemma of nursing skills, tradition, ritual and the current wave of industry requirements for generic skills. This whole issue struck a

deep cord as I wrestled with the conceptual and philosophical issues of nursing as a profession, its identity and how little literature had been published about the challenge and struggle of prioritising nursing content in a curriculum especially nursing skills. It occurred to me that nursing professionals were battling with an identity crisis of what was required of them as beginning nurses and what nursing curricula did or did not offer in the way of a solution. What is obvious is that nursing had become an increasingly diverse profession within a dynamic and complex health environment. So, the opportunity arose for me to work with a variety of stakeholders to re-formulate the nursing curriculum for re-accreditation in 2004 and hence pursue an area of study I was passionate about.

Through self-reflection and reading of the issues in my own discipline of nursing, lead me to question the *raison d'etre* of nursing curricula. Nursing culture is traditionally embedded with rites of passage such as being able to perform critical skills seen to be important by the profession and polarised by the media. These traditions have been translated into nursing education in universities where students learn and some educators still teach specific nursing skills that symbolise the stereotypical nurse in isolation from other forms of scholarship. This ultimately affects and transforms curricula in disciplines such as nursing that are affected not only by its culture but also by workforce requirements. There seems to be conflict in what nursing curricula should consist of and how it can best prepare beginning Registered Nurses now and has relevance for the future.

As well, the national agenda being developed between employer bodies and tertiary education is currently driving a debate about what skills a graduate should have. There is now a call for the development of generic attributes to be identified and be embedded in curricula rather than the more traditional narrow skill development training. Those things that 'make' a nurse, that is, professional identity can be lost in this type of debate. This situation is not unique to nursing alone and as been experienced by other professions like teaching, social work and engineering.

This article is about exploring the tensions and dilemmas within nursing and how industry requirements are challenging curricula. I will attempt to argue a conceptual framework for future curricula that not only celebrates the essence and identity of nursing but also offers a way forward in an educational sense that reflects the dynamic and evolving health care industry.

HISTORY

Nursing education was first introduced into Australia in 1868 based on a Nightingale model. This apprenticeship model of nursing continued until the 1960s and 1970s, which was a period of industrial and professional turmoil within Australian nursing. It became apparent that the apprenticeship model was inadequate and did not reflect the nurses' changing role, developments occurring in nursing and nurse education overseas, increased industrial influence of the various nursing organisations and changing roles of women. Because of this, the concept of nurse education within tertiary education was mooted. The transfer into higher education began in 1985 with 1990 seeing the last hospital-based programs.

The recent National Review of Nursing Education (DETYA 2001) highlighted many of the issues associated with nursing education in a rapidly changing health environment. Thus, it is timely to examine the bipolarity within nursing education that has the potential to impede its continuing development. On one hand, there are the remnants of the Nightingale model with a focus on the traditional bedside skills of nursing, whereas on the other hand there is a concentration on generic skills acknowledged as necessary for the capacity to respond effectively within varied workplaces and adapt to changing environments. So there is a tension where many within the profession (and outside) want to cling to the Nightingale model whilst others concern themselves with the future in respect to changes within the health care system where technology, ways of doing business, health and research challenges are rapidly evolving. The issue is about questioning what the profession and others want thereby providing an ideal opportunity to re-examine or re-conceptualise the curriculum.

THE DILEMMA

Recently in a review, the New Zealand Council of Nurses in DETYA (2001) made an apt observation about what the nursing profession needs to decide about its nurses saying they '… are to be educated as beginning practitioners with a wide range of nursing skills such as critical thinking skills and professional identity…or…[should be]…practitioners clinically competent in pre-registration nursing skills as well as particular more specific skills.' (p.120). The dilemma arises in that the review had difficulty deciding what was required for a beginning Registered Nurse – generic attributes or specific nursing skills. This polarisation strongly reflects on how curricula are currently

being developed and conceptualised across the country. The review suggests that it is an opposing situation and not where one set of skills emerges out of another. In actuality, they are complementary. This mixed view is congruent with the literature in the field. Reasons for this dilemma are highlighted below.

As our population becomes more elderly and where drug use and mental health issues are more prevalent, the every day work of nurses has had to adapt to meet these ever-changing needs (DETYA 2001). Health care environments reflect an increasing level of acuity within hospitals and aged care settings. They have become more complex and nurses are required to have an increased level of autonomy and highly developed critical thinking skills (Angel, Duffey & Belyes 2000). As well, other non-nursing skills have been highlighted in the face of demands for new technologies, and being able to work cohesively within multi-disciplinary teams (DETYA 2001). This multitude of present and future needs challenges nurse educationalists to prepare nurses to function effectively work within and across these moving boundaries. There is a tension within a curriculum on the one hand it is to serve a complicated health system rigidly designed to meet specific requirements whilst on the other, preparing health professionals who are flexible and adaptable in any healthcare setting. The dilemma involves a clash of workplace cultures and differing educational needs.

CHANGING CURRICULUM AND PROMOTING IDENTITY

When wanting to change something as fundamental as a curriculum, I was drawn to the writings of Bauman (1991) and Nicolescu (2002) as a way of looking and thinking outside the box. Bauman (1991) identified that one should not feel comfortable about change or attempting to order activity. If I am to view a nursing curriculum as a problem then Bauman (1991) argues 'Problems are created by problem-solving, new areas of chaos are generated by ordering activity. Progress consists first and foremost in the obsolescence of yesterday's solutions' (p.14). Thus, the comfort of rigidity, conformity and bureaucracy where boundaries are set (yesterday's solutions) is not what the discipline requires at this time. It is hard to let go of yesterday's solutions because they demonstrate to stakeholders some level of success or achievement. This achievement was tied to accreditation by an external body and a number of years of successful graduates who became successfully employed. Yet, the workplace continually reports inadequate preparation of neophytes. From my perspective, the curriculum was and continues to

maintain the *status quo* of the current culture yet it is questionable as to whether it prepares nurses for the future. The National Review of Nursing Education (DETYA 2001) confirmed this hunch by highlighting the soaring attrition levels of Registered Nurses out of the system within five years since graduation where the average age of nurses now working in health is 45 years. Also, it is leaving a generation of nurses with little recognition of who they are as professionals – a lack of identity (ABC 7.30 Report October 8, 2002). Their symbolism is being stripped away as things change. So, change should not be about fulfilling an immediacy of need but a responsibility to the public purse by preparing nurses appropriately whilst adapting, transforming and challenging the system.

Curriculum change is a hard task for the stakeholders. Sometimes it requires one to seek views and ideas outside the discipline. Nicolescu (2002) in his writings argues for a transdisciplinary approach to issues. From his perspective, there are three pillars of transdisciplinarity: complexity, many levels of reality and coherence amongst these different realities that leads to an open structure of unity (Thompson Klein www.mines.edu/newdirections/ essay2.htm). There is no doubt that nursing and its curriculum has within it a complex set of problems and issues. The different levels of reality exists within those who are involved in the curriculum both directly and indirectly, lecturers, students, registered nurses, other health professionals, general public, health care agencies, government and so on. These people and systems contribute to the construct of the discipline. To conceive a change can involve different levels of reality about the future of discipline, its relevant program of study and where the logic involves thinking about the curriculum from different viewpoints utilising the voices of the stakeholders to assist. Thus, it is important to conceive different realities from the stakeholders because this allows me to see where the current curriculum is positioned and the possibilities of where it could be positioned and perceived notions of professional identity that structure the curriculum covertly.

In re-conceputalising a nursing curriculum, what the literature fails to address is the importance of professional identity (tradition, ritual and language) where possible solutions to the issues above could occur. Within any nursing curriculum there seems to be a hidden agenda about aspects of nursing culture and professional identity. It appears that these are not celebrated but rather the opposite. There is almost a cultural cringe about those characteristics within the culture that give nursing its identity. This

situation is not new and links back to the history of nursing as being less than socially valued, with 'wayward women and witches' forming part of the continuing stereotype. So the curriculum needs to make transparent these notions and re-conceputalise a stronger more affirming identity.

So, what is nursing culture? Nursing culture is reflected through its own distinctive characteristics such as a common language, rules and rituals, and dress – an identity (Suominen, Kovasin & Ketola, 1997). Nursing remains underpinned by culture. One part of this culture revered and valued by members of the profession is nursing skills. What skills are deemed to be of greatest importance creates a divergence of opinion (and often hot debate) on what are necessary for beginning nurses. These skills often provide a certain identity (albeit not complete) to those inside and outside the profession. Skills associated with high technology and low touch are greatly prized and afford high status to certain members within the profession. These skills are enmeshed with symbolism and celebrated within the culture. Curricula that identify skills as the central focus of the culture erode and weaken the overall identity of the nurse. In addition, rituals offer some internal view of what the discipline is grappling with and how a curriculum can reflect a stronger professional identity.

Rituals are an integral pattern of cultural behaviour of any community (Helman 1990). Rituals provide a sense of safety by creating an impression of order within a broad, often chaotic, social structure whereby each individual within a community understands what is expected of them (Suominen et al. 1997). Rituals also provide a socialisation function. For example, Wolf (1988) suggests that nurses learn what it is to be a nurse through the ritual of handover (exchange of client health status and information to the next carer). However, rituals have also been seen to be detrimental in that traditionally, nursing rituals are characterised by rigidity and routine, resulting in care delivery centred on the needs of the nursing staff, ward and hospital administration. This may result in depersonalised client care where the daily nursing routines and rituals necessitate the client 'fitting in' with the 'known order' rather that patient-centred care (Tonuma & Winbolt 2000). Thus, within nursing, rituals as expressions of nursing culture perform the functions of creating one's nursing social reality and the socialisation and professional identity of neophytes. However, within the safety net that rituals create, lays the potential for these same practices to perpetuate a system of care and education based around the security of these acts.

The culture of the discipline has been transposed into the curriculum. Doll (1993) suggested that the educational system that has dominated curriculum building for the past thirty years is one characterised by order, authority and simplicity. Out of this emerges a curriculum that is linear and sequential which fits well with the traditional concept of nursing. Despite, the introduction of broader subject areas such as sociology and psychology to underpin nursing, the valued components of a nursing curriculum are the practical nursing skills that are learnt in a progressive and ordered fashion according to the time honoured code of culture, tradition and ritual perpetuates an identity of regimentation and control. In terms of what the workforce (industry) wants of future nurses, there is an increasing difference of opinion about what the beginning nurse will 'look like' and what a curriculum will give the graduate. Thus, the confusion of professional identity within curriculum is tied directly to internal factors of existing culture and rituals and those who want to maintain it and assisted by what is portrayed more widely in society.

Within currently nursing curricula, professional identity is defined and articulated in a nebulous and confusing way because of the factors mentioned above. Future changes could further erode or transform this identity - depending on one's perspective and vested interest in maintaining the status quo. Members of the discipline are currently debating the latest round of industrial agreements where the tension is about what identity/identities should be assumed in the future - technicians (Bechtel, Davidhizar, Tiller & Quinn 1999), commissioning agents of care (Antrobus & Brown 1997) and/or cross-boundary professionals working in diverse health care workforces (Masterson 2002). These negotiations occur within the current economic, political and social reality of health care policies and the latest medical indemnity crisis (McKew 2002). A solution could be to seek different voices, reflect and realise that multiple realities can exist and can create a strong professional identity congruent with present and future needs. So how does a curriculum re-conceptualise itself utilising this knowledge?

CONCEPTUAL FRAMEWORK

In the current government document called "Crossroads" put forward by the Office of the Federal Minister of Education it states that 'The new century is generating a need for 'emerging' skills and knowledge that have not been previously a focus of higher education curricula' (http://www.dest.gov/

au/crossroads/). This situation reflects the current generic skill debate and confronts the traditional curriculum frameworks common in higher education in this country. The government questions whether higher education can indeed provide all the skills and knowledge that industries want in new graduates. One could assume that perhaps what industry wants are opposing short and long term outcomes (obviously not both!) where curricula prepare graduates more specifically (certain discipline skills) or where graduate skills meet any context (acquisition of generic attributes). Either perspective affects the workforce in terms of adaptability and flexibility to change. What I am proposing is a simple yet workable solution to meeting industry and professional requirements that can give both short and long term outcomes whilst affirming professional identity – so necessary in a changing world.

The table below demonstrates a model for the role of the beginning Registered Nurse that will be used in re-conceptualising a curriculum.
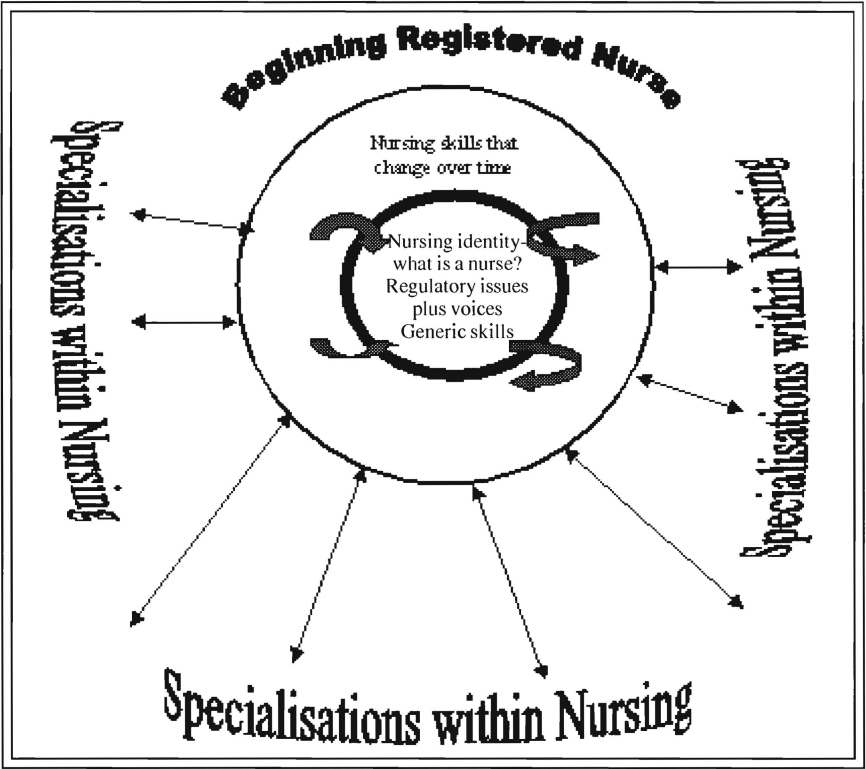

Table 1: *Re-conceptualising the Beginning Registered Nurse*

In examining this conceptual model, an explanation is required. The innermost circle is the essence of nursing – its identity, culture, history and tradition, legislative and ethical requirements and those generic skills that remain constant over time. This circle interacts with and informs dynamically the outer circle that reflects those nursing skills that change over time and vary according to industrial, technological and societal changes. These two circles are what define the beginning Registered Nurse – a strong identity. The nursing specialisations surrounding the circles are those areas within healthcare where different expertise is required and therefore more complex, diverse and specific skills are necessary. This area is the domain of postgraduate studies. This framework is congruent with current thinking and places nursing with a strong identity. I did a cursory examination of nursing curricula from around the country and found that nursing skills and content at the centre of most nursing programs. If the profession can identify those nursing skills (which in part are the root cause of curricula change, devaluing of the discipline and a loss of its own distinctiveness) are in the second circle of reference and therefore a lower level of importance. There is in essence, a de-emphasis on what can be considered least important and a re-focus on what is important to stakeholders. The re-focus is to celebrate the essence of nursing and not the skills that one performs. To re-focus a curriculum will require a forward thinking and challenging curriculum framework that will be relevant, adaptable and flexible.

CURRICULUM MODEL

Conceptualising a curriculum is more than thinking about the subject area. Print (1993) argues there are several approaches to positioning the curriculum: academic rationalist, cognitive processes; humanistic; social reconstructionist; technological; and eclectic where curriculum focuses on the individual from different conceptual orientations. I contend that the relative worth of subject areas discussed by developers opens up issues of power and control and literally allows one to 'take their eye off the ball'. Therefore, the essence of what makes a nurse is lost on notions of who wants what in the curriculum, as this becomes the central motivation. Within my framework, I propose that the subject areas be re-emphasised with identity being the core of the change so positioning the curriculum becomes an eclectic process (Print 1993). This allows two or more positions to be taken by developers and I hypothesise that this position can be more responsive and adaptable to change.

Therefore, skills taught within the curriculum can be movable depending on what changes occur in health over time. My project is about unpacking the inner circle of my model by asking basic questions about what makes a good nurse and how identity can be realised in a curriculum model.

Below in Table 2 is a model that I propose to use to ensure that the curriculum squarely focuses on the inner circle of the conceptual framework without compromising the necessary skills required.

Year level:
Course name and code:
Outcomes of course
Skills:
Optimal teaching methodologies:
Optimal assessment methods:
Identity of nurse illustrated:
Regulatory: Competencies/Codes identified

Nursing skills — Generic skills

Table 2: *Curriculum model*

This model (adapted from the University of Berkley Aeronautics Course) illustrates each course within the program of study. An explanation of the skills is required. Each course produces a series of relevant skills - nursing skills and embedded within are generic skills that are cognitively levelled. Utilising the work on generic skills by the nursing department at Alverno College Winconsin Madison (US) one can easily embed the generic skills within each course and nursing skill. This nursing department's has successfully mapped generic skills within their program and graduates high level industry ready graduands. As change occurs (industrial, technological and societal) the strength of the outcomes framework used sustains its inherent adaptability and flexibility whilst skills can change accordingly. Thus the curriculum remains intact and is focused on outcomes – a regulatory requirement.

The teaching and assessment methods reflect optimal approaches to achieve the outcomes of the course and program. Importantly each course can highlight nursing identity. Each year and each course should focus on a

progressive building of nursing identity as reflected from literature and research. Table 3 demonstrates an example of how courses could build this identity.

Year 1

reflects identity formation, history and background of nursing profession, nursing as art and nursing as science

Year 2

reflects professionalism, current rituals and traditions, creative awareness, reasoning and aesthetics

Year 3

reflects socialisation, professional integration, and rites of passage

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Table 3: *Identifying Nursing Identity within a Curriculum (an example)*

Finally, the regulatory component of the program deems that it meets competency standards and codes of conduct (ethical and legal) as established by the relevant Nursing Acts. Each course should reflect this for accreditation purposes. Utilising a relatively easy computer program one can plan the curriculum to show each specific section and congruence to overall program outcomes and professional requirements. Thus the curriculum model can demonstrate overall outcomes, nursing skills, level of generic skills, teaching and assessment methods, identity formation and regulatory requirements. This model clearly reflects the conceptual framework and can easily be changed and monitored.

CONCLUDING COMMENTS

The answers to my research are important because if nurses do not re-conceptualise their identity soon by either reformulating from their past or including future aspirations then the profession of nursing will no longer be that – it will be a technical service to sick people. It will be technologists manipulating machinery to assist with optimising the physiological functions of humans. Other issues that deal with other aspects of the human condition would not be considered. Care may not be a word used anymore in respect to promoting the health and well-being for humans. Central to the way the nursing profession embraces the future is its underlying philosophy: that which

articulates professional values and shapes practice, research, education and management. In a time of change it is therefore essential to revisit its tradition, history and rituals that underpin nursing. Booth, Kenrick and Woods (1997) identify this as a critical issue. There needs to be frameworks developed that are relevant and accessible across the whole spectrum of nursing. Frameworks that reflect and celebrate the art and science of the discipline can occur by examining four issues:

(1) The identity of a nurse through embracing and celebrating openly the richness of history, tradition and ritual,

(2) The generic skill debate where graduates have a set of skills that are transferable into many healthcare contexts,

(3) The reality of where nurses will be working for the future could be any reality created individually and collectively, and

(4) The need to scan the horizon for weak signals as answers or solutions to the critical issues and continue to have a monitoring in areas not traditionally sought.

Hence, a curriculum should be responsive, proactive, socially accountable and ethical in its approach to the future. A nursing curriculum should echo the artistry of reflection in action, have the appropriate therapeutic skills and knowledge base necessary to promote health as a holistic, multidimensional, dynamic, evolving and transforming process (Denehy 1998).

Health care of the future demands an increasingly global perspective, it is important to explore the relationship between the social structure of professional nursing and its ideological imperatives. Essentially professional identity should emerge from this exploration. This will be important in preparing nurses to meet the inevitable challenges of this millennium and remoulding their professional landscape.

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