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DEVELOPING NURSING IDENTITIES THROUGH CURRICULUM CHANGE: SKILLING FOR THE FUTURE

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ABSTRACT

Over the last ten years, nursing has become an increasingly diverse profession. The role and scope of practice for nurses is changing and being challenged, where nurses are no longer "just nurses". This paper explores the multiple identities of nurses, and how generic skills need to be explicit in curricula. This is essential for the profession to respond in a dynamic and rapidly evolving health-care industry.

CRISES IN HEALTH AND, MORE SPECIFICALLY, NURSING

Like most professions, nursing has become increasingly diverse in a rapidly changing work environment. Currently, a gap exists between what nurses can do and what they are employed to do; between the education nurses obtain and the needs of the health environment in which nurses work. Nursing now deals with higher levels of illness acuity than ever before in both hospital and community settings. Historically, people would have died from certain illnesses but they are now being kept alive through advances in drugs, medical and surgical procedures, and technology. Despite these trends in morbidity and diverse differences in the education of nurses, 60 percent of nurses in the US today are employed in hospitals (Ward & Berkowitz, 2002). A similar trend is currently occurring in Australia (Australian Institute of Health and Welfare, 2002). This means that the future trends of more home-care based health

and discipline segmentation are not directly addressed in curricula because of rigid structures and forces within the government, profession, and industry. The current diverse state of the nursing profession reflects powerful and synergistic forces that affect family and work life, politics, education, economics, and the system of health care. Yet these increasing levels of complexity and discipline segmentation require beginning nurses to be sound problems solvers, knowledge managers, critical thinkers, and skilled in generic nursing practices. Diversification is inevitable, and from this arises a crisis of identity in nursing and its practice. As a consequence, nursing reviews across the world have been commissioned to highlight the current state of the profession.

THE LITERATURE

Within the Australian nursing scene and across the world – more specifically, the United Kingdom and New Zealand – there has been a

thorough investigation of nursing and its practices; this being a result of the acute shortages of nursing staff. There are further concerns about structural changes and reforms being slow to occur. The literature clearly illustrates the problems of trying to unravel the issues within nursing and, the health-care system in general. It highlights the crisis in nursing in relation to innovation, skilling for the future, and a lack of professional identity (Nursing Council of New Zealand, 2000; United Kingdom University Faculties of Nursing, Midwifery and Health Visiting, 1998).

In Australia, a senate committee commissioned a nursing inquiry report (Commonwealth Department of Health, 2002) because of concerns about the number of recent nursing investigations resulting in limited outcomes. The inquiry report titled "The Patient Profession: Time for Action" was a smartly-coined double entendre to soothe the sentiments of the profession whilst linking care with its principle stakeholder, the patient. The strength of the inquiry document is that the views sought were widespread and reflected systemic and continued unrest within nursing in the areas of work practices, recognition, education, research, management, and occupational health and safety issues. It also recognized the profession's confusion, diversity, and transformation within a changing and complex health environment; and nurses' lack of power and voice in the planning and public-policy domains. Less obviously stated was the competing duality of responsibilities and policy directions between health and education. To the benefit of members of the inquiry, the senate recommended to parliament a national review of nursing education be undertaken. This review was commenced in April 2002 after eleven other exhaustive investigations into nursing from 1996 to 2001. It focused on the broad, systemic areas of concern (including labour market shortages, working conditions, discipline segmentation, and gaps in knowledge) that are difficult to resolve in the short and long term. Moreover, implicit throughout the inquiry report was the notion that professional identity was a known and generally agreed-upon concept; this notion was not even interrogated or questioned. This is one of the report's hidden flaws.

In Australia, the National Review of Nursing Education 2002 (DEST, 2002) released its comprehensive findings reflecting the sentiments of the senate inquiry. Underpinning

the review there was an examination of the current arrangements in health, and changes in labour markets. Interestingly, in the "Purposes" section of the review it outlined similar issues to the senate inquiry but with one notable clause:

> Its role (the Review team) is not to define 'nursing' nor to enter into debates about the discipline or profession of nursing. It is for nurses themselves to resolve their concepts of professionalism and to develop their discipline (DEST, 2002, from the section headed 'Purpose of the Review….')

This statement claims that any discussion about nursing and any issues of a professional nature are not the domain of the review. Yet how can discussion of such issues be carried out in isolation and apart from the other facets of nursing as identified in the review – its culture, its role, relationships of nurses with others, and policy and funding frameworks? The absence of discussions about the profession is obviously part of the problem that prompted the numerous reviews and inquiries in this country. The other absence noted in the review is the perceived lack of any relationship between curriculum and professionalism (identity, socialisation, culture, values, and so on). Again, there appears to be an accepted assumption that could be part of an answer to the complex problems occurring. Others overseas are also experiencing similar issues (Nursing Council of New Zealand, 2000; Royal College of Nursing Great Britain, 2002).

From an international perspective, reviews from the Organization for Economic Cooperation and Development (OECD) (2003), the International Council of Nurses (2002), and the World Health Organization (WHO) (1999) also reveal that the only investigations into nursing (more generally, health) were in the areas mentioned by the senate inquiry and the national review, and that there was a lack of innovation within the health systems globally. These problems, it would seem, are not the sole responsibility of the nursing profession. Yet, neither the senate inquiry nor overseas references identified any recommendation for interdisciplinary, multidisciplinary, or transdisciplinary measures that would alleviate tension or find solutions to problems. They did not propose radical adjustments or even investigations into the critical concerns identified. Rather, they suggested only small changes to current problems or, more realistically, implicitly

advocated that we wait until issues become insurmountable and too difficult to resolve before making changes. Within these references current and future needs were inadequately examined because any future visions of the profession were not articulated clearly.

Interestingly, the United Kingdom (UK) underwent an inquiry into nursing and recommended similar actions. Little in this document highlighted professional identity. From the European perspective, the Council of Deans and Heads of UK University Faculties of Nursing, Midwifery and Health Visiting (1998) identified the usual system-wide issues but also made an insightful comment about curricula content and lack of innovation:

> It is regrettable that a large part of the curriculum supporting the initial preparation of Nurses and Midwives is 'content' driven and shaped, for example, by European Community requirements. Education providers complain that their capacity for innovation is stifled and new curricula shaped by clinical decision making and the acquisition of clinical skills are hard to establish because of these 'content drivers' (p. 4).

One can interpret from these words that curricula are open to external tensions that do not reflect where the profession might want to be.

In 2000, the Nursing Council of New Zealand commissioned a consulting company to undertake a strategic review of nursing education. The consultants identified three dominant forces that will impact on nursing in the future. These forces include information technology and interconnectedness, consumerism, and scientific developments. It was found in this study that the notion of professionalism and one's ability to be flexible and innovative would be imperative in the future. Unfortunately, the report did not expand on the notion of professionalism; it only alluded to the notion of strengthening the identity so that professionals will be able to meet future challenges. However, it informed the stakeholders quite specifically about curricula issues and proposed educational models that could be implemented. In comparison to the Australian and UK reports, this review was far more specific and action- and futures-oriented.

One must not forget the other sector involved in this process – the education system. The two competing demands on government resources, health, and education, led the Minister for Education, Science and Training to announce a review of higher education, with the release of an overview paper, *Higher education at the crossroads,* in April, 2002. In the preface to the paper, Nelson (2002) proposed that there should be consideration and debate to reform universities. Within this reform process it was reported there needs to a greater collaboration between stakeholders within and outside both systems in order meets the needs of a changing workforce. Therefore, the policies, decision-making, financial, and planning frameworks of both systems impact on how professionals are being prepared for the workplace. How much influence external stakeholders have on the opposing systems is fraught with issues that are neither new nor easy to resolve. This was identified more clearly in 2003 when the Commonwealth Government minister announced extra nursing positions for higher education to cope with the increasing crises within the healthcare system. However, "front-ending" by increasing numbers in health does not stop the issue of why so many nurses are leaving the profession or why the current nursing workforce is aging (Cowin, 2001). The average age of nurses in Australia is now 45years (Australian Institute of Health and Welfare, 2002); that is, the profession is attracting and keeping older individuals. Exploring the essence or identity of nursing is one way forward for the future.

WHAT IS A NURSING IDENTITY?

Nursing identity is a blurred concept, neither well articulated nor clear to all who are involved. Nurses are no longer "just nurses". They have a role that has diversified and become more complex as health care and practices continue to specialise. Therefore, what is required is a different set of meanings and interpretations about the distinctiveness of being a nurse. Nurses need new identities, ones that more accurately describe what they do and who they are; identities that can be articulated to potential nurses, politicians, policy makers, and the general public.

In recent decades nurses have searched for a distinctive identity and a new significance for nursing through a succession of symbols. The starched, pristine, maidenly uniform and cap

were abandoned for the lab coat or blue jeans or business suit. The modest bandage scissors tucked in the pocket were visually exchanged for the bold stethoscope dangling conveniently and conspicuously around the neck. The lamp was replaced by telemetry. The chart, for some, gave way to the clipboard, which in turn has yielded to the computer (Styles, 1987). In nursing education, the hospital receded as the university campus became the norm. However, none of these modern physical symbols belong solely to nursing as many other professions struggle to find meaning in the constantly-changing and diversified system of health (Styles, 1987). The words that reflect a lot of what nurses do, and nursing which can be seen through media stereotypes, is "high-tech/low-touch". This expresses not only the breadth and demands of practice but also an internal tension within the body of nursing. All these symbols are not mirages – they rightfully and accurately reflect changes in nursing and nurses. They also reflect the drive for a cognitive, intellectual, high-status image. Even though the cognitive skills are required in day-to-day practice, public images continue to reflect an arduous swim for the mainstream of respectability. So identity becomes an important feature when dealing with changes and skilling for the future.

Nursing has been described both as an art and a science. When one searches the literature, the embodiment of nursing is described in convoluted and nebulous ways. Nursing is tied to issues of history, tradition, ritual, power relationships, and gender to name a few. The concept "nurse" is complex in definition. Practice and parameters are interpreted in many different ways. Descriptions of this concept have changed and become differentiated over time because of social, market, economic, and political factors. Although nursing is a rich and diverse discipline that provides opportunities to work in a broad range of settings, the majority of novice nurses still choose the hospital as the site for their initial work experience. Possibly this is because the identity of nursing is still commonly associated with acute care, and that many novice nurses equate nursing with caring for individuals at the bedside rather than caring in communities.

As a term, nursing identity does not exist in the dictionary. What is a nurse? Nursing is a highly regulated and protected profession because public protection and safety are integral to its core identity, given the intimate and personal nature of much of the work.

According to the Royal College of Nursing, Australia (RCNA) and Australian Nursing Council (1999), there are two registrable categories of nurse, registered and enrolled. The premise by which nurses are permitted to these titles is that they are appropriately educated to provide nursing services to the Australian community. Both categories are entitled under state and territory legislation to be called "Nurse". The International Council of Nurses (ICN) is an organization that deals with worldwide nursing issues and the maintenance of core definitions of nursing and practice. The ICN (1998) goes further to say that the title of "Nurse" is regulated and protected by law to practice within certain legally-established boundaries. In addition, consumers of health need to know that those people caring for them are qualified to do so. Yet a description of nursing or its core identity defies definition.

According to the Concise Oxford Dictionary (1999) "identity" means "The sameness of a person or thing at all times or in all circumstances, the condition or fact that a person or thing is itself and not something else, individuality, personality…"(p. 620). Putting the nursing and identity together allows the external observer to see that it involves an individual representative of a collective (a nurse) who has knowledge and standards. In addition, it remains true to the distinctive nature of that collective even though it involves different facets of the individual and their being. The concept of nursing identity was further described by Ohlen and Segesten (1998). In their work they discussed two dimensions to nursing identity. The first was the personal dimension involving individual attributes, and the second was the interpersonal dimension. Mason (2002) discusses a third dimension: the political element of nursing. Nursing identity in essence is in fact multiple identities; similar to the concept of motherhood – there is no one definition of motherhood or mother but clearly there are broad attributes. There are many faces to nursing and to being a nurse. It is important to recognise that curricula need to address the issues of nursing identities in order to deal with changes for the future. It is not within the scope of this paper to discuss further the notion of nursing identities. The discussion here serves to highlight the complexity of the issue and how this may impact on curricula.   The right balance of what nurses portray is elusive in nursing education and, as mentioned earlier, nursing reviews across the world reflect this.

CURRICULA CLARITY LEADING TO CHANGE AND SKILLING FOR THE FUTURE

Currently, given the changes that are occurring, there is no rigorous research that informs nursing curricula both nationally and internationally. There lacks a systematic approach for providing the best evidence for curricula development – especially when the profession seeks to find its place in rapidly-changing health markets. The reviews highlighted previously made mention of adding content areas from certain targeted areas like mental health and aged care but they fail to see that the curriculum is already full. Hence the role and identity of the registered nurse has been subjugated by tensions of meeting labour market demands through skill development at the same time as trying to re-define professional boundaries. Thus, the curriculum is fuelled by the economic imperative of a "means-to-an-end" focus whilst it is assumed that the professional aspects of the curriculum will fix themselves. The preparation of other practice-based professionals like teachers, engineers, and social workers is also being influenced by similar levels of professional dissonance with the current system of education.

Generic skills have become a national and international topic of discussion. It seems from the literature that generic attributes and skills are sought after by employing bodies as being the ultimate set of characteristics they require of new graduates seeking to enter the workforce. It is also seen as a measure of success if one has sound skills in information and computer technology; communication – interpersonal and intrapersonal; problem solving and critical thinking; team work; and management skills in time, leadership, adaptability, and flexibility (Young, 1998; Ward& Berkowitz, 2002). One questions raised is, how are these skills or attributes to be judged in terms of importance alongside the development of the conception of nursing in a curriculum where value is placed on "high-tech/low-touch" (Styles, 1987)? In addition, the general discussion in the nursing profession suggest that the curriculum should equip students with skills that give them entry to a wide variety of health-care environments. In reality, it is not possible to learn all skills when there are such diverse employment environments. However, it is possible to learn how to learn.

More broadly speaking, the American Association of Colleges of Nursing suggest that nursing curricula should focus on core scientific principles that underpin all skills and that this should be done in order to prepare the graduate for lifelong self mastery, or technology learning. Others say that the curriculum must prepare the learner with knowledge and technical skills mitigated with flexibility, creativity, and active involvement in the learning process (AACN, 2003). What is described above is the notion of lifelong learning.

The National Review of Nursing Education (DEST, 2002) in Australia revealed that nursing over the past decade has developed specialised areas that were previously non-existent. This has created tension within the curriculum because it was initially designed to prepare generalist nurses for entry into the profession. The tension resides in what specialities are given clinical practice time and content within a generalist curriculum. This is done to give students a "taste" of other areas that nurses work in rather than value-adding to the development of the core role. This may add to role confusion rather than role development (Ohlen & Segesten 1998). Moreover, the current government philosophy underpinning the National Review focuses on the "knowledge nation" as a way of improving economic growth. From this perspective, there is an assumption that a knowledge nation is a learning society. In such a society learning needs to be linked not just to an individual being selected for employment as in the past, but to an individual's capacity to innovate and therefore to have a role in changing work processes (Castgells, 1989 as cited in Young, 1998). This requires a broader skill base than current nursing curricula supply. Therefore, this will require individuals who have a strong sense of their profession (identity) and of themselves (autonomy, critical thinking, and accountability) in order to determine which competing interests best suit future directions. It also implies that industry is reflexive enough to deal with engaging participative individuals who are willing to make changes rather than the traditional industrial-management model of "do as I say".

Skilling for the future whilst developing and strengthening the identities of nurses is a way forward for the future, that is, through a strong focus on transferable and generic skills at the same time as a providing a strong professional-development process.

CONCLUSION

As health care changes, the nursing professional is evolving with the emergence of new settings for practice, new roles for nurses, and new partnerships with other disciplines. These changes are the result of pressures to reduce costs and improve quality and outcomes through redesigned health-care delivery models. The work of nursing is also shifting. As traditional barriers to care are eliminated, nurses are expected to move across systems with an increasing focus on continuity, on outcomes, on populations, and on the continuum of care.

The solution may be one of first recognizing what are the essential skills generally required by industry that ensure that the new graduate can practice as a safe practitioner regardless of the health-care setting. It seems that one is really searching not for high-tech/low-touch but for a variety of skills that transfer to different settings – the more general skills mentioned before – yet where the individual has the capacity to learn for life.

Within nursing, one needs to be keep one's eye on the changing landscape and have a curriculum that is highly responsive and flexible. Students need to have a very clear understanding, very early in their student lives, of what industry requires of them upon graduating. They need to understand the nature of the profession and its diversity in order to seek to find ways of learning to learn for life. As well, those who employ graduates also need to be proactive and work more collaboratively with accrediting bodies and higher education so that the theory-practice gap is narrowed. Maybe then the profession, the curriculum, and the student might have a clearer view of the future and where the profession seeks to position itself.

Nursing is a paradox. Nursing is experienced at some time by everybody. It is practiced by millions of nurses across the world, yet it still difficult to describe and is poorly understood as commonly defined – it is almost a "felt" response. In 1859 Florence Nightingale (as cited in Quixley, 1974), "The elements of nursing are all but unknown" (p. 23).

In the 21st century this statement is still true. Some people associate nursing with the physical tasks concerned with keeping a sick person safe, comfortable, nourished, and clean. Some see nursing as assisting the doctor carrying out tasks associated with medical treatment. While both of these elements are indeed part of nursing practice, the idea that nursing consists solely of these elements ignores the wider contribution of professional nursing to health care, and will result in a service which does not offer its full potential. In the "Reid Report on Nursing Education" (Reid, 1994) there is the following statement.

> Australia needs a nurse who will leave university with a comprehensive grounding in the theory and practice of nursing including the basic strands of medical-surgical nursing, community-based nursing and mental health nursing-a nurse goes on learning throughout his/her professional career. (p. xv)

Curricula change can provide a way forward so that nursing is responsive and contemporary. It offers a way forward in an educational sense that reflects the dynamic and rapidly evolving health-care industry. Skilling for the future is about training people to be knowledge workers who have a strong sense of their profession and themselves. Nurses must challenge and learn from their past in order to move forward into the future. How do we go about achieving this; generally speaking it is through curriculum change that is strong, with a generic-skill and professional-development focus. This is the challenge.

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KNOWLEDGE WITHOUT BOUNDARIES: A REFLECTION ON COLLABORATION

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ABSTRACT

The purpose of this research was to examine the efficacy of a collaborative approach to course planning. The two researchers used the five basic elements of group effectiveness identified by Johnson and Johnson (1997) as the framework. The findings indicate that this approach has the potential to identify key issues and to facilitate effective collaboration.

INTRODUCTION

Central Queensland University has five campuses located in the Central Queensland region of Australia. There is significant physical distance between the campus sites. The Bachelor of Learning Management (BLM), the pre-service teaching degree, is delivered on all campuses. Course teams work together across campus sites to plan, implement, and deliver course materials. Within some courses collaboration between faculty and divisional staff is desirable to facilitate the use of particular design models.