The purpose and process of the education that nurses receive has changed dramatically since Florence Nightingale actually revolutionized nursing education and opened her first school in 1860. As well as being familiar with the current education that these colleagues receive, it may be important for physicians to be aware of the proposed changes in the system, thus becoming prepared for the future nurse - what she knows, how she thinks, what she can do and where her potential lies.

Nursing schools in Canada today are of two basic types - a two- or three-year hospital or community college-based program leading to a diploma and licensure, or a four-year university-based program leading to a baccalaureate degree and licensure. The main problem facing other
health team members is attempting to understand how these two groups differ and how to best utilize this varying knowledge and talent.

Diploma nursing schools vary widely in their philosophy and approach. Many, notably hospital-based programs, tend to value the more traditional views of discipline and structure while attempting to embrace the new theories, concepts and technological advances. Others, especially those located in community colleges, tend to take a more liberal view of education allowing more self-directedness and reliance on the internal motivations of the student. In the end, regardless of the approach, these diploma graduates are prepared to assume staff nurse positions in a variety of clinical settings but are assisted by more experienced nurses for varying lengths of time in the development of nursing judgment. Just as the clinical problem-solving skills are not keenly developed in the neophyte doctor, neither are they in the neophyte nurse, nor should this be expected by either the medical staff or other nurses.

University nursing schools are organized into departments, schools or faculties depending upon size of the nursing school, levels of programs offered (graduate and undergraduate), and faculty size and preparation. They offer a four-year program combining basic sciences, arts and science electives, basic nursing courses, advanced nursing courses including administrative and educational theory, research methods and statistics and clinical experience. Graduates of these programs are prepared for staff nurse positions and with appropriate clinical experience can advance into education, administration, community health, ambulatory care etc. The ladder up the hierarchy opens with the procurement of the degree — Bachelor of Nursing, Bachelor of Science in Nursing. Thus the universities also offer a baccalaureate degree for diploma graduates, the program for which last two or three full time years, depending upon the university.

Although the university degree is the education of the future for Canada's registered nurses, the decision has not been an easy one nor has the change come about rapidly. As long ago as 1965, the American Nurses' Association determined that all professional nurses must have an undergraduate degree for licensure, but diploma programs persist in that country. In 1975 the provincial association of nurses in Alberta became the first Canadian province to adopt such a resolution and in 1982, the Canadian Nurses' Association did the same, with support of most of the provincial groups.

What this will mean in terms of patient care still seems uncertain. One obvious positive effect will be the preparedness of nurses for the movement of health care into the community setting. As this movement gains momentum, more and more home care programs will flourish, requiring both nurses and doctors who are cognizant of the satisfactions and...
complications of medicine and health care in the community.

One area of nursing education that is a particular mystery to doctors and other health team members is graduate education. Yes, it is possible to be a Doctor of Nursing. Many people, including the lay public, are unaware of the heights to which a bright, ambitious and committed nurse can pursue her education and how she might apply this education. Bona fide Masters degree programs in nursing, requiring advanced study and thesis research, are offered to baccalaureate prepared nurses at many universities from Nova Scotia to British Columbia. Many of these provide specialization in a clinical area such as maternal-child health or have a functional focus such as administration. Still more nurses, recognizing that nursing draws from a wide variety of disciplines for its knowledge base, are eschewing the movement toward what has been termed the “incestuous nature of nursing education,” and are pursuing graduate degrees in education, health education and administration, and the biological and social sciences.

What, then, are these nurses prepared to do? Many are prepared as clinical experts, taking on educational and consultative roles of the clinical nurse specialist. Others will move up the administrative hierarchy in both hospitals and community agencies and the remainder will become either expert teachers of fledgling nurses or researchers.

Currently there are no Canadian programs to prepare nurses at the doctoral level.* Thus, nurses desiring a terminal degree must go to other countries or pursue doctorates in other fields. Most doctoral prepared nurses in Canada are employed as university faculty members, teaching, conducting research and publishing, but some are beginning to be employed in administrative positions and by governments.

Other issues facing nurses today include the use of power, development of autonomy, licensure of nurses in clinical specialties and the development of a research base. Many of these concerns, especially the development of a research base, are intertwined with the question ever-present for nurses of whether or not they constitute a “profession” or a group of technicians. Over the years nursing has been given the designation of profession more from traditional deference rather than because nursing fulfills the sociological criteria of professionalism — autonomy, research base, extended educational period, code of ethics, status and service.

Professionalism, however, has come to mean more in today’s society. It implies a characteristic of an individual who is willing to do more than the minimum of what is required to do the job. A professional is one who is committed, serious about her work and willing to take risks for the betterment of her colleagues and patients. With this definition in mind, there are many individual nurses who fall into the category of “professional” and many who do not.

It is probably fair to say that attitudes of nurses toward their chosen careers, their patients, the physicians with whom they work and themselves have changed considerably in the recent past. These attitude changes combined with concrete changes in educational preparation and proposed changes in practice settings will likely have some effects on consumers of health care services as well as other health care professionals.

How these changes will actually affect the consumer is still uncertain. While it is true that nurses educated at the baccalaureate level remain in nursing longer than those at the diploma level, the problem of supply and demand will be paramount in the next 15 years. In addition, during these current times of economic restraint, one might do well to examine the terrific costs of a university education for all nurses, when it can be argued that much of what a nurse does on a daily basis does not, in fact, require advanced education. Canadian doctors, working closely with nurses as they do, are well served to be aware of the changes in the nursing profession in order to continue the good working relationship of past centuries.

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Editor’s Note: As of September, 1986 the University of Alberta will accept its first doctoral candidates in nursing. It is the only Canadian Doctorate in Nursing program.

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