



**Whitireia**  
living • learning • sharing

# *Paradigms of Nursing Education*

*Professional status and the learning  
environment*

Cath Tuohy  
Sept 2008

# Relationships

Reciprocal relationship between:

- Paradigmatic shifts in nursing education.
- Learning environment.
- Professional status.

# Educational paradigms

- Influence the learning environment and the meaning of knowledge.
- Present a generally accepted worldview.
- Not neutral
  - social respectability.
  - professional respectability.

# Historical Roots of Modern Nursing

- Domestic and working class.
- Wages often paid in part with gin.
- “... it was practically unknown for a respectable woman to become a nurse” (Woodham-Smith cited in O’Brien & Watson, 1993, p. 4).

# The 'Nightingale System'

- 1820-1910: Florence Nightingale - founder of modern nursing.
- 1860: The 'Nightingale System' of Nurse training - London.
- Explicit and hidden agenda
- **Apprenticeship paradigm** - formal training and experiential learning.

# Nursing Education in New Zealand

- 1883: Nightingale nurses in New Zealand.
- Nurse leaders advance professional standing and status:
  - three-year training
  - qualification
  - a state exam



# Apprenticeship Paradigm

- Learning is work based and occurs 'on the job'.
- Three step process
  1. modelling
  2. scaffolding
  3. fading (Bond, 2004).
- Supplemented by short block courses - nursing schools in the hospitals.

# Not Professional Enough

- Apprenticeship a barrier.
- Education a secondary rather than primary purpose.
- Nursing curricula and assessments developed and influenced by needs of employer and medical profession.
- Nursing was “marginalized at the fringes of academia” (O’Brien & Watson, 1993, p.7).

# External Factors

- Health care expenditure.
- Student nurses provided a cheap and renewable workforce.
- Role of women at the time (patriarchal and paternalistic society).
- Narrow range of occupational choices for women.

# Change – New Nursing

- 1960s: Social change.
- Advocacy and accountability.
- 1970s: nurses began to search for and define a body of knowledge unique to nursing.
- ‘New’ nursing: an autonomous, holistic approach to patient care
  - nursing theory
  - research

# Characteristics of Professional Status

- The possession of a distinct body of knowledge.
- A recognised professional qualification.
- Control of access by means of the education system.

(Reed & Procter, 1993)

# A New Model of Education

- The technical rational paradigm.
- Three central elements:
  1. foundational knowledge
  2. applied knowledge
  3. education within a 'practicum'.
- Curriculum content, delivery and assessment the responsibility of course providers (Bines, 1992; Hall, 2004).

# Professional Challenges

- Physical and paradigmatic shift.
- Advanced professional agenda.
- Challenges:
  - \* the theory - practice gap.
  - \* the work readiness of graduates.

# The Theory – Practice Gap.

- ‘Gap’ = theory and practice, once part of a whole now exist in different places and are separate experiences.
- “The belief that the gap is undesirable is a regular theme in nursing literature” (Gallagher, 2004, p. 267).

# Post-graduate Nursing Education

- Clinical preparedness a contentious issue.
- Not 'work – ready'.
- "... they do not assimilate into the clinical environment as quickly and easily as had their hospital trained counterparts" (Levett-Jones & FitzGerald, 2005, p. 43).

# Virtual worlds

- Clinical labs are ‘Virtual’ worlds, set up to mirror reality.
- Difficult to replicate the realities that accompany much nursing work (Procter & Reed, 1993).

# The Practicum

- “The best preparation for practice will involve ... a ‘practicum’” (Bines, 1992, p.16).
- Simple to more complex (Schon, 1983).
- “Graded exposure to the realities of practice” (Procter & Reed, 1993, p. 36).
- Tenets associated with adult learning are problematic (Schon, 1983).
- Patient’s right to safe and competent care.

# Bridge the Gap

- Graduate transition programmes.
- Support new registered nurses in the work place.
- Preceptor or mentor role.
- Internship.

# Back to the Future

- A return to apprenticeship?
- Political and economic pressures.
- Professional status and control of the curriculum.

# Benefits and Challenges

- Critiqued but not rejected.
- Reciprocal relationships:
  - Paradigmatic shifts in nursing education
  - The learning environment
  - Professional status
- Safeguard professional status (Benner and Sutphen, 2007).

# References

- Benner, P. & Sutphen, M. (2007). Learning across the professions: The clergy, a case in point. *Journal of Nursing Education*, 46(3), 103-108.
- Bines, H. (1992). Issues in course design. In H. Bines & D. Watson (Eds.), *Developing professional education*. (pp. 11-26). Buckingham: SRHE & Open University Press.
- Birchenall, M. & Birchenall, P. (Eds.). (1998). *Sociology as applied to nursing and health care*. London: Bailliere Tindall.
- Bond, L. P. (2004). Using contextual instruction to make abstract learning concrete. *Techniques*, 79(1), 30-33.
- Buresch, B. & Gordon, S. (2000). *From silence to voice: what nurses know and must communicate to the public*. Ottawa: Canadian Nurses Association.
- Burgess, M. (1984). *Nursing in New Zealand society*. New Zealand: Longman Paul.
- Cohen, H. (1981). *The nurse's quest for professional identity*. Menlo Park: Addison - Wesley
- Filipczak, B. (1993). Work-based learning. *Training*, 30(4), 71-72
- Fitzgerald, L. (1998). Culturing a 'male nurse' role. In G. Gray & R. Pratt (Eds.), *Issues in Australian nursing*. (4<sup>th</sup> Ed.). (pp. 191-205). Melbourne: Churchill Livingstone.

# References continued

- Hall, C. (2004). *Two professional development paradigms: and a merging of approaches*. Victoria University of Wellington, School of Education
- Jolley, M. & Brykczynska, G. (Eds.). (1993). *Nursing: Its hidden agendas*. London: Edgard Arnold.
- O'Brien, D. & Watson, D. (1993). Nurse education: a social and historical perspective. In J. Reed & S. Procter (Eds.), *Nurse education: A reflective approach*. (pp. 3 -13). London: Edward Arnold.
- New Zealand Health Information Service (2004). *New Zealand Health Workforce Statistics 2004*. Retrieved 2 May 2007, from <http://www.nzhis.govt.nz/stats/nursestats.html>
- Reed, J. & Procter, S. (1993). Nursing knowledge: a critical evaluation. In J. Reed & S. Procter (Eds.), *Nurse education: A reflective approach*. (pp. 14 -29). London: Edward Arnold.
- Ryan, A., Carryer, J., & Patterson, L. (2003). *Healthy concerns. Sociology for New Zealand Nursing and Midwifery students*. Auckland: Pearson Education.
- Williams, A., Cooke, H., & May, C. (1998). *Sociology, nursing and health*. Oxford: Butterworth Heinemann.
- Wilson, D. S. (2001). *Transforming nursing education: a legitimacy of difference*: A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy held in the University of Canterbury