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From the Editor

Chinn, Peggy L. RN, PhD, FAAN

Author Information

Editor

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WHERE IS THE NURSING IN NURSING EDUCATION?

Over the past several years, I have become increasingly alarmed that in the United States, just during the period when nursing has grown an impressive population of nurse scholars who are producing sophisticated philosophies, theories, and research, faculties of nursing programs have made drastic curriculum decisions that erode the small proportion of time and attention devoted to nursing's own body of knowledge. Since the early 1960s when nursing began to accumulate a scholarly body of literature, in my view, nursing programs should have been creating introductory "Nursing 101" courses that could have provided a foundation for a strong nursing focus throughout the curriculum. Instead, most baccalaureate programs failed to substantially base their curricula on nursing's own theoretic and philosophic perspectives in any significant way. The few educational programs that have introduced nursing theory early and that managed to fully integrate nursing theory throughout the curriculum have, for the most part, been dismantled over the past decade, with faculty returning to conceptual approaches modeled after medical specialization.

Even more alarming is the growing trend in master's programs to delete not only courses that focus on nursing theory, but also courses that prepare nurses in research and scholarship, usually propelled by demands that arise from medical specialties, not from nursing's own agenda. In my experience over the past decade, more and more nurses enter doctoral education poorly prepared in the area of nursing knowledge, barely acquainted with the concepts of the major grand theorists, and fully ignorant of the growing body of knowledge that is directly applicable to their own area of clinical focus or interest. In doctoral courses, for the first time they discover the rich tradition of philosophic perspective, the amazing accomplishments of nurse scholars over the last half of the 20th century, and the significant social and political perspectives that nurse leaders have brought to bear on the most difficult problems in health care.

It is not sufficient simply to claim that this paradox arises from the "fact" that nursing theory is not applicable to practice. To do so is to reveal blatant ignorance about the purpose and function of theory, intellectual lethargy, and naïve lack of awareness of the significant shifts in nursing that can and do occur when nursing perspectives rest at the center. I have no quarrel with nurses

acquiring skills and abilities that formerly have been the sole domain of medicine. But I do raise major objections when we do so at the expense of our own disciplinary interests.

Despite repeated litanies that I hear from nursing faculty in US master's programs that they maintain a unique nursing perspective in their medically dominated educational programs, my interactions with nurses in advanced practice roles increasingly attest to the fact that they are serving interests that are not their own. They report systemic demands that value their medical skills but that prevent them from engaging in meaningful interactions with patients and clients, detract them from learning the actual situation from which someone enters the medical care system, and inhibit their abilities to reach out to provide meaningful, let alone comprehensive, nursing care. In essence, basic professional nursing and especially advanced practice nursing have reverted all too often, in my view, to the very handmaiden roles that we delude ourselves into thinking that we escaped. Nurses no longer give over their chairs to physicians, nor do they trail behind physicians to hand over instruments or charts. The terms we use to describe many nursing roles sound more autonomous and sophisticated, but the fundamental truth is that much of what nurses do, and where they place their priorities, is nothing more than serving another discipline's goals and interests, not our own.

It is time for nursing faculty to seriously examine our essential focus, including the content that fills the hours that students occupy in class after class. It is time to consider how much longer we will allow our educational enterprise to be charted by interests other than our own. If we ever expect nurses to take full ownership of our discipline as a discipline of nursing, to engage in political activities to promote the interests of health and well-being that are central to nursing's tradition, and to bring about the kinds of changes that are desperately needed in health care today, we can no longer ignore the fact that our own educational enterprise has been mindlessly embedded in a model that does not come from our own deep roots.

The articles that you find in this issue of *Advances in Nursing Science* (ANS 23:3) challenge many of the assumptions from which nursing education has operated, and they offer new visions that can inspire new directions for the future. It is my hope that educators, students, and nurse scholars everywhere will ponder the challenges before us and take bold steps to redirect our future.

Peggy L. Chinn

RN, PhD, FAAN

Editor

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