

Nursing education in Alberta: changing perspectives

Continued from C-5

vidual problems and stresses that very much affect his progress. The student is told that she should not talk to the doctor as he is much wiser and very busy.

Implicit in this is that the student is generally a woman while the doctor is a man, when in society's eyes the man is superior to the woman. However, it is very possible that the patient has communicated something to the student that is crucial to his recovery. Here, the communication should flow freely, instead of being stifled in the bureaucracy of the hierarchy.

Role relationships in the hospital

The student is quickly conditioned to accept the decisions of superiors because they have had more education or are in a position of seniority. Student nurses are often told that they are not to bother the doctor with questions or suggestions (only head nurses or, at best, graduate nurses have the ability to decide if something is worth talking to the doctor about) because the doctor is too busy.

There are several contradictions in this: the student certainly spends more time with the patient than the doctor does (the patient is lucky if he sees the doctor two minutes out of the whole day). This shows that the whole structure of the hospital is designed to accommodate the doctor and places him, not the patient, as the most important member of the health team.

It also illustrates that the medical professions consider the patient to be, not an individual who interacts with his social, economic and cultural environment (these exact stresses are often the crucial factors in a patient's recovery), but groups him categorically as an 'appendix' or a 'coronary.'

The fact that the doctor is considered to be the most important in the health team is further illustrated by the fact that when the doctor lectures to a class of students, one of the students is delegated to stand up and thank the doctor for coming to impart some of his knowledge to the class.

Without his indulgence the nurse could not be an effective member of the health team, and could not allow the doctor to function within the hospital

setting. Because of this, the doctor should feel privileged to teach the students because they allow the effective functioning in his role. However, this situation is completely reversed and the student is made to feel grateful for something that is part of the doctor's role.

The evaluation system

The student is judged by her superiors on the "quality of her nursing." In reality, what is judged is her ability to fit into her role in the hospital, as well as her ability to get along with her instructress. Within a few weeks, the student realizes that if she is to get a good evaluation, she must do things the way her instructress wants her to do them.

This in itself is not bad, but often the student as she goes from ward to ward must change her procedures as many times as she changes instructors. As long as the student carries on good health practise, it should not matter how she does a procedure. Many instructors get very upset if a student does not arrange her equipment in a particular way, or do things in a particular order.

Residence living

The nursing residence is perhaps one of the prime forces in socializing students. Nursing students live in residences that house only other nursing students. This virtually eliminates contact with people outside the medical profession, particularly other students. Thus, the student's perception of the world is again decreased because the majority of people she comes into contact with are other nursing students.

The regulations which the student must obey are repressive and materialistic. Whereas the student is often responsible for the life of a patient, she cannot be responsible for her own life. Curfews, visiting regulations and room checks all date back to medieval times.

The residence also acts as a control system where the student's peers exert pressure on her to conform. When a student attempts to expand her world-view, the other students often exert enough pressure that the student is unable to continue in her endeavours.

Preconceived idea of nursing

Women in society are socialized to feel that nursing is the epitome of all feminine qualities. Gentleness, sincere concern for the patient, kindness and warmth are all qualities of a "good" woman and a good nurse. The romance stories that young women read (Harlequin) all perpetuate the concept that nursing is a glamorous, exciting profession.

The "cool hand on hot brow" myth and the "partner to doctor" myth are both perpetuated to be what nursing is all about. Thus, a woman is severely disillusioned when she realizes that nursing, although rewarding, is actually a tremendous amount of drudgery, existing within a framework which negates many of the psychological and all of the financial rewards.

Perhaps this is what nursing should be, but as long as this is not what it is, the myth should not be perpetuated.

Recommendations

1. The transfer of nursing education to the Department of Education.
2. Organization of nursing students into existing student associations. Only through contact with other students can nursing students become aware of how they're "being screwed."
3. Effective student voice in the students' environment—both educational and living.
4. Examination of the role of the nurse in patient care and the role of the nurse in relation to the doctor and other medical contacts.
5. A critical examination of the system of evaluation.
6. A student bill of rights for nursing students.
7. Implementation of protective legislation for students.
8. Publicizing the realities of nursing.
9. Abolition of nursing residences. Nursing students should be able to live in the community with other students.

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