

# Position Statement

## **INNOVATION IN NURSING EDUCATION: A CALL TO REFORM**

NLN Board of Governors  
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The National League for Nursing's Curriculum Revolution of the late 1980s called for a re-examination of curricular structures and processes: how nursing programs were designed, what they were striving to accomplish and how student learning was facilitated. Since that time, many schools have sought to implement innovative programs. Yet a closer look reveals that much of this "innovation" has focused on the addition or re-arrangement of content within the curriculum, rather than on significant, "paradigm shift"-type changes. Furthermore, despite significant changes in the healthcare system and in nursing practice, many nurse educators continue to teach as they were taught (Diekelmann, 2002) and for a health care system that no longer exists (Oesterle & O'Callaghan, 1996; Porter- O'Grady, 2003).

What is needed now is dramatic reform and innovation in nursing education to create and shape the future of nursing practice. All levels of nursing education, undergraduate and graduate, are obligated to challenge their long-held traditions and design evidence-based curricula that are flexible, responsive to students' needs, collaborative, and integrate current technology. Like the National League for Nursing's call for Curriculum Revolution in the 1980s, this current challenge demands bold new thinking and action. Faculty, students, consumers and nursing service personnel must work in partnership to design innovative educational systems that meet the needs of the health care delivery system now and in the future.

Innovation must call into question the nature of schooling, learning, and teaching and how curricular designs promote or inhibit learning, as well as excitement about the profession of nursing, and the spirit of inquiry necessary for the advancement of the discipline (Diekelmann, 2001). For too long nurse educators and nursing service personnel, although cordial and respectful of each other, have not been fully engaged in collaborating to prepare a workforce that can practice effectively in new healthcare environments. New pedagogies are required that are research-based, responsive to the rapidly-changing health care system, and reflective of new partnerships between and among students, teachers and clinicians. Our students and recipients of nursing care deserve no less.

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## **BACKGROUND AND SIGNIFICANCE**

Curriculum building in nursing has its origins in the early 20th century with the publication in 1917 of the *Standard Curriculum for Schools of Nursing*. This guide, revised twice (1927 and 1937) before World War II, changed the focus of nursing education. Along with continued existence of hospital-based diploma programs, hundreds of colleges and universities opened schools of nursing following the war, and nursing clearly moved into the mainstream of higher education by the 1950s. Simultaneously Montag's experiment to place nursing curricula in the two-year community college demonstrated that a totally new approach to nursing education was viable and effective (Hasse, 1990). An unintended consequence of these educational trends was to uncouple nursing education from nursing service.

Publication of the Tyler curriculum model in 1949 gave nurse educators a framework with which to replace the earlier curriculum guides, a framework that gradually became institutionalized through the efforts of the National Council of State Boards of Nursing and the National League for Nursing, both of whom advocated for its use in all types of nursing education programs. The Tyler model called for prescribed curriculum development products: a philosophy, a conceptual framework, program objectives, behaviorally-defined, measurable objectives for every level, and the evaluation of learning based on the pre-specified objectives.

The majority of nurse educators first learned to be nurses in curricula that were created within Tyler's model. Those curricula were content-laden, highly structured, and emphasized measurable, behavioral outcomes. Objectives for learning flowed from an orientation to **what** to teach, rather than **how** to teach. With this background, nurse educators found themselves pulled toward an alignment to **content** to be taught/delivered, rather than to the **processes** of learning (Bevis & Watson, 1989).

Additionally, there were (and, to some extent, continue to be) two assumptions on which nurse educators base curricula: first, that it is possible to learn all nursing content through a particular curriculum and second, that it is the teacher's responsibility to ensure that all content is "covered." Despite the explosion of knowledge and pedagogical research, nurse educators have continued to teach generations of nurses within this same model, moving content from one course or semester to another, while debating the efficacy of adding or deleting content (Tagliareni & Sherman, 1999). Bevis's claim that reform efforts in nursing rarely change the substance of the curriculum itself but merely "switch, swap, and slide content around" (1988, p. 27) seems to reflect the realities of current educational programs. Mere additions to or changes in the content students are required to learn does not constitute "innovation." Rather, innovation implies a dramatic reformation in how students are educated. And unlike the past, the changes we make today must be grounded in pedagogical research.

## **CALL TO ACTION**

What is needed by nursing today is to uphold the true spirit of innovation and overhaul traditional pedagogies to reform the way the nursing workforce is educated. This call to action will be accomplished through new pedagogies that are most effective in helping students learn to practice in rapidly-changing environments where short stays in acute care facilities are common and where complex care is being provided in a variety of settings. These new pedagogies must be research-based, pluralistic and responsive to the unpredictable nature of the contemporary health care system (Ben-Zur, Yagi, & Spitzer, 1999).

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Current literature is replete with calls to educate nurses who can champion health promotion and disease prevention, function effectively in ambiguous, unpredictable and complex environments, demonstrate critical thinking and flexibility, and execute a variety of roles throughout a lifetime career. Such competencies are essential in a dynamic and diverse health care environment.

Today's practice environments challenge nurse educators to partner with nursing service to think beyond curricular approaches that rely upon, for example, weekly or semi-weekly lectures followed by clinical experiences delivered within the traditional 1:10 student:faculty ratio. According to Tanner (2002), the time-honored "clinical placement" model "is beginning to unravel in the whirling dervish of nursing practice change" (p. 51) that accompanies movement to a community-based, multi-disciplinary approach to patient care delivery. In such a system, the very nature of "fundamental skills" and customary approaches to planning care are being challenged as "historic references to an age of practice that no longer exists" (Porter-O'Grady, 2001, p. 183). Given this context, nurse educators must think in new ways - ways that challenge everything present and absent in current approaches to nursing education and that explore new possibilities for preparing future generations of nurses.

Just as nurses share a commitment to basing their practice on the best available evidence, so too must nurse educators develop a science of nursing education that documents the effectiveness and the meaningfulness of reform efforts (Diekelmann & Ironside, 2002). Building a science that accompanies innovation and reform will provide the foundation for creating and maintaining partnerships between nursing education and service.

### **CONCLUSIONS**

The National League for Nursing is calling for nurse educators, students, consumers and nursing service representatives to form partnerships that will dramatically reform schooling, learning and teaching and the relationships between and among students, teachers, researchers and clinicians. We must no longer limit the national conversation about innovation to a discussion of content (defined as subject matter to be covered in nursing curricula) as this would be a retreat to a prescriptive, sequential approach to education that does not serve to prepare nurses for contemporary practice.

The mandate issued here by the National League for Nursing is a challenge for nursing to reconceptualize reform in nursing education. Rather than focusing on adding, changing and updating content, nurse educators must focus on expanding their evidence-based pedagogical repertoire and rethink the very nature of contemporary schooling, teaching, and learning. To accomplish this call for reform, nurse educators in partnership with nursing service must enact substantive innovation in schools, document the effects of the innovation being undertaken, and develop the science of nursing education upon which all practicing teachers can draw. The ultimate outcome of these efforts is evidence-based approaches to nursing education in which students learn to provide skillful and compassionate nursing care in fluid and uncertain health care environments.

### **RECOMMENDATIONS**

Given this mandate, the National League for Nursing offers several recommendations to faculty and deans/directors/chairperson who are concerned about and can create a new future for nursing education.

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### **Recommendations for Faculty:**

- Engage in intensive dialogue with peers, students, and nursing service colleagues about the nature of reform in nursing education.
- Explore new pedagogies and new ways of thinking about nursing education
- Utilize current local and national health care trends to inform decisions about program reform and pedagogical innovations
- Re-think clinical education in order to design new methods that meet students' needs to learn practice and that prepare graduates to thrive in today's healthcare environments
- Conduct pedagogical research to document the effectiveness and meaningfulness of innovations being undertaken
- Create an evidence base for nursing education that embraces innovation, identifies best practices, and serves to prepare a diverse nursing population that can transform nursing practice
- Secure funding for national level reform and innovation in nursing education to develop dynamic, flexible and site-specific curricular models that effectively prepare graduates to practice in contemporary clinical situations

### **Recommendations for Deans/Directors/Chairpersons:**

- Ensure that faculty evaluation practices do not inhibit program innovation, pedagogical research, or faculty efforts to be creative in their approaches to teaching
- Support faculty workloads that accommodate the time and effort needed to design, implement, and evaluate innovation and reform in schools of nursing
- Reward faculty for pedagogical innovation and inquiry
- Initiate dialogue with regulatory bodies to garner their support for innovation and curricular reform

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