

selecting learning experiences which encourage deviant behaviour

If we are to have nurses who think, challenge, revise, and give creative care based on knowledge and feelings, we must begin at the grass-roots stage, says this author. Students must learn to express themselves, to challenge each other—and their instructor—and to analyse their interactions with patients.

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A LITTLE MORE than one hundred years ago, in *Notes on Nursing—What it is—What it is not*, Florence Nightingale made a plea for practitioners of nursing to be extremely cognizant of the ways of mankind. Today, Miss Nightingale probably would be making her plea in the vernacular and would be calling for practitioners of nursing to have “in-depth understanding” of the social sciences.

It took until the late 1930's for articles to begin appearing in the nursing literature urging students and graduates to consider the social sciences as applicable to nursing. Now, 30 years later, it is almost impossible to pick up any nursing magazine without finding at least one article deriving from the social sciences. Yet articles by laymen, ex-patients, and nurses themselves still indicate that nurses are not putting social science knowledge into practice. Why?

To begin with, adherence to tradition has caused us to follow in the footsteps of previous generations without much question. As a result hospital administrators, physicians, the public and, even more tragically, some nurses consider a nurse a pair of hands interchangeable from nurse to nurse. They see no person behind the uniform, just a bedside manner in motion.

But social scientists keep reminding us that nursing is done by people working with people to help remove some of the pain and problems of other people. This means that a nurse is not just a pair of hands, but a human being with feelings for herself and for her patients. Hospitals may operate in bureaucratic fashion (if they can get away with it today), but nurses need to remember their purpose in being in the hospital. They are not there to help the institution function at its most efficient level; they are there to care for people and try to humanize the bureaucracy.

The irony, however, is that many practitioners, prepared within the bureaucratic structure, see their responsibility to the institution which employs them, not to the patients for whom they are employed.

The student who continually observes this kind of loyalty may be expected to perpetuate the system. Group pressure, or peer acceptability, influences a student to conform, and the deviant who does not conform feels guilty.

Social scientists know that change must take place in the hospital's bureaucratic structure and in the rigid patterns nursing follows within it. Hospital administrators and physicians suspect that this change is imminent but many nurse practitioners do not seem to grasp it at all. Unfortunately, but true, is Washburne's observation: “The process of change is likely to be least rapid and most convulsive in those areas which we hold most sacred”.

What has made nurses assume this rigidity? Perhaps Jourard has the answer when he states:

From a psychological point of view, inter-personal behaviour patterns are acquired as means for satisfying needs and for reducing anxiety. Rigid inter-personal behavior has been called “character armor” by some psychoanalysts (Reich, 1948). It serves the function of stifling spontaneity in the person and protecting the person from possible hurt coming from the outside. Character armor serves effectively to hide a person's real self, both from himself and from others.

Character armor is hardly what a patient in crisis needs from a person in a helping profession. In this age of automation and precision skills, much of the opportunity to interact with his fellow man is cut off from the average worker. His home and his television set, in a sense, add to this isolation. If it is true as Tumin proposes that the “Problems of survival are social problems, not just biological (and) that inter-personal relations are the basis of survival”, then it is a reasonable assumption to say the nurse has responsibilities of a much greater dimension than previously considered.

Schmale and Wolff note that “Recent research findings strongly suggest that illness begins when a person's life begins to lose zest, a sense of future,

meaning and love. When one's relationships with people become impersonal, a stage of vague depression or a drop in spirits takes place, the person loses hope and sickness will begin unless there is a change in the way the person sees the situation."

Perhaps, then, we should more realistically prepare today's students of nursing for tomorrow's practice, prepare them to become deviant members of the rigid hospital and nursing structure, and hope that they have the stamina to stick with it until the structure itself is changed.

I believe deviant behavior must be a goal and a reality if nursing is to change and even attempt to keep pace with the changing world.

Deviant behavior comes about when, among other things, the person involved feels that the rewards are not worth the effort, the alternatives seem more attractive, or the parent or authority model is preaching one set of values and practising quite another. Today, the rewards for nursing are, for the most part, acceptance by the peer group and promotion to a leadership position, one which takes the practitioner away from the bedside except in a consultant status. The alternative to this is entering into a meaningful interaction with some one who has need of the warmth and understanding a nurse can offer.

Unfortunately, the role model in many hospital situations is a nurse who preaches good nursing care based on concern, commitment, and compassion coupled with scientific know-how and manual skills, but who, herself, rarely exhibits these very qualities. Thus, to be a deviant nurse in the hierarchical setting requires a health self-concept and self-respect based on knowledge of who one really is and why one is at the patient's bedside to begin with.

It is my contention that the only time to develop deviant behavior is in the "grass-roots" stage when reflexes and habits and attitudes are being formed and can be worked with. If during the educative, formative years, students of nursing are encouraged to look to themselves as a source of comprehensive patient care, to look inward to find out how they are reacting and acting towards their patients with the hope of understanding more about themselves as well as about patients, then they will be comfortable with this approach. If, as students, they are encouraged to draw on knowledge from the social sciences, and if this is given importance and attention by the faculty, this genuine psycho-social concern will become a habit—a way of life—which will become difficult to alter.

Somehow, a way must be found to liberate nurses so that they will feel free to think for themselves to a greater extent than hithertofore. Perhaps younger nurses, those with deviant concepts of the nursing role, will find a way to draw out older practitioners so that the skills and knowledges of both young and old can be combined to meet patients' need.

But several factors must be considered as we plan the necessary preparation. With Medicare, larger number of patients with chronic conditions are seeking hospitalization and care. Jet transportation has put every place on the face of the earth within 24 hours' reach. Cultures hitherto quite remote are now part of our concern. We must have a functional awareness of the impact of these factors on our practice.

The student's life in traditional nursing programme was very regimented particularly in the beginning months of the programme and discipline was forced on the student. I do not object to discipline, but the discipline necessary for the practice of nursing is an intrinsic type, not that which is imposed because the student fears being caught doing something "unprofessional." The old "probie" period actually encouraged young students to act in ignorance, rather than admit that they were unable to handle a situation. Long before they learned how muscle action occurred, they were caring for patients whose incontinence was the result of cerebral haemorrhage, and many found this an odious chore. Performance was evaluated as much on quantity as quality. Small wonder that a depersonalized bedside manner came into being.

Formerly, the physical and biologic sciences were considered to be the most important sciences for nursing. Now we recognize the need for psychology, sociology, and anthropology as well, and the responsibility teachers have for making these sciences an integral part of a student's practice by providing meaningful learning experiences.

If the teacher is, indeed, the centre of learning activity, then innovations in teaching techniques should be explored. One new technique is "team-teaching," wherein several faculty members work with material being discussed with students. For example, the teachers of fundamentals, maternal and child nursing, mental and physical health nursing, all contribute their knowledge to the discussion. However, all the parts contribute to the whole, the approach is never atomistic, but holistic. This approach also helps students learn about group process. To extend depth, social scientists on the faculty in our programme often join in these discussions with great success.

Increasingly social scientists at our college are showing an interest in contributing to and borrowing from nursing content. Some assignments given to students of nursing have caused them to seek out psychology and sociology teachers for conferences. Those teachers, in turn, have asked the nursing faculty to join their students in seminars, with both nursing majors and liberal arts majors.

We are using the relatively new technique of pre- and post-clinical conferences with the total student group. Each student has had a different assignment and so has different experiences to report. They learn vicariously in conferences before and after their clinical practice if the teacher concentrates on helping them see relationships so that transfer of learning takes place.

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