



# NURSING EDUCATION AND THE CATHOLIC TRADITION

BY BERNADETTE D. CURRY, PH.D., RN

**C**atholic nursing education has brought into the 21st century many valuable characteristics of the past. It forms a strong foundation of commitment and an ethos of service to all. That foundation is a durable platform for the changes to come as medical science and technology join hands to produce continual evolution in health care.

Nurses will play a key role in that evolution. Not only are they responsible for the vast majority of direct care to patients; they play a vital part in society. The importance puts intense pressures on nursing education — pressures that are not always recognized or understood — to incorporate new information and procedures into programs of study and ensure that nursing remains on the front lines. Quality care is and will continue to be a priority, thus quality education is essential to nursing's present and future.

Contemporary nursing education requires a clear understanding of both nursing's and health care's current complexities, and the insight to assess, anticipate and plan. Expert preparation of nurses for the scope and depth of their varied roles is imperative, for in addition to patient care, nurses conduct research, serve as administrators and educators, sit on trans-disciplinary

teams and engage in the ethical dilemmas of health care on a daily basis.

## A LOOK BACK

Historically, Catholic nursing education in the United States was found in hospitals incorporating courses of study and apprenticeships for those wishing to become a nurse. Some of these traditional hospital-based diploma programs still exist, but professional nursing education has gradually moved to four-year college campuses, where most nursing programs are today. In addition, some two-year programs, including some at Catholic schools, offer an associate degree in nursing.

No numbers regarding Catholic schools specifically are available, but about a third of the four-year colleges that offer nursing programs are religiously based. Robert Rosseter, associate executive director of the American Association of Colleges of Nursing

— the organization of institutions offering baccalaureate and higher degrees in nursing — notes that 224 of its 646 member schools, or 34.6 percent, are categorized as private/religious, and anecdotal information suggests a large percentage of schools in the private/religious category are Catholic.<sup>1</sup>

These baccalaureate programs in nursing, many established and operated by Catholic religious orders, began in the 1900s and flourished through the century. The Catholic influence was evident as “nuns instilled their ideas about self discipline and respect for work into their nursing students.”<sup>2</sup> Spiritual growth was important too. The sisters vigorously encouraged individual spiritual development for nursing students of all faiths. Thus, the roots of nursing, often intertwined with Catholicism, have led to a holistic perspective that addresses the totality of the person. According to Marie O’Toole, Ed.D., RN, chair and professor of nursing at Nazareth College, Rochester, N.Y., and a fellow of the American Academy of Nursing, Catholic nursing education

has contributed to the professional image of the nurse with its strong tradition of not only educating women for the health care work force but also instilling in them a sense of independence, confidence and faith.

That influence is evident today in schools with Catholic foundations, many of which require students to study philosophy and theology, including Catholic theology, along with the teachings of various religions of the world. Philosophy courses often focus on ethics related to health care, rooted in an unfolding reflection of the advances, challenges and dilemmas of society. Both theology and philosophy courses serve students as individuals and help them to meet patient needs as well.

Indeed, many nursing models incorporate the spiritual dimension of the human being. The prominent nursing theorist Virginia Henderson said in 1977 that it was the obligation of the nurse to assist the patient to worship according to his faith. She reasoned that if religion is important to a person in wellness, it will be more essential during illness. Its importance is reflected in the International Council of Nurses' *Code for Nurses*, which recognizes the importance of addressing spirituality and health, and by the American Association of Colleges of Nursing, which recommends that nursing education facilitate understanding of spirituality as it relates to health, healing and well-being.

It is a hopeful sign that nursing is a very popular career choice. The well-publicized nursing shortage combined with attractive salaries — not to mention the economic downturn and accompanying job losses — have drawn many people to consider the profession as a first or second career, and many schools of nursing report significantly more applications than they can accept.

#### TRENDS AND CHALLENGES

Schools of nursing that work out creative ways to reflect society in its ethnic, cultural and de-



mographic richness not only add value to the educational process, they add value to the future practice of nursing with programs that show understanding of varied needs. For example, Xavier University, a Jesuit school in Cincinnati, has designed an accelerated nursing curriculum to accommodate people with a baccalaureate in a field other than nursing. These students generally exhibit a level of readiness, commitment and maturity that points to success in an abbreviated, focused program of study. Xavier also offers a program with a Hispanic focus designed to

address the health care of that growing population, and the school's four-year program prepares students for exams required for both registered nurse licensure and holistic nursing certification. As people of various cultures enter nursing education, the exchanges facilitate multi-culturally appropriate patient care, and the knowledge base grows.

Additionally, the global dimensions of nursing have become an increasingly important part of education, and here, to some extent, Catholic schools with established ministries in other countries may have an advantage. Missionary work focused on feeding the poor and assisting the ill in far-flung locations affords opportunities for study and projects abroad, expanding perspectives and knowledge of nurses and enhancing international collegiality.

At the Hahn School of Nursing and Health Science at the University of San Diego, a Catholic institution in southern California, equity in global health care is a basic philosophy, as is health care as a human right. Faculty and student projects have that dual focus, according to Sally Hardin, Ph.D., RN, Hahn's dean and a fellow of the American Academy of Nursing. For example, in Mexico, faculty and graduate students engage in clinical treatment, research and teaching. Faculty lead a program of diagnostics and public health teaching in the Dominican Republic. San Diego nurs-



ing students will be the first to participate in Project Hope aboard the USS Mercy on a mission to Southeast Asia. In addition to global endeavors, the school engages in projects in the San Diego area, working for the homeless, in schools, and in clinics along the Mexican border. Dr. Hardin relayed a student quote: “faculty don’t wear their religion on their sleeves, they live it.”

The quest for quality in all disciplines throughout health care is strongly affecting nursing too, and encouraging nurses to join in the ongoing research to explore ways to improve delivery of care. “Transforming Care at the Bedside” (see Press Conference, page 44) and “Quality and Safety Education for Nurses,” two initiatives funded by the Robert Wood Johnson Foundation and the Institute for Healthcare Improvement, are among national programs with particular emphases on nurses’ roles and quality care. Clearly, strong relationships between the clinical and educational aspects of nursing are essential to quality education and practice. It is a vital feedback loop.

Equally vital for nurses now and in the future is mastery of technologies that are transforming health care. Despite challenges to budgets, schools must keep abreast of such advances as computerized medical records and hand-held devices used for information acquisition, organization and retrieval. Students not only need to be comfortable with the technology; they need to be prepared to adapt to its changes and new applications as it evolves.

Similarly, schools need to stay current with and use effectively technologies available for nursing classrooms. Human simulators used in the nursing program at Mollo College, Rockville Centre, N.Y., for example, have become a standard teaching strategy in schools of nursing. These life-like mannequins, far more than robots with a pretend pulse and heartbeat, give students opportunities to participate and learn in designed clinical scenarios without jeopardy to students or patients.

Human simulators can be

male, female, adult, child or infant. They are programmed to speak and display physiological responses, such as variations in pulse, respiration, blood pressure, fluid output, etc., and to simulate human behaviors appropriate to sex and age. Faculty plan scenarios and program simulators in ways that require students to assess a patient situation, complete with events of increasing urgency. These simulations enable students to take a holistic approach in attending to the “patient’s” emerging physiological, psychosocial and spiritual needs, and professors to explain and evaluate situations in depth. The situation is very realistic, so much so that faculty are on alert to support students when adverse events occur for the mannequin “patient.” Sessions are often videotaped, and students are able to review and critique their actions in conjunction with professors.

Simulator work in clinical settings holds the added advantage of bringing out ethical implications that surface during practice. Students gain experience in incorporating a truly holistic perspective and sense of spirituality appropriate to the patient in the plan of care. Pre- and post-clinical conferences delineate the clinical day, and students meet in a group with their clinical profes-

## NURSING EDUCATION

The direction of contemporary nursing education is on a trajectory first set by Florence Nightingale, the British nurse who became a national heroine for her work tending the sick and wounded in Turkey during the Crimean War (1853-1856) and her tireless efforts to improve conditions in military hospitals. The daughter of wealthy parents, Nightingale received an advanced education unusual for women of her era and background. She founded the first organized training program for nurses, the Nightingale Training School at St. Thomas Hospital, London. Throughout her life, she stressed education and professionalism, which are key elements in the nursing profession today.

Nursing curricula have become increasingly complex in order to keep pace with developments in the clinical area. In addition, there is a distinct emphasis on advanced education. Although an RN

license was long the accepted standard, hospitals and various agencies are increasingly requiring nurses to also hold a baccalaureate degree. Pending legislation in a number of states call for nurses to acquire a baccalaureate degree within a specified time.

There is further emphasis on the importance of a master’s degree. This degree will provide entry to various modes of advanced practice — nurse practitioner, nurse educator, clinical nurse specialist, nurse anesthetist, nurse midwife.

Further, the doctoral degree in nursing prepares nurses to assume leadership roles in education, research and practice. The Doctor of Nursing Practice focuses in clinical expertise, while Ph.D. programs emphasize preparation of nurse researchers and educators. Doctorally prepared nurses are in great demand in schools of nursing for faculty positions.



sor to prepare for and evaluate the care delivered. Ethical implications are paramount in the discussions. The dignity of the patient, the operative belief systems and the respect for life are continuing components of the spiritual focus.

### LIFELONG LEARNING

A hallmark of professionalism is a readiness to reassess, change and grow. The nursing profession is experiencing many changes, and so must nursing education. The complexities of societal economics, technological advances, new socio-dynamics and an evolving health care system focused on quality set the stage.

Dr. Patricia Benner, who headed a team for the Carnegie Foundation for the Advancement of Teaching, writes that nursing education is in a “position of opportunity and responsibility to both expand and improve.” The result of the team’s work is a 2010 publication titled *Educating Nurses: A Call for Radical Transformation*, a cogent, well-designed assessment of nursing education accompanied by insightful methods to achieve more effective outcomes.

The report acknowledges that nursing education is grounded in tradition, involves a sense of commitment and calls for courage. Benner writes about the personal transformation of being a nurse and how it creates a meaningful existence. The sensitive and spiritual side of nursing education is emphasized in numerous ways, including the acknowledgement of “times when presence and compassion are the most one can offer.”<sup>3</sup> Catholic schools of nursing will be obliged to address the new and challenging findings and recommendations of the report in order to continue their respective missions.

### FOR FURTHER READING

Patricia Benner, et al., *Educating Nurses: A Call for Radical Transformation* (San Francisco: Jossey Bass, 2010).

Mark Cobb and Vanessa Robshaw, *The Spiritual Challenge of Health Care* (London: Churchill Livingstone, 1998).

Kristen L. Mauk and Nola A. Schmidt, *Spiritual Care in Nursing Practice* (Philadelphia: Lippincott, Williams & Wilkins, 2004).

Elizabeth J. Tisdell, *Exploring Spirituality and Culture in Adult and Higher Education* (San Francisco: Jossey Bass, 2003).

It is the value system that can set religious-based schools apart from others, and their role intensifies as the transformation of health care evolves. “Professionalism ... is not merely a matter of externally recognized accomplishment but also involves the internal acceptance of a value system indicative of the newly accepted role,”<sup>4</sup> says one report.

In *Spiritual Care in Nursing Practice*, authors note that nurses have the “unique privilege of being healthcare providers likely to be present at the most significant, and frequently the most challenging, points in the life journey of their patients.”<sup>5</sup> Because nurses engage with patients across the lifespan in times of wellness and contentment, as well as in the troughs of disease, trauma and catastrophe, it is imperative that students learn that spiritual needs are always present, and provision of holistic care is essential. Here, as elsewhere, Catholic nursing education excels.

**BERNADETTE D. CURRY** is dean emerita and professor of nursing, Molloy College, Rockville Centre, N.Y. Curry founded the New York Consortium for Men in Nursing, is president elect of the Greater New York, Nassau, Suffolk Organization of Nurse Executives and serves on several boards.

### NOTES

1. Data related to religious affiliations of nursing schools is not collected by other organizations related to nursing education, such as The Commission on Collegiate Nursing Education (the accrediting body associated with the American Association of Colleges of Nursing) and The National League for Nursing (an organization comprised of schools of nursing offering the diploma, associate degree and baccalaureate degree).

2. Barbara Mann Wall, “Definite Lines of Influence: Catholic Sisters and Nurse Training Schools, 1890-1920,” *Nursing Research* 50, no. 5 (September-October, 2001): 318.

3. Patricia Benner, et al., *Educating Nurses: A Call for Radical Transformation* (San Francisco: Jossey Bass, 2010): 184.

4. John C. Weidman, et al., “Socialization of Graduate and Professional Students in Higher Education,” *ASHE-ERIC Higher Education Report* 28, no. 3 (2001): 49.

5. Kristen L. Mauk and Nola A. Schmidt, *Spiritual Care in Nursing Practice* (Philadelphia: Lippincott, Williams & Wilkins, 2004): 190.

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