The NLN Criteria for Appraisal of Baccalaureate Programs: A Critical Hermeneutic Analysis

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The NLN Criteria For Appraisal of Baccalaureate Programs: A Critical Hermeneutic Analysis

Nancy Diekelmann, David Allen,
and Christine Tanner
Responses by Hernan Vera and Ann Gothler

Series Editors: Linda Moody and Moira Shannon
Sponsored by NLN Council for the Society
for Research in Nursing Education

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Editors Note: This *Critical Analysis* is based on the Fifth Edition of the *Criteria for the Evaluation of Baccalaureate and Higher Degree Programs*. The Sixth Edition of the *Criteria* is available as of January 1989.

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Prologue

Linda Moody, PhD, RN, FAAN
Moira Shannon, EdD, RN

This monograph is the first in a series sponsored and published by the Council for the Society for Research in Nursing Education (CSRNE), a Forum of the National League for Nursing (NLN). The purpose of the series is to stimulate dialogue among nursing faculty on critical issues in baccalaureate- and higher-degree programs in nursing and to encourage exploration of how to best address those issues through sound research methods.

In the last few years, a number of concerned faculty have called for a re-examination of the conventional process of accreditation that is under the aegis of NLN. *Why* this recent concern given the substantial progress already made in nursing education? Many nurse educators now believe that the mechanistic and behaviorist ideology pervasive in nursing curricula has stifled the growth of students and faculty alike. It is not uncommon to hear faculty who are in the midst of preparing for an accreditation visit voice their distress and frustration. One faculty member expressed it this way:

> We hurry to "fix" the philosophy, the courses, and the curriculum so that they fit the NLN criteria; then when it's over, we go back to our old ways of doing things. We're afraid to be creative in our classrooms or the clinical area because it might be counted against us at accreditation time if our (educational) practices fail to fall within the NLN guidelines. What is more disturbing is the amount of time, effort, and money that we spent getting ready for accreditation. I was pulled away from my research program to work on one of the subcommittee groups to define our mission and philosophy. There has to be a better way.

Concerns about how we accredit programs have also been addressed at recent nursing workshops. Major themes of the 1987 and 1988 National Conferences on Nursing Education, sponsored by NLN, urged "a curriculum revolution" and called for a paradigm shift that would permit creative and positive changes in nursing curricula.

In this context, it seemed appropriate to begin the series with the issue of accreditation criteria. This monograph is divided into three parts. In Part One, Tanner provides the historical and political background for the revision of the NLN's *Criteria* (1983, see Appendix) for the appraisal of baccalaureate programs. Diekelmann and Allen follow with their critical hermeneutic analysis of the NLN *Criteria* used in the accreditation process of baccalaureate programs.

These essays represent a moment in what we hope will be continuing dialogue about the future of nursing education and the role the NLN will play in that future. They are somewhat revised versions of a symposium that was presented at the Society for Research in Nursing Education Forum in San Francisco on January 13, 1988. While the essays were designed to be presented as a whole, we have purposely retained the voice of the individual authors rather than blend them into a single editorial voice.

There are several reasons for this. First, while we all agree on the need to revolutionize curricular thinking in nursing, we differ considerably on important issues. The acknowledgement of those differences is itself an important statement. Second, we believe that the future of nursing and nursing education depends on reducing the power that authoritarian models have on our education, practice, and research. The typical third-person, invisible, and de-personalized authoritarian voice found in many nursing publications represents an intellectual tradition of invisible authority that we reject. It is an intellectual style that tends to close, rather than open, debate.

Diekelmann (1988) has previously presented an alternative curricular approach, "The Curriculum as Dialogue and Meaning. An Alternative Approach for Professional Nursing Education." While these essays neither represent nor defend that approach, they do present a dialogic moment that recognizes the necessity of differences within a shared agenda of creating meaningful revolutions in nursing education. We trust our readers will have differences with both our collective enterprise and our individual essays.

Perhaps a word on tone is appropriate. All three authors are active NLN members: Drs. Diekelmann and Tanner either serve or have served on the NLN Board of Directors. Thus, when our essays are sharply critical of the *Criteria* and the accompanying texts, we are not criticizing as hostile outsiders but as committed participants who believe in the future of the NLN. The effort to produce these criticisms is part of that commitment. We seek to make visible some of the inconsistencies and incongruencies embedded in the texts that are used in the accreditation process. A critique of these texts is not a critique of the persons who use them or of the organization itself. Rather, it is a beginning attempt to

create a dialogue that will allow us all to see problems with these texts and envision new possibilities.

The first essay by Tanner, who was involved in development of the NLN Criteria (1983) provides a participant's perspective on the historical and political context within which the current *Criteria* was generated. Diekelmann's essay offers a hermeneutic analysis of the NLN *Criteria* by explicating meanings embedded in the text. Allen develops a critical hermeneutic analysis by exploring conflicts among differing and contradictory meanings with the texts. This includes intersecting literature in public education with the models assumed by the *Criteria*.

In Part Two Hernan Vera, a sociologist specializing in sociology of knowledge and occupations and professions, and Ann Gothler, a nurse educator and established NLN Site Visitor and NLN Consultant, offer their responses to the critical analysis.

In the Epilogue, we pose questions to ponder for the future of the accreditation process in higher-degree programs in nursing. We acknowledge the rich heritage of nursing's higher-degree programs and the progress made in the short time that we have had our home in academia. We must not forget that a great number of nursing faculty from all parts of the United States have collaborated with faculty of other disciplines and the NLN and have struggled earnestly over the years to develop a process of accreditation that would be fair and promote high academic standards. We cannot ignore this progress, nor can we ignore the call for new solutions to old and new problems.

Must we create a new paradigm, or is it possible to construct a better model from that which we already have? In the Epilogue, we suggest a number of ways to extend the dialogue so that we may act constructively for the preferred future of nursing. The call for educational practices that will empower nursing to emerge as a discipline that focuses on the scientific practice of caring must not fall on deaf ears.

> To lose the sense of the past is both to misrecognize the patterns of disapproportionate benefits that will result and to ignore the long history of concrete struggles by real teachers to gain even the limited autonomy they now possess. These overt and covert struggles have not ended. They continue in transformed context and discourse today. Only by focusing on our past can we see how far we have actually come. And only by keeping this past in sight—in front of us—can we see how much we have to lose, what the stakes actually are, in our current attempt to restructure education. (Apple, 1986, p. 187)

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Part One: The NLN Criteria for Appraisal of Baccalaureate Programs: A Critical Hermeneutic Analysis

1. An Analysis Of The Historical And Political Background Of The Revision Of The NLN's *Criteria for the Appraisal of Baccalaureate and Higher Degree Programs*

Christine A. Tanner, PhD, RN, FAAN

Many of you may recall the debates that occurred a few years ago when our fledgling Society for Research in Nursing Education (SRNE) was contemplating becoming a forum in the National League for Nursing. Our principal interest was to find a home in which the organization could be well managed and through which it could continue to promote inquiry in nursing education. We anticipated that the relationship between SRNE and NLN would be mutually beneficial. And we hoped that part of the benefit would derive from scholarly criticism of the NLN activities with respect to education, especially in the areas of testing and accreditation. This essay is the first of what we hope will be many efforts to gain fresh insights into long-standing educational policies of the NLN through scholarly criticism and debate.

Maxine Greene (1986), in her review of *Philosophy and Teaching*, provides an excellent introduction to our intents in this monograph:

> To do philosophy with respect to teaching is not to engage in empirical inquiry with regard to the activities involved. Rather, it is to focus upon the ideas or concepts used in studies of teaching, on the assumptions underlying research, on the models orienting various inquiries. It is, as well, to stimulate reflectiveness about the intentions in which teaching begins, the values that are espoused, the ends that are pursued. It may originate in critical consideration of what it means to provide "the conditions which stimulate thinking, to enter into a pedagogic encounter with other human beings," or to "let learn." Whether the philosopher's primary interest is in analytic or linguistic philosophy, process philosophy, experimentalism, or existential phenomenology, however, the main concern is to clarify the language used in describing or explaining the practice of teaching, to penetrate the arguments used in justifying what is done, to make visible what is presumed in the formulation of purposes and aims. . .
> To do philosophy means to pose the kinds of questions that empower us "to think what we are doing and to locate our investigations in their historical and ideational contexts."

Our intent in these essays is to use both Heideggerian phenomenology and critical social theory analysis to clarify the language of the accreditation criteria, to penetrate the arguments used in justifying what is done through the process of accreditation, and to make visible what is presumed in the formulation of purposes and aims. We hope that through this process we can empower ourselves to think clearly about what we are doing. The first part of the symposium would rightfully belong to a historian—that is, it provides the historical background of accreditation and the context and concerns of the most recent revision of the accreditation criteria. Let me hasten to say that I do this not as a historian, but as a first-hand observer, that is, as the former chair of the NLN committee responsible for the last revision. The sources for my comments are published works on the history of accreditation in higher education and in the NLN; minutes, reports, and my own notes from the recent revision of the *Criteria*; and interviews with two other members of the six-person committee. These interviews were used primarily to describe the context for this revision and to identify central issues and themes; in the jargon of the day, they were essentially to "verify," "clarify," and "amplify" my own report.

There are several aspects of the entire accreditation process that warrant careful scrutiny and analysis. These include: (1) development of criteria and standards against which to compare the practices of individual institutions and programs; (2) standardized procedures for making evaluations of educational practices in relation to the *Criteria* usually including a self-study report, site visit by peers, and a board that reviews the evidence and makes decisions; and (3) a mechanism for periodic review of accredited institutions. Our focus is primarily on the development of standards and criteria.

NLN ACCREDITATION: DEVELOPMENT AND REVISION OF CRITERIA

The National League for Nursing has developed a process for revision of accreditation criteria that should both protect against obsolescence and allow for extensive input from nurse educators. The process is repeated every 5 to 6 years and includes several iterative mailings to member schools, requesting input on the revision process. The revision of the 1983 Council of Baccalaureate and Higher Degree Program (CBHDP) *Criteria* was begun in 1981, with a survey of all baccalaureate programs to assess the extent to which the *Criteria* ought to be revised. This was followed by 3 drafts of revised criteria sent to schools for comment. The fifth edition of the *Criteria* finally was adopted in 1983 (see Appendix). We are now preparing for the sixth edition.

Review of the last several editions tells us there have been very few substantive changes in the criteria during any revision process, yet educational practices have presumably changed substantially. One must ask why the criteria have changed so little.

In our review of the more recent revisions, emphasizing the 1983 revision of the *Criteria*, three conclusions are offered. Some of these will be obvious to anyone who has been involved in aspects of accreditation:

1. The dominant paradigm of higher education, the Tyler model, is implicit in the NLN *Criteria*. All changes that have occured in the *Criteria* have been within this dominant paradigm. Both Drs. Diekelmann and Allen will discuss this further.
   I would offer this notion of a dominant model as a somewhat simplistic explanation for the minimal changes with each iteration of the *Criteria*. Major reform in the criteria would probably require a radically different view of higher education—a paradigm shift or recognition of the need for multiple paradigms to guide education.
2. Accreditation serves important political purposes, both for the institutions undergoing review for accreditation and for the agency doing the accrediting. Understanding the political context is the key to understanding the nature of changes made in the accreditation criteria.
3. The changes in the criteria are a direct outgrowth of whatever the central issues are at the time of the revision, whether or not these issues have any "real" bearing on the quality of education.

I want to illustrate these last two points with examples from the latest revision of the *Criteria*. But, first it is necessary to examine the political context at the time the revision was undertaken in 1981.

POLITICAL CONTEXT

Three major areas will be used to characterize the political context: the place of nursing in higher education; professional issues; and central issues related to NLN accreditation that were surfacing during this time.

Nursing in Higher Education

In general, resources in higher education were dwindling in the early 1980s. On one hand, nursing program administrators were concerned that their program's accreditation status, if negative, would be used by their campus administrators to curtail the program's future; on the other

hand, recommendations from the accreditation process could be used as leverage for needed resources from the campus.

There was a trend for nursing to be placed as a department in other schools (e.g., health sciences or biological sciences) with nursing administrators having no real control over resources. Descriptions of the role of the administrator with respect to resources were deemed important. Some small, state-supported schools, as well as private liberal arts colleges were experiencing a decline in enrollments, while nursing remained one of the few over-subscribed programs. RN completion programs were viewed by college administrators as a way to maintain enrollments. In fact, in some of these colleges, declared nursing majors totaled fifty percent of the college enrollment. Within the discipline, there was concern about under-resourced programs being opened for the wrong reason, that is, to maintain the viability of these colleges. Accreditation was viewed by some as a way to control the proliferation of these programs.

Professional Issues

Entry into practice was rapidly becoming a central issue, and nursing programs were responding to demand by developing non-traditional routes to degree completion. Many administrators perceived that these programs experienced more difficulty in being granted initial accreditation than other, more traditional programs.

In some regions of the country, the combination of spiralling costs of nursing education and shrinking budgets in higher education led to the creation of generic baccalaureate programs to justify existence of nursing education. In at least two states there was a move toward "2 + 2" programs that eliminated generic baccalaureate programs.

Issues Related to NLN Accreditation

Many perceived that accreditation was shrouded in secrecy. Common criticisms were that: (1) the Board of Review used unstated criteria for evaluation of programs; (2) Board members were appointed rather than elected, and the Board as a whole was therefore not representative of the kind of programs undergoing review; and (3) there was no possibility for program faculty and administrators to understand the rationale for accreditation decisions, nor to clarify the Board's understanding of the Self-Study Report, because representatives from the program were barred from the review and deliberation.

In summary, nurse educators were greatly concerned about the viability of their programs; the likelihood that viability would be adversely

affected by accreditation decisions; the perception that accreditation had little to do with program quality; and the belief that program faculty could do little to influence the outcome of review for accreditation. They also perceived that some kinds of programs (notably the RN completion programs) were having great difficulty in being granted initial accreditation. Between 1980 and 1983 there was seldom a CBHDP meeting during which accreditation was not the major topic of heated debate.

REVISION OF THE CRITERIA WITHIN THIS CONTEXT

There were two major issues that surfaced during the revision of the accreditation criteria which, I believe, were a reflection of this political context: (1) the wish to have explicit, objective criteria that were clearly measures of quality and that could be understood and interpreted by all in an objective manner; (2) the wish to modify criteria that seemed unnecessarily narrow and rigid, to allow for more creativity in the development of nursing programs. The controversies around these two issues will be discussed briefly. The discussions draw largely on written reports of the Criteria Subcommittee of the CBHDP Accreditation Committee.

More Objective Criteria

In 1981 schools were surveyed to determine how much change in the NLN criteria faculty and administrators believed was necessary. In the survey, it was clear that there was a conflict between having explicit, objective criteria (measurable criteria) and having criteria which were broad enough to foster, or at least allow for some creativity. For example, the terms "sufficient" and "adequate" are used in many of the criteria (e.g., "The financial resources are adequate to support the mission of the nursing program"). To quote the 1982 committee report:

> Several respondents expressed concern about the vagueness of these terms indicating the need to state the criteria in more objective measurable terms. The committee has continued to deliberate about their use and the alternative seems to be more problematic. To state the criterion in more measurable terms, i.e., to operationally define "adequate" would be restrictive, if not impossible, given regional variations in cost per student for education and faculty salaries, as well as variations in program goals.

After some deliberation, the committee decided to introduce the notion of "guidelines for interpretation": "These guidelines were developed to define adequate within the context of program goals."

There was also an effort to identify "essential" versus "nice but optional" criteria, and to reduce redundancy. The criteria were reduced in number from over one hundred to thirty-seven broad statements. To respond to some committee members' needs for more specificity, while at the same time trying to provide for some latitude, guidelines for interpretation of the criteria were developed. Again, to quote the 1982 report:

> The indicators were introduced with the first draft of these criteria and were intended to serve as guidelines for interpretation of the criteria rather than as absolute requirements. But documents develop a life of their own. Several respondents expressed concern that the indicators would be interpreted by either schools or the Board of Review as essential criteria. In response to this concern, the committee changed the terms "indicators" to "guidelines for interpretation," which more accurately reflects their purpose. Furthermore, the committee recommends that these guidelines not be included in the final document of criteria.

It's interesting to reflect now, some five years later, on the committee's intent with these guidelines. I suspect that many faculty who have recently participated in their school's self-study believe that the so-called guidelines are really hard-and-fast criteria. It would also be interesting to explore how the guidelines are being used in accreditation decisions by the Board of Review.

More Flexible Criteria

There were some specific criteria changes that indicate the influence of the political context on the criteria revision. Again, quoting from the 1982 report:

> One of the most controversial criteria in the 1977 document was Curriculum Criterion IB: "The curriculum implements the philosophy, purposes, and objectives of the program and is developed within a conceptual framework." The requirements for a conceptual framework have been a major source of confusion and concern about nurse educators. Its utility in curriculum development has been at times applauded and at other times viewed as a restrictive and outdated method of giving direction to the curriculum. The committee's recommendation for a change in this criterion [to "The curriculum is logically organized and internally consistent."] is based on several factors:
>
> 1. The confusion surrounding the meaning of a conceptual framework and the resulting action of many schools or Boards of Review to: (a) adopt or require as a framework

an existing, though not yet tested theory of nursing; or (b) use the same framework throughout baccalaureate and master's programs, despite a "lack of fit" with some specialty areas.

2. The pervasive sentiment that there may be other more useful ways to organize a curriculum.
3. That there was an expressed need by a large portion of the council membership for greater flexibility in curriculum design than that afforded by the adoption of a single conceptual framework.
4. The expressed sentiment by a large portion of the council that the use of a conceptual framework was neither a necessary nor a sufficient condition for a good curriculum design. There is no evidence which supports the relationship between use of a conceptual framework and the quality of a program.

This criterion, as currently stated, does not preclude the use of conceptual framework as a way to organize the curriculum; instead, it allows for other options for organizing curriculum. Interpretation: We can infer from this that during this revision we were in the right region in terms of our criticism. (As we will learn from Dr. Diekelmann's paper, the more profound question might be raised about the need for curriculum organization at all.) The use of a conceptual framework was suggested in the "Guidelines for Interpretation" and many nurse educators continue to believe that having a conceptual framework is a requirement for accreditation.

One other criterion that was extremely controversial was "The nursing major is concentrated at the upper-division level." Recall that this revision was being done in a climate in which there was rapid growth of RN completion programs, and many expressed concerns about the quality of these programs. Moreover, this criterion was one that had been cited frequently for RN completion programs not being granted initial accreditation. Furthermore there was concern about states' efforts to move solely to 2 + 2 programs, with few upper-division nursing major programs. In each draft of the *Criteria*, this one criterion was removed, then reinstated, then removed again. In 1982, one year prior to the final draft, our report read:

> This criterion was dropped. Rationale: It was viewed as too restrictive and in and of itself, not essential to the quality of the program.

The 1983 *Criteria* reads "The majority of learning experiences in nursing theory and practice are at the upper-division level."

There are numerous other examples that reflect the political and social climate at the time of the revision of *Criteria*. However, the *Criteria* are applied in a decontextualized manner, as if they were absolute indicators of the quality of the educational program. Ideally the *Criteria* should reflect current educational practices taking advantage of new research and trends. But these educational practices should always be viewed in the context of nursing. What is sought is that balance of knowing how to use sound educational practice to enhance the schooling of men and women in nursing in a way that transforms practice and research.

2. A Hermeneutic Analysis of the NLN Criteria for the Appraisal of Baccalaureate Programs

Nancy L. Diekelmann, PhD, RN, FAAN
David G. Allen, PhD, RN, FAAN

PART I: HERMENEUTIC ANALYSES OF CATEGORIES, RELATIONAL THEMES, AND CONSTITUTIVE PATTERNS

Design of Hermeneutic Analyses

This hermeneutic analysis was conducted using Heideggerian phenomenology (Heidegger, 1962; Gadamer, 1976) as the philosophical background to identify the categories, relational themes, and constitutive patterns of three texts: *Criteria for the Evaluation of Baccalaureate and Higher Degree Programs in Nursing* (1983; only the curriculum for the first professional degree was analyzed); *Policies and Procedures of Accreditation for Programs in Nursing Education* (1985), and the *Self-Study Manual* (1984). All three of these documents were selected because *Policies and Procedures* and the *Self-Study Manual* are considered "essential" (*Criteria*, p. 1) as "companion" documents, and the *Criteria* provide guidance as to what evidence should be included in the self-study report. The *Self-Study Manual* interprets the *Criteria*, while *Policies and Procedures* describes the accreditation process.

The analysis examined passages for meanings that arose either implicitly or explicitly in these texts. These meanings were compared and contrasted to describe conflicts and contradictions among the different meanings, and finally to identify the constitutive patterns that express the relationships of the categories and relational themes.

The analysis was carried out by a research team that included the prinicipal investigator; nurses and non-nurses, as well as faculty skilled in interpretative research; students; and clinicians. The team analyzed the texts in seven stages.

Stage One. The purpose of this stage of interpretation was to examine all three documents as a whole. Each member of the research team read

each of the documents to obtain an overall understanding of the documents.

Stage Two. In this stage, each member of the team summarized sections of the documents and identified categories. Weekly sessions were held during which the investigator would first read his or her written interpretation of the categories, then provide excerpts from the texts to serve as supportive data of the interpretation. Similar analyses by other members followed. Dialogue among team members clarified the analyses and the evidence provided by the text. Group consensus was the ultimate goal.

Stage Three. This stage involved further independent analysis of each document. Each team member's interpretation of the categories was compared with the investigator's for similarities and differences. Any discrepancies in interpretation were clarified by referring to the text.

Stage Four. The purpose of this stage was to identify relational themes. A relational theme is one that cuts across all texts. Texts generated in previous stages were re-read and studied to see if similar or contradictory meanings were present in the various texts. During this stage, whenever conflicts arose among the various meanings within the texts, extensive documentation was provided to support the choice of relational themes.

Stage Five. During this stage of interpretation, constitutive patterns emerged. These patterns were present in all the documents and expressed the relationships of the relational themes. Constitutive patterns are the highest level of hermeneutical analysis.

Stage Six. The purpose of this stage was to validate the analysis by persons not on the research team but familiar with both the content and the research method. In this stage, the investigator provided the opportunity for review of the entire analysis to members of the research team and to two interpretative nurse researchers who were not members of the team.

Stage Seven. The last stage involved preparation of the final report using sufficient excerpts from the interview to allow for validation of the findings by the reader. The multiple stages of interpretation provided a means of *bias control*. The purpose of the multiple stages was to expose conflicts and inconsistencies by allowing for reappraisals and comparisons. The goal was to expose unsubstantiated meanings and inaccurate interpretations not supported by the text. Expert consensual validation was also included in this process.

The goal of hermenuetics is the discovery and understanding of meanings embedded in the text. Initially, this method was utilized for the interpretation of biblical texts, classical literature, and legal documents. The process involves moving from the parts of the text, to the whole, and back to the parts again.

> This process of understanding is a movement from the first prejudgmental notion of the meaning of the whole. . . to a change in the sense of the meaning of the whole because of the confrontation with the detailed parts of the test. (Polkinghorne, 1983, p. 226-227)

Though there is no single correct interpretation, continuous examination of the whole and the parts of the document with constant reference to the text, ensures that interpretations are grounded and focused.

RESULTS OF HERMENEUTIC ANALYSES

Early in the analysis, categories like the purpose of nursing education, the role of the teacher, the role of the student, and the teaching–learning process emerged. As the analysis continued, two relational themes among and between the texts were uncovered: (1) the curriculum as knowledge—knowledge acquistion and curricular thought; and (2) the curriculum as organization—the top–down model. The constitutive pattern that pervades all of the texts emerged. At the highest level of analysis is the curriculum as "tinker toy"—instrumentalism and curricular praxis.

The Curriculum as Knowledge—Knowledge Acquisition and Curricular Thought

Embedded in these texts is the assumption that the nursing curriculum is the means through which knowledge about nursing is directly and easily translated into specific behaviors. First, knowledge is implicitly defined; some knowledge is specified. References are then made to how knowledge is to be acquired and how it is to be used. Lastly, the relationship of knowledge to the curriculum is specified.

Knowledge is implicitly defined as information or subject-matter content. In the *Self-Study Manual*, most uses of the term "knowledge" are synonymous with content, such as:

> Describe the application of knowledge obtained from the behavioral, physical and natural sciences with liberal arts and humanities. (p. 41)

Since some knowledge is prespecified in the *Criteria*, we can assume that some knowledge is more important to the curriculum than other. For example:

Criterion 23. The curriculum content focuses on the discipline of nursing and is supported by other sciences as well as the arts and humanities.

Criterion 25. The legal, historical, political, social, economic and ethical aspects of nursing are included in the curriculum.

Criterion 26. The research process and its contribution to nursing are included in the curriculum.

Even the guidelines for interpretation emphasize the kind of knowledge to be included:

Criterion 23.1. There is emphasis on nursing theory and research as a source of curriculum content.

Criterion 25.1. Course objectives/content address the past, present and emerging roles of professional nursing.

How knowledge is to be sequenced is also articulated. Terms like the "progressive development of skills and knowledge within the program" imply that knowledge is to be progressively organized:

Criterion 21.4. The educational requirements are organized so the knowledge and skills (content) are developed progressively throughout the program.

As evidence for meeting this, the suggestion to "provide examples to describe the progressive development of skills and knowledge within the program" (non-nursing and/or nursing courses) is made. Some knowledge is not only sequenced, but its relationship to other kinds of knowledge and experiences is prespecified:

Criterion 28.2. Theoretical and empirical knowledge from the physical and behavioral sciences and humanities are synthesized with nursing theory and practice. Knowledge is assumed to be directly and easily translated into behaviors.

In some of the guidelines, the behaviors associated with particular kinds of knowledge are specified. In criterion 26, the research process and its contribution to nursing are included in the curriculum. The guidelines specify the outcomes to be achieved: (1) that students be able to evaluate research for the applicability of its findings to nursing actions, and (2) to identify research problems in nursing practice:

Criterion 26.1. Content and instructional activities are designed to assist the student in attaining the ability to evaluate research for the applicability of its findings to nursing actions.

Criterion 26.2. Content and instructional activities are designed to assist the student in attaining the ability to identify research problems in nursing practice.

Thus, knowledge as subject-matter or content of the curriculum is specified and it is to be progressively sequenced in the curriculum with some behavioral outcome for particular knowledge described. These examples demonstrate not that content is unimportant, but rather that there is a preponderance of emphasis in these criteria on the curricular question of knowledge aquisition, that is, the selection and sequencing of subject-matter. This view of the curriculum as knowledge acquisition is consistent with the Tyler paradigm.

There is also an emphasis on knowledge and curricular thought that implies knowledge is to be logically and consistently present within the curriculum:

Criterion 21. The curriculum is logically and internally consistent.

The guidelines specify that "organizing frameworks" be used to "select and sequence" content in the curriculum. This notion of logical organization is reinforced by inclusion as one of the "critical areas" identified in the *Self-Study Manual*: "A well-defined, logically developed, and internally consistent curriculum that focuses on the knowledge base and practice of professional nursing" (p. 55). What remains problematic in this approach is specifying who defines what is logical and internally consistent when it comes to selecting and sequencing the knowledge in the nursing curriculum. Furthermore how is some knowledge specified and not other?

In summary, the *Criteria* contain a number of important assumptions about knowledge, how it is acquired, and the role of the curriculum in that acquisition. Knowledge is often viewed as information acquisition and its application in experiential settings. Behaviorist language penetrates the discussion of learning and its evaluation. The curriculum is designed to make the acquisition of knowledge possible through the conjunction of information transmittal (content) and application of the acquired information in laboratory or clinical settings by the student. The curriculum is supposed to organize the knowledge acquisition in sequential and logical fashion.

The Curriculum as Organization—The Top–Down Model

The curriculum is consistently represented as sets of decisions that organize the educational experience in a manner consistent with the beliefs and desires of the faculty. In both the *Self-Study Manual* and *Policies and Procedures*, the faculty are cautioned:

> The faculty must understand and thoroughly assess where they are in order to determine where they need to go, and the means by which they can achieve the goal they have set for the unit in nursing. It is essential to use the accreditation criteria while engaging the following activities:
>
> 1. A thorough exploration of the beliefs and the objectives of the program and the services of the unit.
> 2. An assessment of the validity of the philosophy and the objectives in terms of current trends and needs in nursing education.
> 3. An evaluation of the extent to which the unit is achieving its objectives, based on analysis of all its activities.
> 4. A careful consideration of various ways and means by which the objectives may be more fully attained.

These criteria derive from Tyler's model of curriculum. They will seem familiar to persons acquainted with the management-by-objectives orientation. The Tyler model is a top–down, hierarchical model based on industry's approach to organizing factory work. The assumption that the goals of the system can and should be specified in advance by those in charge can be seen throughout the *Criteria* and in the traditions from which it draws its inspiration.

The *Criteria's* treatment of the curriculum as organization—a complex system that can be analyzed into its constitutive parts—reflects the application of the Tyler model in identifying criteria for accrediting baccalaureate and higher-degree programs. The model pervades both curricular and instructional dimensions of the *Criteria*. It is used to describe how to evaluate courses, curricular documents (school catalogs), and the school's environment (e.g., the structure and governance of the school, as well as the faculty and student handbooks).

This relational theme of top–down, instrumentalist curricula embraces the notion of schools as needing to be organized, managed, and controlled by administrators and faculty. The relationship between faculty and students is analogous to employer to wage laborer: it is contractual, specific, and delimited.

The Curriculum as Tinker Toy—Instrumentalism and Curricular Praxis

A constitutive pattern that emerged is captured in the analogy of the curriculum as tinker toy. This metaphor applies to an instrumentalist view in which knowledge is seen as additive. Phenomena are broken down into parts, whereby the student reassembles the parts back into the whole. But the tinker toy metaphor also reflects the Tyler model, in which the curriculum is described as parts to be organized and controlled. Even the teaching-centered pedagogy reflected in the *Criteria* is consistent with a view of the curriculum as building something, whereby the teachers are the "master builders" or "contractors".

The curriculum is seen as a goal-oriented structure that is committed to effectiveness and efficiency. There is a tendency for planned activity; the building of the curriculum assumes a future-oriented structure to meaning. Thus some content and experiences may not make immediate sense or carry meaning for students, just as the product of the tinker toy may not at first be obvious. Only later do the early constituent structures reveal their significance.

Embedded in this constitutive pattern is a view of schooling as a means–ends activity. There is a certain commitment to a particular way of going about teaching: a curriculum is created by first developing a philosophy; a course is planned by first identifying objectives.

The curriculum-as-tinker toy theme is teacher-centered. The teacher is the builder of the curriculum and the curriculum is teacher-work (not clinician work); although students are to be included in the development of the curriculum and governance of the school, the emphasis is not on the curriculum as student-work.

PART II: HERMENEUTIC ANALYSIS OF TENSIONS WITHIN THE *CRITERIA* AND RELATED DOCUMENTS

Using the *Criteria for the Evaluation of Baccalaureate and Higher Degree Programs* and the accompanying *Self-Study Manual*, the analysis will show that there are important conflicts or inconsistencies among the various statements of purpose offered by these texts and the actual criteria themselves. In brief, the *Criteria* assert that a central function of accreditation is evaluation of education programs in terms of their purposes and philosophy. In other words, the appraisal process involves judging the adequacy of a program in terms of that program's philosophy. There are two problems with this claim: (1) The vast majority of the criteria are not designed to assess philosophies and purposes. In fact they assume

the philosophy and purposes and evaluate whether they are being adequately met. In other words, while the appraisal process is represented as evaluating purposes and philosophies, no criteria for acceptable or unacceptable philosophy statements are provided to assist schools of nursing in developing their statements. It is difficult to determine what kind of philosophy would be acceptable, but the texts are analyzed to generate some possible criteria; (2) There is an internal inconsistency between the section of *Criteria* pertaining to curriculum, and the other five sections pertaining to structure and governance, resources, policies, faculty, and evaluation: The section on curriculum prescribes certain content while the other sections assess whether the program is achieving the philosophy and purposes it has set for itself. One central issue is ignored, namely, what happens if the program's philosophy and purpose are not consistent with the *Criteria's* demand for essential content. For example, what would happen if a school's philosophy statement explicitly rejected the efficacy of studying nursing history while the *Criteria* require that history be part of the curriculum? Without some guidelines to suggest that such a philosophy would be unacceptable, this possibility clearly exists.

These broad claims can be substantiated by addressing the texts themselves. According to the text, the *Criteria* (NLN, 1983, p. 1) have two purposes:

1. To assist the program by serving as a guide to faculty in developing and improving educational programs and as a framework for self-evaluation.
2. To assist the accrediting body in the appraisal of educational programs in terms of the philosophy and purposes of the program.

Immediately note the assumption that a single set of criteria (and by implication a single review process) can, in fact, serve these two purposes of self-improvement and external evaluation. Uehling (1987) makes an important argument that both logic and politics support separating them. She identified the primary, historical purpose of accreditation as a sort of consumer protection plan that ensures a minimum quality of a program. Over time this function has been collapsed with a second one of peer-assisted self-improvement.

For our purposes the analysis will focus on the second function, the appraisal or evaluative function, rather than the self-improvement function. This focus was selected because appraisal logically precedes self-improvement. Also, the political consequences of appraisal are of far greater

significance to the development of the discipline because failure to receive a meritorious appraisal can lead to withdrawal of accreditation.

The *Manual* elaborates on and modifies these purpose statements when it asserts, "The achievement of accreditation in nursing indicated to the general public and educational community that a nursing program has clear and *appropriate* educational objectives and is providing the conditions under which its objectives can be fulfilled." (NLN, 1984, p. 1) This is the "consumer protection" function referred to earlier. One other clue is provided: There is to be "an assessment of the *validity* of the philosophy and the objectives in terms of current trends and needs in nursing education" (NLN, 1984, p. 3). This is an extremely important statement because it is one of the few clues as to what sort of a philosophy a school would have to develop to be accredited. The philosophy must be one that is consistent with "current trends and needs."

The *Manual* also states that the purposes include, "to evaluate nursing programs in relation to both their stated purposes and objectives and to the established criteria for accreditation." Note how these are separated: Programs are evaluated from two perspectives: (1) their purposes and objectives, and (2) whether they fit the established criteria. This suggests that a school can meet the criteria and still have its purposes and objectives rejected, and vice versa. While this possibility remains implicit, it constitutes the background of the entire review process because using this document as a guide for accreditation can result in imposing a particular curriculum as well as in evaluating purposes and philosophies.

One assumption that underlies our argument is that the central criteria, underlying all others, are these values of "clear," "valid," and "appropriate," and that they represent the implicit introduction of a necessarily normative function into the appraisal process. Appraisal cannot logically be value neutral. Values enter a Tylerian, instrumentalist curriculum through the philosophy statement. (In the critique section of our essay we will suggest that in the *Criteria's* current form, this normative dimension operates in a way that is fundamentally ideological. That is, these criteria are implict, yet exist to compel consent to the "naturalness" or "common-sense" quality of the explicit criteria. To put this another way, we are suggesting that there is, in fact, an inescapable normative or value-laden dimension to accreditation, but that the *Criteria's* account of what it is doing tends to obscure or minimize this dimension. It is this obscuring or minimizing that we are calling ideological.)

Perhaps we should take a moment to defend this assumption. First, the *Criteria* exist to evaluate nursing education programs. Those programs that receive a negative evaluation can be denied accreditation. The question naturally arises, within which dimensions should programs

be evaluated. The *Criteria* assert that programs will be evaluated "in terms of the philosophy and the purposes of the program." That is, the philosophies and purposes will be examined to see if they are valid and appropriate. What then is a "valid" or "appropriate" philosophy or purpose statement? Oddly enough, the *Criteria* and companion documents provide very little insight. Two possibilities exist: (1) the *Criteria* have misrepresented the target of review and something other than purposes and philosophies are being reviewed, or (2) no guidance was provided to suggest what sort of purpose and philosophy a school ought to have. These possibilities will be explored in more detail.

The evaluation of philosophies and purposes is the only function of accreditation that is not phrased in terms of the program's self-interest or self-improvement. After reading the first 19 of the 29 criteria, there is a clear impression that any purposes and philosophy are sanctioned so long as they are both consistent with those of the parent institution, and function as the organizing principles around which structures, resources, and policies are shaped.

However, according to the purpose statement, this is not the case. What, then, are the characteristics of an ideal or acceptable philosophy and purpose? The *Manual* helps clarify this by adding the terms "clear and appropriate" and the characteristic of validity "in terms of current trends and needs in nursing eduction." (NLN, 1984, p. 3) If the validity and acceptability of philosophies and objectives are appraised in terms of how they support "current trends and needs", and if this appraisal is the central issue in the accreditation decision, then one would expect that the process by which those trends and needs are to be identified would be specified. The context in which this characteristic of valid philosophies is raised suggests that it is the responsibility of individual programs to identify the trends and needs. How, then, is the accuracy with which the program has identified these trends and needs appraised? What would happen, for example, if a school identified an oversupply of nurses as an important trend, or a need to have nurses who are more submissive to physicians? The substance of the examples is unimportant. The point is that no guidelines are provided to clarify that what the *Criteria* assert is the central focus of accreditation.

The only clue available as to the meaning of "clear and appropriate" in the *Criteria* is found in Criterion 1: The program's philosophy and goals are consistent with the mission(s) of the parent institution. (*Self-Study Manual*, p. 3) Thus, one can assume that any goals or philosophy not consistent with the mission of the parent institution are inappropriate unless, as stated in the *Manual* (NLN, 1984, p. 3), they are adequately justified.

An indirect criterion can be inferred by noticing that the majority of the criteria refer to the consistency of aspects of the program such as

resources, structure, or faculty expertise with the purposes or goals of the program. An example is Criterion 3: "The organizational structure of the nursing program . . . fosters the attainment of program goals." Similarly phrased criteria can be found in every section except that addressing curriculum.

An implicit assumption is that if the resources, for example, are inadequate to achieve the goals, then the resources, and not the goals, should be changed. If this assumption is not correct, then an additional criterion for assessment of purposes and goals is their "achievability" in terms of access to clinical populations, financial resources, and so forth. In fact, this relationship between goals and resources is more dialectical than this assumption portrays. Otherwise a program with extraordinarily limited resources could be expected to have extraordinarily limited purposes and goals.

There are virtually no other criteria that explicitly address what would constitute "clear," "appropriate," and/or "valid" philosophies and purposes. In fact, two-thirds of the criteria assume the purposes, and relate to whether they are being met consistently. Why, given the *Criteria's* assertion that the central function of accreditation is evaluation of philosophy and purposes, are there no criteria (or guidelines in the *Manual*) to clarify instances where a purpose may or may not be appropriate? The answer may be embedded in the ideological dimensions of the accreditation process.

CRITICAL HERMENEUTICS: IDEOLOGICAL ASPECTS OF THE CRITERIA

Thus far we have identified several themes and constitutive patterns, and have noted some conflicts or contradictions within the *Criteria*. Critical hermeneutics involves subjecting the explicated meanings to an analysis that uncovers or makes more conscious some of the contradictions and hidden power relations that are embedded in the text. In our analysis, we will do this by intersecting two sets of texts: The *Criteria* and accompanying documents, which we have been analyzing thus far, and writings from phenomenologists and critical theorists who address similar issues in the field of public education.

We will draw on this literature to suggest three hypotheses to account for the absence of criteria appraising philosophies and purposes and to suggest some problematic assumptions and implications of the themes and constitutive patterns we have identified. The hypotheses are:

1. The adoption of the industrial/production model of curriculum development from Tyler obscured the central role value and norms in educational appraisal.

2. Like the ANA's Social Policy Statement, the NLN's accreditation process is shaped by a scientism rooted in positivist epistemology.
3. Resistance is reduced and consent increased when the imposition of a value system is hidden, rather than overt.

Tylerism

As discussed earlier, there are a number of indications that Tyler's industrial model of curricular development has influenced the NLN *Criteria*. This model was developed by Professor Ralph Tyler at the University of Chicago in 1949. It was the framework he developed for his course in education. Over time this document has been so integrated into the thought of teachers that it is difficult to isolate it and examine and evaluate some of its central features.

Basically, the Tyler framework revolves around four central questions:

1. What educational purposes should the school seek to attain?
2. What educational experiences can be provided that are likely to attain these purposes?
3. How can these educational experiences be effectively organized?
4. How can we determine whether these purposes are being attained?

These questions are most commonly referred to as a four-step process of stating objectives, selecting experiences, organizing experiences, and evaluating outcomes. The Tyler model has been transformed, but continues to be the basis for the NLN *Criteria*.

The Tyler model is a linear, means–ends process, and in its commonsense appeal it conceals the assumptions of an instrumentalist view of education. Eisner (1974) describes the orientation of the Tyler framework as scientific and technical:

> The scientific and technological orientation to curriculum is one that is preoccupied with the development of means to achieve prespecified ends. Those working from this orientation tend to view schooling as a complex system that can be analyzed into its constituent components. The problem for the educator and educational technologist is to bring the system under control so that the goals it seeks to attain can be achieved. (p. 88)

Two parallels between Tyler's model and the *Criteria* that raise particular ideological concerns are functionalist assumptions and a managerial or instrumental model of control. The functionalism is reflected in Tyler's belief "in a differentiated curriculum based on probable destina-

tion." In other words, the educator envisions the student as raw material with a particular occupational destiny, and shapes the student in such a way that the student will, when graduated, function successfully in the role the educator anticipated he or she would assume.

These functionalist assumptions are so built into nursing's vocabulary that they are virtually invisible. That being invisible is not, however, synonymous with being unproblematic can be seen in Kliebard's assessment of Tyler's definition of education as "a process of changing behavior patterns of people" (1950, p. 4). Kliebard (1977) maintains

> It would be important to know the ways in which education [so conceived] would be different than other means of changing behavior, such as hypnosis, shock treatment, brainwashing, sensitivity training, indoctrination, drug therapy and torture. Given such a definition, the differences between education and these other ways of changing behavior are not obvious or simple.(p. 59)

One way in which they are not different is that the identification of the desired change and the means to accomplish it rest in the hands of someone other than the person undergoing change. In Habermas's terms, this is a classic example of social relations becoming "technical" relations rather than practical/political relations. Technical relations are purely means–end; they are based on a positivist model of science and are implemented by experts. Practical/political relations, on the other hand, are those based on shared understandings and negotiated agreements among people with equal stature as human beings and community citizens. Others have emphasized how Tyler's process for selecting objectives is ultimately based solely in the beliefs of the educator, despite lip service paid to learners and other publics.

Employing a rationalist, production model for curriculum places all the control in the hands of the expert educator but blunts perception of the implicit authoritarianism by presenting curriculum as simply a technical means to accomplish a determined end. How those ends are determined, and the values embedded in the implementation process are rarely discussed openly.

Scientism

Implicit both in Tyler's model in the *Criteria* is the assumption or hope that through reliance on science value judgments can be avoided. Both Tyler and the *Criteria*, for example, use the language of needs. Tyler has said that some objectives are to be derived from the student's needs but he did not define the normative process by which those needs are to be defined. Certainly it was not a statistical norm: a survey revealing

sistent with the a certain set of values, regardless of the program's philosophy. In effect, a program may have any philosophy and purpose, so long as this curriculum is implemented.

Outlining these contradictions does not imply that the *Criteria* should not be invested in programs implementing a particular curriculum. Indeed, this is perhaps the most legitimate area of concern. At this point we are merely suggesting that this purpose is relatively well camouflaged and that the effect of this camouflage is reduced resistance. The discussion as to which objectives should or should not be required is of less concern from an ideological standpoint than the process by which they are identified and implemented. The purpose of an ideological critique such as this one is to make more salient areas in which power is being exercised, in which values are being imposed, and to democratize the discourse around the use of the power to impose a particular set of values. A keystone of our argument is that the current form and content of the *Criteria* tend to leave important value and power issues in the background even though they are essential to the accreditation process. From a psychologistic perspective, it may be the experience of the imposition of values behind a value-neutral appearance that generates some of the anger and resentment concerning accreditation.

In summary, we have suggested that the functionalism and authoritarianism of the Tylerian curricular model, the employment of pseudoscientific terms such as "need" to obscure the presence of value decisions and their sources, and the misrepresentation of the purposes of accreditation all function in a typically ideological way to make power relations appear natural and based on common sense. If one accepts the need for accreditation, as all three of us do, how could the *Criteria* and process be reshaped to avoid these ideological effects? In our conclusion, we will suggest a few possibilities.

IMPLICATIONS/ALTERNATIVES

Our goal in this section is not so much to suggest specific alternative criteria, as to address larger conceptual, research, and political issues. Underlying our ideological critique is a vision of process inspired by critical social theory (especially Jurgen Habermas) and feminist theory. A common theme underlying many contemporary critiques is the tendency in our culture to centralize power and mask value impositions under the languages of "science" and "expertise." People who have, in Habermas's language, "technical" authority based on knowledge of means–end relationships are positioned to impose value-laden solutions

on "consumers." In our discussion of Tyler, we referred to this as "instrumentalism," viewing the curriculum as a value-neutral instrument through which predetermined goals are accomplished. We questioned both the source of the goals (what they are, who determined them, and by what process) and the means (in what sense is a curriculum that controls students "neutral").

Almost all of us were educated in schools that used the Tyler model or incorporated many authoritarian assumptions and processes. The *Criteria* are by no means a unique or extreme example of how these models have penetrated our field and become embedded in our lived experiences. Nor can there be much doubt that this contributes to the image and reality of contemporary nursing. Part of the "curricular revolution" being supported by the NLN, and in which we three are participants, will involve careful exposure and interrogation of this authoritarian tradition. This is done as a beginning part of the exploration of alternative approaches to nursing education.

This questioning must move beyond the narrow scope of curricular "experts" or even school faculty to include clinicians and students. More vital, however, than opening up the discussion to more participants is a careful interpretation of the language in which that discussion occurs. To continue conversations using instrumentalist and commercial metaphors such as "consumers" or "terminal objectives" will simply produce more of the same controlling, centralized educational and accreditation processes. There are rich bodies of literature in education, women's studies, philosophy, and other fields of study to which we may turn for assistance as we both build upon and transcend our history.

Some frank modesty might assist this revolution. We have little basis on which to assert agreement about what we want our students to be like when they leave our institutions. Nor would that agreement necessarily be a positive accomplishment. Part of our plea is for a plurality of such images. But even if such agreement did exist, we have no empirical basis for suggesting there is a means–end or causal model of curriculum or instruction that would get us there. And many would suggest such a model is both ethically reprehensible because it objectifies or dehumanizes students and is also theoretically and empirically impossible.

Recognizing the limitations of our knowledge ought not to be paralyzing, but invigorating. The most important issues facing us are not empirical but normative and processual. We can enjoy articulating different and conflicting visions of nursing education, submitting them to rigorous criticism, and shaping educational environments to nurture them. In the following section one such vision will be briefly described not as the solution but as one possibility.

DIALOGUE AND MEANING MODEL

The conceptualization of the professional nursing curriculum as dialogue and meaning calls for a gestalt shift in our traditional assumption about curriculum. It is based on the educational research of Huebner (1975), Greene (1971), and Apple (1979, 1982, 1986). Heideggerian phenomenology (1962) provides the philosophical base in the reconceptualization of the nursing curriculum as dialogue and meaning. The foundation of the curriculum is caring and draws on the research of Benner and Wrubel (1988), and Roach (1987). Critical pedagogical approaches (Shor, 1980, 1986; Freire, 1970; Apple, 1986) are utilized.

The world created by nurse educators through the development and implementation of a nursing curriculum is a world inhabited by people. It is a real world, a lived-in world, and a meaning world. The model of curriculum as dialogue and meaning conceptualizes the curriculum not only as producing a product but also as meaning and as lived-in. Viewing the curriculum through this new lens allows nurse educators to revisit some of the traditional practices of teachers, clinicians, and students in nursing.

For example, the selection and sequencing of subject-matter for the nursing curriculum is first challenged by suggesting there are different types of knowledge in nursing: knowing-that and knowing-how. Including practical knowledge—knowing-how—lays bare the opportunity to deconstruct the linear relationship between classroom learning and clinical learning. That is to say the assumption that the role of clinical instruction in nursing education as taking guidelines or rules (knowing-that) of patient care from the classroom and applying them directly in clinical situations is challenged. Often, in attempting to reduce basic nursing to guidelines or rules, teachers are forced to oversimplify complex situations, sometimes spelling out so explicitly what the care, for example, of a critically ill patient should include, that the guidelines overwhelm rather than help the student. A curriculum that relies heavily on rewarding students for direct application of classroom content and guidelines in their care of patients may lead them to misapply rule obedience when the need for judgment and sensitivity to the nuances of patient situations are called for. According to Benner (1984, 1988), in such situations all the contextual environmental, contingent circumstances may be overlooked, compromised, or undervalued.

In the model of curriculum as dialogue and meaning, experience is defined as the turning around of preconceived notions or beliefs (Heidegger, 1962). This understanding of experience provides new possibilities for clinical instruction. Instead of being a part of theory courses clinical courses can be separated and build upon themselves. When stu-

dents are rewarded for matching classroom instruction with clinical instruction, they are encouraged not to make mistakes. Indeed, to experience a situation in which their preconceived notions of what would happen is confronted or turned around may risk compromise in terms of their grade. Yet, these kinds of disconfirming experiences are crucial according to the research on the development of clinical judgment making (Tanner, et al., 1987). A conceptualization of clinical instruction as providing students with guided experiences into the culture of nursing would emphasize the lived experiences of students and would be based on an understanding of how students move from layperson to novice nurse (Diekelmann, 1989).

The model of curriculum as dialogue and meaning also reconceptualizes the role of the teacher from the traditional Tylerian view of the teacher-as-information-giver and facilitator of learning to an ontological position of the teacher-as-learner. Empowering teaching strategies such as situated study (Shor, 1980), and the use of such techniques as writing across the curriculum (Allen, Bowers, and Diekelmann, 1989) are embraced as alternative instructional approaches. It is perhaps timely to foster a wide variety of alternative approaches to nursing education (Bevis, in press).

NURSING EDUCATION—THE FUTURE AS POSSIBILITIES

The exploration and evaluation of the current process for NLN accreditation and the criteria being used is on-going. But this current exploration needs to be done thoughtfully. For 25 years, the Tylerian model has been used as nursing curricula moved from hospitals into almost every major university in this country. We have the finest professional accreditation organization in the world. We need to keep in front of us the voices of our colleagues who fought hard to have nursing education in academia.

Participation in the activities of the NLN is a beginning for transforming the current criteria and accreditation process. As members we are able to participate and influence the meetings of the education councils. We can elect persons to the Board of Directors who support the exploration of current educational practices and new approaches. At all levels, local, state, and national, we can encourage discussion among teachers, students, and clinicians regarding the nature of nursing education.

We hope this monograph encourages dialogue about both the NLN accreditation criteria and process. We must interact with each other to better understand those aspects of the criteria and accreditation process that are meaningful and need to be retained. As well, we need to explore

when this approach is not meaningful and is resource-consuming. Alternatives to both the process of accreditation and the criteria need to be explored, tested, and disseminated. All of these have important implications for research in nursing education.

Research in Nursing Education

Presently research in nursing education is not considered by some in academia to be "nursing research" or an area where the discipline should devote time and energies. Such a perspective can have grave implications for the future of nursing. While many nurses continue to seek doctoral preparation in education, they often must abandon their research in nursing education for clinical research. In addition to not being considered nursing research, education research in nursing is presently not being funded in nursing. Who is to judge what type of research is more central to the future of our discipline: clinical research or research on how to educate nurses for better patient care? Are not both concerned with health and the public good?

At a time when it is imperative to explore both the current practices in nursing education and alternatives, there are great obstacles to be overcome. Declining enrollments in schools of nursing have contributed to a shortage of nurses. Potential students more actively explore different schools of nursing and alternative career pathways. The issue of entry level-into-practice has encouraged many registered nurses to return to school. The time is ripe for the exploration of our current practices and new approaches.

Research needs to be conducted to help us understand why some schools of nursing work better than others. To date, much of the research conducted lacks the attention to the context inherent in most large aggregate analyses. The impact of any pedagogy, curriculum or school organization, unless it accounts for the impact of the particular context through which it is mediated, cannot be fully understood.

Throughout the country there are innovative programs in nursing that are generating new possiblities. We need to study nursing schools that allow students to enter and leave in a flexible way, that are hospitable to older students, and that are inexpensive. These creative and innovative programs need to be made more visible by bringing together practitioners and researchers to share their experiences. The Society for Research in Nursing Education (SRNE), a council of the National League for Nursing has suggested a combined annual NLN Nurse Educator and SRNE conference. This should increase opportunities for nurse educators and researchers in nursing education to have dialogue. It would afford the

opportunity for the dissemination of research findings and new collaborative relationships.

We need to study the conditions of nursing education. This must be grounded in an unromantic appraisal of the circumstances in which we find ourselves as nurse educators. These conditions cannot be wished away. They require organized action.

The Long Revolution

We hope this monograph advances our struggle to understand the NLN criteria and the accreditation process. As part of reconstructing our thinking we must examine our policies and practices in nursing education. Facing the complexity of restructuring nursing education, we need to examine alternatives. We begin at this moment by challenging the inevitable. Once the inevitabilities are challenged, we begin gathering our resources for a journey of hope. If there are no easy answers, there are still discoverable hard answers available, and it is these that we can now learn to uncover and share. This has been, from the beginning, the sense and the impulse of the long revolution. (Williams, 1983)

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Part Two: Responses to the Critique

3. Assuring the Public of the Reliability of Nursing Services: Views of a Sociologist

Hernan Vera, PhD

The great value of the papers in this monograph lies in their invitation to rethink processes of accreditation in the form of a dialogue. The method followed by the authors is particularly suited to launch such a rethinking. They have produced a historical account and a critique of authoritarianism and scientism that, by stopping short of proposing new or reformed methods or criteria to accredit nursing schools, remains faithful to its stated aim of promoting dialogue. A proposal for specific reforms coming from the authors would have been an authoritative proposal, contradictory not only to their critique of authoritarianism, but also to the sincerity of an invitation to dialogue. The authors thus succeed in opening an analytic field and in leaving it open for other's contributions. The authors' refusal to hide behind a shroud of scientism is refreshing and consistent with the object of their critique.

This commentary accepts the invitation to dialogue and hopes to contribute an outsider's sociological perspective to the task of advancing "the struggle to understand the texts of the NLN *Criteria*" and "facing the complexity of restructuring nursing education."

The absence of political and historical dimensions that would place the accreditation process in its social context is the major limitation of the papers in this monograph. The analyses give the impression that nursing—as a profession, a scientific discipline, a set of ideas, practices, and curricula—has a life all its own, separated from the rest of society and other professions.

This impression is reinforced by Tanner's use of the term "political" to refer to differences of opinion existing within the "micro" world of nursing. In Diekelmann and Allen's paper "political" has a similar meaning, but their passing mention of racism and sexism and their invocation of feminist theory indicates the awareness of the existence of processes and phenomena that go beyond the realm of nursing.

The absence of a historical and political context limits particularly the authors' critique because they have ignored in their analyses the struggle for scarce resources, prestige, autonomy, professional dominance, and other circumstances, within which the process of accreditation takes

place. In other words, the authors' interpretation appears to ignore, or take for granted, the professionalization of nursing—that process of seeking recognition and maintaining prerogatives of authority over clients, dominance over other occupations, high income, and autonomy.

Historically, occupations have achieved special status in society through professionalization. Crucial to this special status is professional autonomy. Professional autonomy consists of the administrative control that society grants an occupational group to recruit, initiate and certify, or consecrate its practitioners. This autonomy extends to the power to judge the performance of individual practitioners. Central to professional autonomy is the group's right to decide which ethical values and standards of performance are to be considered essential for practitioners in the profession.

In achieving autonomy, professions achieve a differential social control inasmuch as autonomy amounts to a special way in which certain individuals and groups are controlled in society. On one hand, individual professionals are said to achieve self-control through a process that is grounded in lengthy socialization designed to build technical competence and firm commitment to the values and standards that the profession, as an organized group, declares central to the tasks of the professional. On the other hand, autonomy refers to the institutionalization of values and standards in the structure of the profession. This institutionalization represents for the individual professional a source of formal and informal external control. For the professional group autonomy represents a shield against governmental interference, as well as an identity to present to other groups with whom the profession competes for status, resources, professional dominance, and income. Within the profession, the institutionalization of autonomy, and the values the profession puts forth to justify it, serves to reassure its members that their claims are legitimate. Thus, autonomy, among other traits of the profession, constitutes a means to legitimatize professional claims to special social standing while at the same time providing an ideology adopted by the members of the professional group.

In this context, the process of accreditation is a procedure that implements professional autonomy. The accreditation criteria influence which schools will be able to recruit and prepare nurses and which will not. Accordingly the NLN *Criteria for the Accreditation of Baccalaureate and Higher Degree Programs* attempt to establish standards for the programs through which entry to the profession is gained. In short, accreditation brings about a standardization of educational programs and students.

The standardization achieved by accreditation goes beyond the content of curricula. The accreditation process standardizes incoming professionals, and most importantly it standardizes the special skills that nursing

has to offer society. Starr (1982, p. 22), among others, has noted how professions at some point in their development had to reassure the public of the reliability of the product they had to offer. In the professions, a standardized product requires a standardized producer (Larson, 1977, p. 14). Accreditation thus reassures the public, including practitioners of other professions, that nursing can be trusted with an area of expertise and can regulate the recruitment, education, and certification of its members, as well as establish the values to be enacted in their professional lives.

Diekelmann and Allen's central finding is that the NLN *Criteria* require a program philosophy but fail to give guidance on how the content of the philosophy is be appraised. These authors, however, fail to interpret this vagueness. From Diekelmann and Allen's analyses a second assumption arises that can help clarify this vagueness.

The second assumption is made explicit in the first stated purpose of the *Criteria*: that a "self-review" of a baccalaureate program can follow the same criteria used in the appraisal performed by the accreditation body. Stated, the two purposes of the *Criteria* are:

1. To assist the program by serving as a guide to faculty in developing and improving educational programs and as a framework for self-evaluation.
2. To assist the accrediting body in the appraisal of educational programs in terms of the philosophy and the purposes of the program.

This double purpose is not peculiar in its claim that the same criteria could be used to achieve two objectives. In fact, one would expect that before going through an accreditation process administrators and faculty would check their program to see if it complies with the *Criteria*. If it does not, adjustments would be expected until it does. How long these adjustments last after accreditation is, of course, a different question.

What is peculiar is that the opening statement of the NLN *Criteria* is an explicit declaration of such a double purpose. What is achieved with this beginning is a basis of truth for the process of accreditation: the correspondence between the presentation of self to an accrediting body of a program, and a review of self for improvement purposes. A presentation of self that does not correspond to the internal review of self would represent an act of deliberate deception. The anthropomorphizing of the review process, which I have attempted to emphasize, further gives the impression of a professional group seeking approval in "all sincerity." The choice of the term "self-evaluation" cannot be considered a chance occurrence. Even taken as a stricture of language its meaning cannot be discarded.

Those seeking accreditation for their programs engage in an internal institutional review, the aim of which is to present the best possible appearance to its reviewers. But these review processes serve other purposes as well. Tanner indicates that the results of the review process could be used to withhold resources from the nursing school within the university, or as leverage for needed resources depending on whether the outcome is negative or positive. Thus, these evaluations as part of the accreditation process serve also for internal and external accountability, on which the distribution of scarce rewards depends. The results of an internal institutional review can be expected to be used in a manner identical to the use of results of an external review for accreditation purposes.

The multiple use of internal and accreditation review results has several important consequences. Under the observed conditions, the initial statement of the double purpose of the single set of criteria can become a powerful inducement to avoid the change that the statement of purpose purports to further. In fact, in university environments institutional "self-review" processes often exlude faculty members with clear and strong ideas for improvement and thus suppress their criticisms. Administrators justify this exclusion as a needed measure to protect the exorbitant stakes that these reviews have for their schools, not to mention their careers. Complainers and dissenters cannot be allowed to take over the accreditation process during which the program must show a unified front. Thus, the documents generated by the review usually end up being prepared by those faculty who have a stake in supporting the status quo, or are willing to express the local orthodoxy with predictable results.

In summary, the statement that the accreditation criteria serve as a guide for faculty in improving educational programs and as an appraisal tool, is a useful device to legitimize a normative process. It is also useful to keep improvement within conventional boundaries. Only in exceptional circumstances can the criteria be expected to bring about improvement in nursing education through internal review.

These observations on how the *Criteria* operate as a disincentive for change could serve as the beginning of an interpretation of the noted lack of criteria to appraise content. If, as Tanner has noted, "there is a dominant model of higher education that is implicit in the *Criteria*," then the advantage of making that model explicit needs to be questioned. Clearly, making the model explicit would invite attacks on the NLN based on the partisanship or inappropriateness of the model—attacks that could weaken the legitimacy of the *Criteria*. However making the model explicit might serve as the catalyst for improvement by confirming

the struggle to establish an "official" philosophy. Tanner's and Diekelmann and Allen's papers contribute to that struggle.

One question remains unanswered: Why did the framers of the *Criteria* choose not to establish criteria for the appraisal of content that are likewise vague and general so as to tolerate a large number of philosophical orientations? The claim to grand values has been a well-documented practice of other professions and is a strategy that also functions to reduce resistance, as noted by Diekelmann and Allen, in the lack of criteria for the appraisal of content. These content criteria could have endorsed, for example, values such as health, the dignity of life, and individual self-realization. The formulation of values at a highly abstract level would give further assurances to the public, members of other professsions, and nurses, that nursing can be trusted to establish how its new recruits shall be educated.

The choice of Tyler's ideas to model nursing education, a central part of Diekelmann and Allen's analysis, was not a magical affair that originated in senseless conformism. If the previous analysis has succeeded in identifying an important field of discussion, then the choice of Tyler's ideas could have only originated in the rational need to be responsive to a constituency (Tanner); this a profession that needs, by definition, to maintain and enhance its position with regard to other professions.

Having said that the papers in the monograph are appropriate to bring about a dialogue, we need to ask whether the content of the analyses are the ones most likely to bring about "the need to revolutionize curricular thinking in nursing," for which consensus is claimed in the authors' introduction. As a strategy to bring about change, the discovery of positivistic proclivities or patriarchal meanings, which is the result of Diekelmann and Allen's paper, will need to be evaluated, contrasting it with other revolutionary strategies. For example, their analysis could be contrasted with one that uncovers vested interests, misdirected aims, or unjust conditions. An analysis that fails to bring into sharp awareness, for example, the interests supported by the *Criteria* and models of accreditation is bound to neglect the social conditions that make accreditation criteria possible, desirable, and even necessary.

The papers in this monograph beg an analysis of the potential development opportunities being arrested by the current dominant nursing ideology. Without awareness of the social conditions that produce the accreditation process, and of those that accreditation supports and/or produces, the analyses might be camouflaging ills worse than those it uncovers, namely, the belief that nursing stands alone and moves only to the stimuli of ideas generated within its governing boards, meetings, schools, and publications. The future of nursing depends not on these

ideas but on the social forces and interests of the outside community that finance the profession's actions and give it the elbow room needed to pursue its goals.

Nursing as a science and as a profession can be seen as having to make compatible two opposite and incompatible tendencies. It needs to expand its phenomenological field of inquiry, and capture new territory to cover with its specific nursing knowledge. At the same time, it needs to protect its "turf" from encroachment by other aspiring professions engaged in a similar process of establishing their own claims. These orientations need to be made compatible in a political field crowded with occupations aspiring to achieve or perpetuate professional dominance.

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4. Accreditation—Past, Present, and Future

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The essays in this monograph challenge the reader to think about another view of the accreditation of baccalaureate and higher-degree programs and represent a phase in the continuing dialogue about nursing education. The purpose of this paper is to discuss and respond to these ideas. Tanner's and Diekelmann and Allen's critiques prompted a review of the past, present, and future of accreditation.

The evolution of education in the United States in the last forty years has been based on many of the ideas of Tyler (1949). When Tyler shared the syllabus and notes from his teacher-preparation courses these ideas were found to be useful and gradually became the basis for teacher-education courses. Over the last forty years the Tyler paradigm was a background for the writings of Taba (1962) and Bevis (1982). Combined with the behaviorist approach to learning theory that was so predominant in the sixties and seventies, the Tyler–Taba model offered a systematic approach that contributed to the improvement of the curriculum and the teaching/learning process in education and in nursing education.

Nursing education over the years has reflected our educational system as a whole. Nursing faculty who were educated at the graduate level in the sixties and seventies tend to have a background in the educational theory popular at the time (i.e., Tyler and Taba) and behaviorist approaches to education. Nursing education since that time has continued to reflect this viewpoint on education. Since that time fewer graduate students have been enrolling in the educational courses, and nursing education has been slow to adapt to the new theories and practices from education. Without preparation in teaching, faculty tend to teach as they have been taught, creating a situation in which the ideas of Tyler as well as behaviorist approach to learning theory have become institutionalized as the "only way to do it." Much of the "intellectual tradition of invisible authority" cited in the preface is part of the behaviorist approach to teaching/learning that contributes to this positivist view of the phenomenon of teaching. Similarly, our accreditation process reflects the expectations of the mainstream of our educational system and embraces a normative value system. Many individuals in nursing education feel that this approach is also "the only way to do it." When changes in nursing

education or nursing accreditation are considered, the changes tend to focus on altering the details rather than looking at the whole. Although this approach does provide a stability and continuity in the system, it has also come to be viewed as a constraint to innovation in nursing education.

ACCREDITATION PAST

Tanner's essay is a retrospective participant–observer analysis of the changes that brought about the 1983 revision of the *Baccalaureate and Higher Degree Program Accreditation Criteria* (see Appendix). While not using the historical approach, this overview does provide the reader with her perspective of the sociopolitical context of the development of the 1983 NLN *Criteria*. Since the 1983 *Criteria* have their roots in the history of nursing education, it is helpful to extend this view to the earlier years to better understand the context of accreditation.

In 1949, six nursing-accrediting organizations developed a unified accreditation policy, procedure, and set of criteria that was published by a National Nursing Accrediting Services under the National League of Nursing Education. The National League for Nursing was formed in 1952 and the accreditation system was assigned to the membership groups. Criteria were published in 1954, 1960, and subsequently every six to eight years. An in-depth analysis of the concurrent changes in society and in education would be a valuable addition to our understanding of the historical development of the *Criteria*.

In comparing the *Criteria* over the years it is interesting to see the similarities in many areas. We have moved gradually from a very detailed document to the current 36 criteria. Yet there is still an amazing similarity in the expectations. It would appear that over the years an incremental decision-making process was used. That is, the *Criteria* were reviewed each time with the question, "What do we need to change or rearrange?" There does not seem to have been a systematic reanalysis of what we should have had for accreditation criteria, nor were the types of categories and/or approaches for facilitating the accreditation process questioned.

ACCREDITATION PRESENT

The accreditation process in nursing is modeled after the process used for many years in higher education through the regional accrediting bodies (Crosson, 1988). The self-study, followed by a site visit, visitor's report, and review-board decision, usually takes about two years. The

combination of self-study and improvement with peer-review has been a long-standing tradition.

The Council of Post-Secondary Accreditation (COPA), the consortium of accreditation agencies, has been looking at how the accreditation process can be used to assist all education institutions in self-improvement. Accreditation is viewed as providing a formal, structured opportunity to assess present efforts and set sights a notch higher with input of ideas from peers.

Methodological Issues

Hermeneutics is the study of interprepation and understanding of text, human action, customs, and social practice. The etymology is from Hermes, the messenger of the gods who was the interpreter or communicator of the desires of the gods to mortals (Phillips, 1985). The use of the interpretative approach is qualitative in contrast to the more commonly used scientistic/positivistic approach. In using hermeneutical analysis Benner (1983) described the method as understanding a sentence as part of the whole and interpreting the meaning from the context of the whole text.

As this method is described by Diekelmann the resultant interpretation is limited to the perspective of those doing the analysis. It would have been helpful to have had some information about the size and characteristics of the group participating in this analysis.

The multiple stages of interpretation are planned as a means for controlling bias and better understanding conflicts or inconsistencies. It is through these iterative interpretations that a better understanding of the written material is achieved.

The perspective presented in Diekelmann and Allen's paper achieves its purpose by raising some thoughtful questions. Further use of both qualitative and quantitative approaches is needed in order to better understand the accreditation process. It would be interesting to have expert participants such as Board of Review members and site visitors, as well as faculty participate in a hermeneutical analysis.

Tanner's Essay

Tanner states that "educational practices have presumably changed substantially—one must ask why the *Criteria* have changed so little." This is certainly a key question. Have the educational practices really changed substantially? What are the educational practices in nursing education today? It is difficult to know since we do not have a source for that

information and tend to generalize from our own program and those few with which we have contact, rather than having a perspective on the variations within the 637 baccalaureate programs that we now have.

Questions Raised

Are we still teaching the way we have been taught, covering the material, trying to include more and more new content in the curriculum without evaluating how we are teaching? What is the logic of what we are doing? Do our current teaching and curricular strategies reflected current educational thought? Clearly there are a few centers of nursing-education thought and research in this country, but we now have over 600 nursing programs in the country. The accreditation process may still reflect the majority of educational practices in this country.

Tanner raises the issue that the dominant model of higher education is implicit in the *Criteria*, and that all changes have been within this dominant model. Yet this model is still dominant within all of education.

It seems that the political context of accreditation is even greater than that suggested by Tanner and Diekelmann and Allen. Accreditation approaches have traditionally been decided on by the democratic process. That is, proposals are suggested by the agency members, adapted by the CBHDP Accreditation committee, and then voted on by the CBHDP-accredited member agencies. Issues that are voted on by a large group tend to reflect the values of the majority of the group or sometimes of the perceived leaders of the group.

These essays raised the interesting issue of accreditation not reflecting changes that have already occurred in nursing education. How much change really has occurred? There is a need for this type of information about nursing curriculum. We tend to view our own program and those of our contacts as a reflection of current trends in nursing education. Yet, in looking at programs in the different types of institutions and regions, there appears to be considerable variation in program design.

There was a major change in curriculum structure for nursing in the early-seventies when nursing models and theoretical frameworks became a key part of the expectations for accreditation. These changes were concurrent with the move to integrated curricula, which, in many instances, meant that more faculty taught the classes in each course rather than a change in teaching strategies. The 1983 *Criteria* moved away from the prescriptive criteria related to conceptual/theoretical frameworks.

Evaluation

Accreditation is the process of evaluation of specialized programs or institutions. While Diekelmann feels that the values part of accreditation

is not recognized, it is an inherent part of both the self-evaluation phase and the peer-review phase.

Evaluation has been defined as "the process of determining the merit or worth or value of something" (Scriven, 1980, p. 19). Gronlund (1985) states that "evaluation always includes value judgements concerning desirability of results" (p. 5). Evaluation may or may not be based on measurement, but always goes beyond simple quantitative descriptions.

Discussion

These papers suggest that it might be time to reflect and ask whether there is a better way to do it. Is there another framework for this process? How do other specialized accreditation groups do it? Should we consider the JCAH approach, in which the site visitors are professionals employed as evaluators and make the final recommendations at the end of visit (every three years)? Each approach and combination of approaches has its limitations. Diekelmann is encouraging us to rethink accreditation. In doing so it would be helpful to look at other approaches and whether they would help us achieve our goals in accreditation.

Many of Diekelmann and Allen's observations are similar to those found in the education literature. For example, Scriven has expressed concern with areas such as

1. the use of teams unskilled in evaluation;
2. inconsistency between its practice and its claim that it accepts the institution's goals;
3. brevity of the visits; and
4. middle-of-the-road bias. (Scriven, 1980, p. 2)

He also questions whether we should evaluate based on institutional goals or on an absolute basis.

Development of the Criteria

Tanner believes that the changes in the *Criteria* are a "direct outgrowth of the central issues at the time of revision, whether or not these issues have any 'real' bearing on the quality of education . . . The wish to have explicit, objective criteria that are clear measures of quality, that could be understood and interpreted by all in an objective manner" as describe by Tanner, is expressed in many different ways at meetings on accreditation. Yet this is a very difficult goal since the *Criteria* are viewed from the context of the individual reading the statement. It is always easier

to critique the *Criteria* and the process than it is to come up with "explicit, objective criteria."

While Tanner emphasized that the *Criteria* should reflect current educational practices, new research, and trends, we need to question how much available research supports our teaching and curriculum development. We must ask whether it is effective or appropriate to use accreditation criteria to disseminate research or enforce new trends within a faculty or nursing-education program?

The purpose of accreditation criteria has always been to be reflective of the mainstream in education. Diekelmann does emphasize that the *Criteria* reflect assumptions about knowledge, how it is acquired, and the role of curriculum. She raises an interesting question as to whether a curriculum must be logically organized and whether it must be a planned sequence.

Accreditation is Shrouded in Secrecy. Here we are faced with the difficulties inherent in a system in which the protection of privacy is a key part of the process. Each program's right to privacy has been protected by the visitors and the Board of Review. Often a program will insist that failure on one specific criterion (either hidden or specified) was the reason the program was not accredited. However, the participants in the accreditation decision are not free to state the many reasons that that specific program was not accredited, or placed on warning.

The Board of Review is now elected, and efforts are made to try to provide a slate of candidates from a variety of types of programs and states and regions. Yet, there still seems to be a perception that the Board is not representative of the kind of programs undergoing review.

In general, it does seem that programs having a substantial number of faculty who have been through the process will tend to have a better understanding of the gestalt of the *Criteria* and will be better able to deal with the accreditation process. Participation in the numerous discussions on accreditation at the CBHDP meetings should also increase faculty knowledge of accreditation and communication about the role of accreditation in assuring quality in nursing education.

ACCREDITATION FUTURE

Accreditation is under review in many areas of higher education. The Council on Postsecondary Accreditation in 1986 stated that accreditation in the U.S. does not provide the quality assurance that is needed as we move into the twenty-first century. The challenge now is to make the accreditation process a means for achieving high quality in educational programs. The Council recommends that accreditation bodies put at the

top of their agenda elevation of our standards on the premise that "satisfactory" will not be good enough for the next century (Manning, 1988).

The Council of Baccalaureate and Higher Degree Programs passed a revised edition of the *Criteria* in late-1988 after a two-year development process. As in the past, an incremental process was used, with all accredited member agencies having the opportunity to suggest changes and review a series of modifications. A dialogue about the role of accreditation in nursing education was held during the Fall 1988 CBHDP Annual Meeting. The process to obtain views about how accreditation can best protect the consumer and ensure quality nursing education was initiated in late-1988.

As we move to adapt the accreditation process for the future we need to move into this process from a new decision framework that will be strengthened by the use of future strategies. The following questions need to be considered:

- What characterizes a quality nursing education program?
- How can we best prepare the nurse for the future practice roles?
- How can nursing education research be a basis for planning quality nursing education?
- How can the accreditation system best be designed to ensure quality yet encourage innovation and educational research?

As we look to the future we should be able to build the accreditation system valued as having a continuing role in assuring the quality of the educational programs in nursing.

The essays in this monograph have contributed to our thinking about the future of nursing accreditation. However, we now need to move on to the new approaches. Too narrow a focus on the analysis of the current process may subject individuals to formation of polar groups, each defending or attacking the current system. This polarization will not contribute to the development of a better system, but will only delay the move to adapting to the needs of the future. Using the strengths of the ideas of the innovators along with the experience of the stabilizers of the system will help us develop an even better approach to the difficult process of accreditation.

SUMMARY

This inquiry has not provided enough information to give direction for making decisions about accreditation, nor for distinguishing between appropriate and inappropriate practices in accreditation and the implications of the current process. Many questions have been raised to stimu-

late the reader to begin his or her own personal analysis of the meaning of the words we use in the accreditation process, as well as in nursing education.

It has not been the goal of this analysis to suggest new ideas for accreditation within the context of this writing. Rather, these essays report the results of their inquiry within a scholarly tradition. Further analysis using a variety of scholarly perspectives would provide us with a broader perspective on this process.

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Epilogue: Extending the Dialogue and Beyond

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After reflecting on the analyses by Tanner and Diekelmann and Allen, and the responses by Vera and Gothler, it seems that we have approached baccalaureate education and the accreditation process in nursing primarily from an epistemologic position of basic dualism. Perry (1970) described basic dualism as the first stage in a sequence of four epistemologic positions. It is through this coherent interpretive framework that we give meaning to our educational experiences. He describes these four positions as follows:

1. *Basic dualism*—The world is viewed in terms of polarities (black/white, right/wrong, good/evil, we/they). The learner is passive and depends on the authority to hand down the truth. Gradually, the person becomes aware of the diversity of opinion and the fallibility of authority.
2. *Multiplicity*—Authorities are questioned, and it is recognized that everyone has a right to personal opinion; my opinion is as good as anyone's.
3. *Relative subordinate*—An analytic, evaluative approach to knowledge is purposefully cultivated. More emphasis is placed on providing supporting evidence for opinions and beliefs.
4. *Full relativism*—It is fully understood that truth is relative and that meanings of events depend on the contexts in which the events occur and the framework used by the knower to interpret and understand the event. This relativism pervades not only academics but all aspects of life.

One of the main themes identified by Diekelmann and Allen, namely that nursing ideology has viewed knowledge as a distinct product to be acquired by the student, evokes the fascinating study of how women develop the self, voice, and mind. In this study, Belenky, Clinchy, Goldberger and Tarule (1986) used Perry's basic framework, and from their data five epistemologic positions emerged:

1. *Silence*—This is a position in which women experience themselves as mindless and voiceless and subject to the whims of external authority.
2. *Received knowledge*—The woman conceives of herself as capable of receiving or even reproducing knowledge of the all-knowing external authorities, but incapable of creating knowledge herself.
3. *Subjective knowledge*—Truth and knowledge are viewed as personal, private, and subjectively or intuitively known.
4. *Procedural knowledge*—The woman is invested in learning and applying objective procedures for obtaining and communicating knowledge.
5. *Constructed knowledge*—All knowledge is viewed as contextual and the woman experiences herself as a creator of knowledge. She values both subjective and objective strategies for knowing.

A message implicit in the essays seems to be that we need to advance to the stage of constructed knowledge, in which we view ourselves (and our students) as knowledge builders, not only tolerating, but promoting multiple ways of knowing. Examination of the essays and responses in this context presents a number of questions and concerns that need to be addressed in further dialogue:

1. Do we prepare students in baccalaureate nursing programs to think of themselves as knowledge builders or do we promote silence and acceptance of authority?
2. Is the belief that "there exist essential course content and clinical experiences that all students must acquire in order to successfully complete the registered nurse licensure examination" an "occult force" undergirding the structure of all baccalaureate nursing curricula? If this is true, as long as we have the current licensure examination structure, what other options are there for curriculum innovation?
3. Diekelmann and Allen note that the NLN *Criteria* regarding development of mission and philosophy are left to the individual colleges or schools of nursing, but when programs are appraised, how are mission and philosophy actually assessed? Is it in terms of whether they are congruent with the mission and philosophy of the parent institution; must they reflect the thinking of popular nurse theorists; or, is this area not addressed explicitly? What would happen if a school rejected the ANA's Social Policy Statement and definition of nursing, which now serve as a sort of "metaparadigm" for the definition of nursing and have been

promoted by the NLN and other nursing bodies? It would be interesting to learn how most programs go about developing their mission and philosophy statements.

How do schools handle the many voices, especially those considered to be the innovators or dissenters, in establishing a mission statement and philosophy that reflect harmony. In fact, we know that many schools structure their programs to fit the NLN *Criteria* and then tackle the problem of mission and philosophy post hoc. Furthermore, faculty are pressed to buy into the dominant educational ideology. If this model is not accepted, does a philosophic conflict arise, and if so, how does it affect the educational environment, educational practices, and learning? From our experience, this situation can deeply affect young, idealistic faculty members who are already struggling to develop their "voices" in academia and in nursing. Many remain silent; some leave nursing; and some emerge from the struggle with a stronger voice and able to advance to the level of constructed knowledge.

4. Are we teaching the scientific application of our art (nursing), or are we teaching the artistic application of our science? Do we have programs whose philosophies embrace both of these ideas? Given the current structure of the NLN *Criteria*, which of these messages are we giving to faculty and students?
5. Criterion 28 reads: "The curriculum emphasizes the development of critical thinking, decision making and independent judgement" (NLN, 1983, p. 7). How do site visitors apply this criterion? This question raises a number of related questions: Are site visitors selected for their expertise in nursing, in evaluation, or both? What kind of education do site visitors receive in interpreting and applying the NLN *Criteria*? According to Young (1983), even the members of the Council on Post Secondary Accreditation (COPA), the umbrella agency for accrediting bodies, are not professional educators and come to accreditation with a variety of backgrounds. This topic could be the focus of a national meeting or addressed in a separate monograph.
6. Another major theme in the essays is "curriculum-as-tinker-toy", which may ring true to many faculty who have observed colleagues who seem to have a penchant for "tinkering" with courses. The problem with this is that there are a number of ways that educational practices could be designed and tested. Bona fide research would support this endeavor, but the essays allude to lack of funding to support educational research and the priority given to clinical research in terms of promotion and tenure as

two factors that have hindered us in this endeavor. However, designing sound educational studies and building research programs would help us in our search for "discoverable hard answers," particularly now when enrollments are down and recruitment of qualified young scholars is difficult. Others argue that the almost obsessive attention given to "standardized curricula criteria" keeps faculty immersed in revising courses, making it difficult to conduct any type of research, especially clinical research, thus impeding our growth as a scientific discipline.

There are a number of faculty who maintain that we have several conventional wisdoms regarding practices in nursing education that need to be challenged just as we have in clinical nursing. Although the priority for funding nursing research at the National Center for Nursing Research at NIH does not include educational research, there are a number of funding sources, private and governmental, that do fund research in education. The reality may be that we have to gain administrative support and find ways, with or without funding, to structure the curriculum so that we can design and test educational practices.

One more issue emerges from the essays and needs to be addressed in future dialogues: What standards can be used to conduct a "meta-evaluation" of the NLN *Criteria*? In the last decade evaluators from many fields propose a number of sets of standards for ensuring that quality and responsibility exist in evaluation. The most comprehensive set was developed by the Joint Committee on Standards for Educational Evaluation (1981). The report does not present specific criteria but rather provides guidelines in dealing with important issues. The report identifies 30 standards divided into four major categories:

1. *Utility*—This category is concerned with how the evaluation succeeds at providing practical information that is useful to the audience identified (the stakeholders).
2. *Feasibility*—This area deals with the extent to which an evaluation is appropriate, prudent, and cost-effective in a given setting.
3. *Propriety*—This category addresses whether high standards of ethics, law, and morals are followed in evaluation.
4. *Accuracy*—This area assesses the extent to which the evaluation is true and adequate.

We might continue our dialogue by asking two final questions: What steps can we now take to find some of those "discoverable hard answers," and how can we move to action? Tanner and Diekelmann and Allen have provided a number of suggestions in the last section of their paper.

They identify one way as participation in NLN activities at the local, state, regional, and national meetings and forums. The NLN is "us" and we have the voices and mechanisms in place to set the agenda for future forums to continue this important dialogue.

A number of approaches that we might take in nursing education research have been mentioned in the essays: we might ask why some schools work better than others; what happens in our most creative and innovative schools? We might examine the records of past site visits and contrast the "best" and "worst" schools. We might also conduct a meta-analysis of the last five years of site visits and note areas that were problematic. We might conduct a hermeneutic analysis of the mission and philosophy statements of selected schools. Realizing the limitation of a cost-benefit approach, we cannot ignore the staggering costs that a school incurs, from start to finish, in the accreditation process: What is the average cost for a typical school; What curriculum changes were implemented before and after the NLN site visit; did the site visit result in positive changes and improve the program's standing in the university community; what is the likelihood that these changes would not have occurred had the site visit not taken place; what changes would faculty have liked that were not implemented because of the impending site visit?

Obviously, the essays and the responses to the essays have generated more questions than answers. However, we do believe that there are "discoverable hard answers" out there—we extend the invitation for dialogue, constructive action, and constructive knowledge.

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Appendix

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The *Criteria*, Fifth Edition, were adopted and became effective June 1, 1983.

Criteria for the Evaluation of Baccalaureate and Higher Degree Programs in Nursing

PURPOSES AND USE OF THE CRITERIA

The process of accreditation is a joint activity involving both the school and the accrediting body. These criteria, therefore, have two purposes which are:

1. To assist the program by serving as a guide to faculty in developing and improving educational programs and as a framework for self-evaluation.
2. To assist the accrediting body in the appraisal of educational programs in terms of the philosophy and the purposes of the program.

The criteria were prepared for use in two types of nursing progams: (1) baccalaureate and higher degree programs that lead to the *first* professional degree and (2) graduate professional programs that lead to the *second* professional degree. Most criteria apply to both types of programs. Those which apply only to the second professional degree are so indicated.

The criteria were developed with the understanding that they should be:

1. Attainable and yet provide a frame of reference for development of future goals.
2. Sufficiently broad to encourage creative thinking, to promote change, to allow for variation among schools, and to foster experimentation and the development and validation of new educational ideas.

Two companion documents are essential for schools of nursing to use in developing a self-study report and preparing for accreditation review. *Policies and Procedures of Accreditation for Programs in Nursing Education*, 1982 is the general manual for all four councils of NLN and describes policies and procedures for each stage of the accreditation process. *Self-Study Manual: Guidelines for Interpretation of the Criteria and Preparation of the Self-Study Report* was developed specifically for the council of Baccalaureate and Higher Degree Programs. This document includes interpretation of the criteria. It also provides guidelines as to what evidence

should be included in the Self-Study Report and made available for the accreditation site visitors.

THE CRITERIA

I. Structure and Governance

1. The program's philosophy and goals are consistent with the mission(s) of the parent institution.
2. Faculty, administrators and students participate in the governance of the parent institution in accordance with the bylaws of the parent institution.
3. The organizational structure of the nursing program promotes effective functioning and fosters the attainment of program goals.
4. The program is administered by a nurse educator who holds a minimum of a baccalaureate in nursing and an earned doctoral degree and has experience in baccalaureate and/or higher degree programs in nursing.
5. The administrator of the nursing programs, with institutional consultation and nursing faculty input, has the responsibility and authority for planning and allocating program resources.

II. Material Resources

6. The fiscal resources are adequate to support the nursing program in accomplishing its goals.
7. The resources allocated to the program are commensurate with the resources of the parent institution.
8. The physical facilities are adequate for the program to accomplish its goals.
9. A comprehensive and current library, developed with input from nursing faculty, is available.
10. The clinical facilities provide opportunities for a variety of learning experiences that promote attainment of the objectives of the curriculum and goals of the program.

III. Policies

11. Faculty and student policies are written, implemented, and made available to those affected.
12. Policies related to governance and the conduct of the program are developed.

13. Policies of the nursing program are nondiscriminatory and are consistent with those of the parent institution; policies which differ from those of the parent institution are justified by program goals.
14. Policies concerning admission, progression, retention, dismissal and graduation reflect the goals of the nursing program and the objectives of the curriculum.

IV. Faculty

15. The size, academic and experiential qualifications, and diversity of backgrounds of the faculty are appropriate to meet program goals.
16. Faculty members hold as a minimum qualification a master's degree appropriate to their areas of responsibility.
17. A majority of faculty members teaching graduate courses hold earned doctorates.
18. Faculty members have and maintain expertise in their areas of teaching responsibility.
19. There is expertise within the faculty in curriculum development and evaluation, instructional design, and research.
20. Faculty endeavors include participation in scholarly and professional activities, and community service consistent with the mission(s) of the parent institution and the goals of the program.

V. Curriculum

For the First Professional Degree:

21. The curriculum is logically organized and internally consistent.
22. The majority of *learning experiences* in nursing theory and practice are at the upper division level.
23. The curriculum content *focuses on* the discipline of nursing and is supported by other sciences as well as the arts and humanities.
24. The curriculum provides learning experiences in health promotion and maintenance, illness care, and rehabilitation for clients from diverse and multicultural populations throughout the life cycle.
25. Legal, historical, political, social, economic and ethical aspects of nursing are included in the curriculum.
26. The research process and its contribution to nursing practice are included in the curriculum.

should be included in the Self-Study Report and what should be available for the accreditation site visitors.

THE CRITERIA

I. Structure and Governance

1. The program's philosophy and goals are consistent with the mission(s) of the parent institution.
2. Faculty, administrators and students participate in the governance of the parent institution in accordance with the bylaws of the parent institution.
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15. The size, academic and experiential qualifications, and diversity of backgrounds of the faculty are appropriate to meet program goals.
16. Faculty members hold as a minimum qualification a master's degree appropriate to their areas of responsibility.
17. A majority of faculty members teaching graduate courses hold earned doctorates.
18. Faculty members have and maintain expertise in their areas of teaching responsibility.
19. There is expertise within the faculty in curriculum development and evaluation, instructional design, and research.
20. Faculty endeavors include participation in scholarly and professional activities, and community service consistent with the mission(s) of the parent institution and the goals of the program.

V. Curriculum

For the First Professional Degree:

21. The curriculum is logically organized and internally consistent.
22. The majority of *learning experiences* in nursing theory and practice are at the upper division level.
23. The curriculum content *focuses on* the discipline of nursing and is supported by other sciences as well as the arts and humanities.
24. The curriculum provides learning experiences in health promotion and maintenance, illness care, and rehabilitation for clients from diverse and multicultural populations throughout the life cycle.
25. Legal, historical, political, social, economic and ethical aspects of nursing are included in the curriculum.
26. The research process and its contribution to nursing practice are included in the curriculum.

27. The curriculum provides for the development of skills in leadership and management for beginning professional practice.
28. The curriculum emphasizes the development of critical thinking, decision-making and independent judgment.
29. The instructional processes support the philosophy and goals of the program and the objectives of the curriculum.

For the Second Professional Degree:

30. The curriculum is logically organized and internally consistent.
31. The curriculum provides for the attainment of advanced knowledge and its application to a specialized area of nursing.
32. The curriculum provides for the acquisition of knowledge and skills in scientific inquiry, the ability to validate and extend research findings in practice, and the ability to evaluate nursing theory appropriate for advanced professional practice.
33. There is opportunity for role development through relevant learning experiences appropriate for advanced professional practice.
34. The curriculum provides for the development of leadership, management and teaching skills consistent with specified nursing role emphasis.
35. The instructional processes support the philosophy and goals of the program and the objectives of the curriculum.

VI. Evaluation

36. The findings from the ongoing systematic evaluation of all program components are used for program development, maintenance and revision.

DEFINITIONS

Curriculum: the content and learning experiences designed to facilitate student achievement of the objectives of the program.

Discipline (of Nursing): a field of study in which there is a focus on the practice of the disciplines as well as the generation of new knowledge to be applied in the practice.

Faculty: the collective group (body) or professional persons responsible and accountable for the attainment of program goals (education, research and service program goals).

Faculty Member: the individual professional person responsible and accountable for the attainment of program goals.

First Professional Degree: academic preparation in a senior college or university preparing the student for professional generalist practice in nursing (baccalaureate and generic masters in nursing, nursing doctorate).

Goal: a desired outcome of the program in general, rather than the more specific outcome of the instructional process.

Governance: the government of an institution that includes the shared responsibiltiy for general educational and administrative policy, long-range planning, allocation of resources and determinations of faculty status.

Instructional Processes: the strategies or methods employed by faculty to implement the curriculum.

Learning Experience: a planned activity of the curriculum which is used by students to achieve objectives.

Mission: the services which the program in nursing and/or the parent institution is chartered to provide as defined by its governing body.

Nursing Theory: an organized set of concepts, definitions and propositions projecting interrelationship among concepts and providing a systematic view of phenomena in order to describe, explain, predict and/or control approaches to nursing practice.

Objective: a stated, assessable outcome of the instructional process.

Parent Institution: the senior college or university or consortium of which the nursing program is an integral and autonomous part.

Philosophy: a set of beliefs and value statements about the practice of nursing and the teaching of nursing, developed by the faculty, which provide direction for implementation of the curriculum.

Program: the educational and/or administrative unit (i.e. department, school, division) that provides planned studies in nursing leading to the first or second professional degrees.

Role: the attitudes, behaviors and cognitions associated with a position; in advanced nurse preparation this is usually associated with preparation of individuals to fulfill advanced positions in practice, education, administration and research.

Second Professional Degree: advanced academic preparation in a senior college or university preparing the student for specialization in nursing (master's degree in nursing).

Specialized Area of Nursing Practice: an advanced, circumscribed body of

content and associated clinical practice within the discipline of nursing: (this may take many forms depending on the program's definition, structure and organization of nursing, i.e. clinical specialist in pediatric nursing, primary nursing specialist, specialist in the care of renal patients, family nurse practitioner.)

Systematic Evaluation: an ordered set of activities designed to monitor the effectiveness, the efficiency and the quality attainments toward meeting the goals of the program. The plan includes evaluation of all elements necessary for the conduct of the program, i.e. faculty students, administration, curriculum and resources.

HISTORICAL DEVELOPMENT OF THE CRITERIA

Except in the archives of the various nursing organizations involved in accreditation prior to 1949, the nursing literature contains little information about criteria and procedures used by the various accrediting services in nursing. In 1949, a document entitled *Manual of Accrediting Educational Program in Nursing* prepared by the Six National Nursing Organizations on Unification of Accrediting Activities, was published by the National Nursing Accrediting Service under the auspices of the National League of Nursing Education. The manual included statements about accreditation policies and procedures as well as the criteria for accreditation by the National Nursing Accrediting Service.

In 1952, when the National League for Nursing came into being, the responsibility for establishing the criteria for, and the principles, policies, and procedures of, accreditation was assigned to the appropriate membership groups. In 1954, the Steering Committee of the Division of Nursing Education appointed a subcommittee entitled The Committee to Develop More Definite Criteria for the Evaluation of Educational Programs in Nursing. This subcommittee divided itself into two working groups, one of which concerned itself with the development of criteria for diploma programs in nursing, and the other with criteria for baccalaureate and master's degree progams in nursing.

Steps on the development of the criteria included the preparation of a draft and study materials and a review and testing of the proposed criteria by member agencies, including those with non-accredited programs. *The Self-Evaluation Guide for Collegiate Schools of Nursing* was issued in 1954. The collegiate self-evaluation guide was replaced in 1960 by the publication entitled *Criteria for the Evaluation of Educaitonal Programs in Nursing That Lead to Baccalaureate or Master's Degrees*. The membership of the Deparment of Baccalaureate and Higher Degree Programs decided at this time that the criteria were to be reviewed and evaluated at the end of a five-year period.

In 1964, on the recommendatoin of the Steering Committee of the Department of Baccalaureate and Higher Degree Programs, the Committee on Undergraduate Education in Nursing and the Committee on Graduate Education in Nursing began work on Revision of the criteria. Originally, each committee had five members. The undergraduate committee was enlarged on an *ad hoc* basis to provide wider representation and to facilitate revision. In all, a total of 20 faculty members were directly involved. The committees' work on the criteria continued until September of 1965, when the intital draft of revised criteria was completed.

At the close of 1965, the committees circulated the initial draft of revised criteria to agency members of the Department of Baccalaureate and Higher Degree Programs for study and reaction by nursing faculties. Faculties of 111 of the 150 NLN-accredited programs and the Collegiate Board of Review submitted reactions, suggestions, and comments that were ultimately incorporated in the final draft of revised criteria.

In September of 1966, the final draft, entitled *Criteria for the Appraisal of Baccalaureate and Higher Degree Programs in Nursing*, was sent to the schools for faculty review. Subsequently, the revised criteria were submitted for adoption at the November, 1966, meeting of the Council of Member Agencies of the Department of Baccalaureate and Higher Degree Programs. Only representative of NLN-accredited programs were responsible for final action on the revised criteral. They voted unanimously to adopt the criteria the first time by the Board of Review for Baccalaureate and Higher Degree Programs at its December 1967, meeting.

At the Spring, 1969, meeting of the Council, the membership voted to add one new criterion regarding the admission of students, which required that a new edition be issued.

The Executive Committee of the Council of Baccalaureate and Higher Degree Programs voted in July of 1969 that a Criteria Committee be appointed as a standing committee charged with continuous study and review of the criteria and the drafting of proposed revisions as the need for changes became evident. The Committee was to be composed of two persons representing general education.

The first meeting of the Criteria Committee was held in May, 1970, the outcome of which was the decision to revise the criteria. The next three meetings were spent in developing a rough draft of revised criteria.

In order to obtain reactions to the criteria then in use from faculties that had been applying them in preparing self-evaluation reports, a questionnaire was sent to all programs that had been visited for accreditation purposes since the last revision of the criteria, including those visited during the latter part of 1970 and early 1971. The questionnaire

was designed to elicit difficulties encountered in providing evidence that the criteria were being met and the faculties' opinions in respect to the appropriateness, restrictiveness, repetitiousness, specificity, and clarity of the criteria. Completed questionnaires were returned by 32 of the 132 programs polled. Suggestions made by the respondents to the questionnaire, by NLN accreditation visitors, and by the Board of Review were incorporated in the rough draft, which was then reviewed and approved by the executive committee of the council and by the Board of Review.

The first draft for review by the member agencies of the Council was prepared and circulated in March, 1971. Reactions were received from 146 of the 268 member agencies. The review draft was then revised on the basis of the responses. The new draft was mailed to the member agencies in early September for study prior to the Council's acting upon it at its forthcoming meeting.

The proposed revision was presented to the membership of the Council at the November, 1971, meeting. A number of substantive changes were voted, and the draft was therefore referred back to the Criteria Comittee. A meeting of the Criteria Committee was convened on January 27 and 28, 1972, at which a draft incorporating the changes voted by the membership was developed. The new draft of the proposed revision was mailed to the Council membership in early February for study prior to action at the March, 1972, Council meeting.

The representatives of NLN-accredited programs present at the March, 1972, meeting of the Council of Baccalaureate and Higher Degree Programs voted unanimously to adopt the revised criteria. The representatives also voted that by the spring of 1974, the newly accepted criteria be used for accreditation purposes by all bacalaureate and higher degree programs and the Board of Review.

In 1973, the Executive Committee established an expanded charge that included the process of constant review of criteria. (The former Criteria Committee was disbanded.) Following through on the criteria-review process, the Accreditation Committee met in October, 1975, and designated that a revision was required.

The process was initiated through criteria-review sheets based on the 1972 Criteria. These were mailed with instructions to the 357 agency members. In March, 1976, the review sheets returned by 125 agency members were studied and analyzed, and a first draft of a revised statement of criteria was prepared and mailed to the membership for comments. In June, 1976, the 117 responses received from the membership were studied and analyzed. Participants in the review of each of the statements of criteria included nurse administrators, college and university administrators, nursing faculty, and students. A second revised draft,

dated June 1976, was mailed to the membership in August, 1976, for study and subsequent action at the November, 1976, Council Meeting, at which time the revised draft of June, 1976, was adopted. The criteria were mandated for accreditation purposes in the fall of 1978.

In 1981, the Executive Committee expanded the Accreditation Committee to form two subcommittees: one was charged with continued development of policies and procedures for accreditation. The other subcommittee was charged with the revision of the criteria.

The Criteria Subcommittee met in July 1981 to develop plans for the revision process. In September 1981 a survey was mailed to the agency members to determine desired changes in the criteria. The November 1981 Council Meeting was devoted to discussion of accreditation issues. Forums were held to identify changes needed in the 1977 criteria and to generate new criteria. In January 1982, the subcommittee met to analyze responses to the survey and suggestions arising from the Council meeting. Three major themes prevailed: to reduce the redundancy in the criteria, to provide clear interpretations of the criteria, and to include only those criteria essential to the quality of the program.

The first draft of revised criteria was developed by the subcommittee and mailed to the membership in March 1982. In this draft, the number of criteria was reduced from approximately 100 to 37 by combining criteria and by eliminating those deemed not essential to the quality of the program. The use of "indicators" was introduced with the first draft—a set of guidelines of interpretation of the criteria. The responses of 254 agency members and 28 Board of Review members were analyzed by the subcommittee and used for preparation of the second draft.

The second draft of revised criteria was mailed to the membership in October 1982. Accompanying the draft were the proposed guidelines for interpretation of the criteria. One session at the November 1982 Council Meeting was devoted to discussion of the criteria. The written responses from 290 agency members and the discussion at the Council Meeting were used to prepare the third draft of the criteria.

The subcommittee met again in February 1983 to finalize the third draft and to prepare the *Self-Study Manual: Guidelines for Interpretation of the Criteria and Preparation of the Self-Study Report.* The third draft of the revised criteria was mailed in April to agency members for study and subsequent action at the June 1983 meeting of the Council, at which time the criteria were adopted as amended. For the two-year period, June 1983-85, baccalaureate and master's degree programs may use either the 1977 or 1983 criteria; the 1983 criteria will become mandatory for all baccalaureate and master's degree programs scheduled for visits for accreditation purposes in Fall 1985 and thereafter.

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Nancy Diekelmann, PhD, RN, FAAN is Professor, University of Wisconsin - Madison, School of Nursing, a Fellow in the American Academy of Nursing, and President of the Council for the Society for Research in Nursing Education. A noted authority in her work in primary health care, Dr. Diekelmann received the Book of the Year award from the *American Journal of Nursing* for her textbook, *Primary Health Care of the Well Adult.* In addition, she received the Award of Distinction from the American Society for Health Manpower Education and Training. Her books, co-authored with Dr. Knopke, *Approaches to teaching Primary Health Care* and *Approaches to Teaching in the Health Sciences* are frequently cited. Her current research uses Heideggerian hermeneutics to analyze the paradigm cases of student nurses as they move from layperson to novice nurse. Dr. Diekelmann has developed an alternative approach for the professional nursing curriculum that is based on Heideggerian phenomenology. This approach, The Nursing Curriculum: Caring, Dialogue and Practice is currently being tested. Dr. Diekelmann has developed a practical theory of schooling in nursing that is grounded in the practice of teaching in nursing.

Ann Gothler, PhD, RN is professor of nursing at Russell Sage College, Troy, New York. She is an NLN Consultant and a CBHDP accreditation site visitor. She has been an active member of the Council for the SRNE since its inception and is a former CSRNE Board member. Her nursing research interests are varied and recently have included the biennial census of nursing faculty; the role of the clinical laboratory; faculty workload; and thinking, learning, and creativity of the registered nurse.

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