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Governing nursing: curriculum as a rhetorical vehicle using South Australian nursing schools from the 1950s onwards as an illustrative case

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Abstract

This paper explores how governance processes for nursing curriculum in South Australia changed since the 1950s. The strategy used to undertake this analysis is through discourse analysis of nursing curriculum from the 1950s to recent times. An archive of curriculum data were collected from educational curriculum documents, historical records and government reports. Analysis of this textual data found changes in how curriculum governance occurred as this was increasingly transferred to the discipline of nursing throughout the period explored in this research. Curricula were found to be a rhetorical vehicle, carrying the beliefs and hopes of the nurse educators in their contents. Changes in the focus of the curricula also replicated changes in the locations and maturing of nursing in the higher education sector. Schools of nursing in universities in responding to both internal and external forces were made increasingly responsible as to curriculum content and structures. Historical analysis of South Australian nursing curricula shows changes common in Australia as it moved nurse education from hospital to the tertiary sector in the latter part of the 20th Century, to its contemporary shape as collaboration between profession, industry and discipline to produce nurses for the Australian workforce.

Key words: nursing, history, curriculum development, governmentality, discourse analysis.

Background

The term 'curriculum' appeared in the 1950s Australian nursing, as it was that during this period that nursing started to describe itself as a profession (Peterson 1955). The appearance of 'curriculum' in texts increased just when nursing was asserting its professional status supported by a context of rapid professionalization in many health

care and other social care groups. All of this occurred even though, in Australia, the nursing training system remained an apprenticeship system in hospitals. In this system, novice nurses learned nursing skills from seniors in practice, with little reasoning, and learning was predominantly based on a medical model of health care (Peterson 1955). The shift to tertiary education occurred as a part of the transformation that has brought the recognition of nursing as a discipline and a profession. This paper presents material from a larger study of changes in nurse education through an exploration of the genealogy of teaching nurses clinical judgement. The focus for discussion is how the location of, and responsibilities for, nurse educational curricula changed, that is where and who undertook its governance changed even as nursing itself was transformed by social changes.

Through this process, nursing education is now recognised as a professional education and nursing students are regarded as students expected to be ‘reflective practitioners’ as evidenced in Australian Nursing and Midwifery Council’s competency standards (Australian Nursing and Midwifery Council 2006). We trace how who defined the role of nurses has changed; from a Nurses Board with the majority of its members were medical practitioners and education hospital-based to regulation of nursing education from a Nurses Board ‘at a distance’, with professional structure and function that is the responsibility of nurses through a Nurses Act representing and governing nurses. It is our intention in this article to show how this happened in one location—highly influenced by other locations and situations—so as to investigate how nurses as educators have taken control of their curriculum and its purposes.

Data sources and analytical methods

In this section we outline data sources, how we approached the data and the form of discourse analysis and governmental analysis we use to accomplish our understandings of what is operating in the discourses around curricula and its governance of nurse education. We outline, as well, the analytical framework informing this aspect of the larger study. For the purposes of this paper, the selection of primary data was as follows (see Table 1 for entire archive and Table 2 for the resources used in this study):

- Curricula from educational institutions in South Australia
 - Royal Adelaide Hospital Nursing School,

- Flinders University and its descendent schools, Sturt College of Advanced Education, South Australian College of Advanced Education (with three Schools of Nursing at Sturt, Underdale and Salisbury Campuses)
- Curricula from the 1950s to the present were collected. We were unable to locate some of the historical curriculum from Royal Adelaide Hospital, especially during the 1950s. Therefore, missing information was filled by collecting items from the government archives, such as reports and letters including the statements about educational trends and curriculum development;
- Data from government agencies such as the Nurses Board of South Australia (NBSA) was included as it was an influential in nurse training and education. The State Records (South Australia) also had some archives relating to nursing curriculum development in the South Australian situation.

Texts such as historical curricula, government documentation concerning the nursing training and education during this period were also data categorised as primary and secondary data as follows. The primary resources were collected from the educational institutions relating to curriculum development, committee minutes and the governmental documents from the Nurses Boards and State Record. The secondary resources were also collected to support and elaborate the current arguments. The selection of the nursing professional journals was determined according to the publication history where a journal was selected if it showed continuity of publication since/ before 1950. The journals particularly dealing with professional issues and nursing education were selected as resources where issues about the profession and nurse education were highly relevant. While *The International Nursing Review* and *Journal of Nursing Education* began publication after 1950, these nursing professional journals were essential to provide data about the formation of professionalisation discourses in terms of international trends and nursing educational discourses during the time that is the focus of this research, for, as we noted previously, the situation in South Australia was affected by national and international trends. Also Australian publications that could be classed as scholarly nursing journals did not appear until the latter part of the 20th Century.

Discourse analysis

In the traditional analysis of discourse that occurs in linguistic analyses, discourse is thought of as a conversation that occur between two persons or in a group that contributes to the sense making that occur in the conversation (Hartley 1994). In a discourse analysis framed by Foucault (1972), it is assumed that discourses pre-date rather than are made in a conversation. The unit of analysis is not always a word and its meanings, rather a Foucauldian analysis concentrates on a more textual level of analysis at what he terms the level of the statement. Analysis or use of discourses is not concerned with meaning making, but what is said, how this positions speaker, listener or reader (Foucault 1972). While there is a tendency to disregard Foucault's earlier work on discourse, it is in *The Archaeology of Knowledge* that he clearly outlines his theory of discourse and how it is to be analysed (Clifford 2001) and therefore we consider this work provides the clearest discussion of how discourse is to be analysed from Foucault's point of view. In use of the term discourse, we intend to examine how these operate as power relations and as ways of constituting what counts as Truth (Foucault 1980). This is an important element in the exploration of how nurses are constituted in the curriculum documents used as a basis for their education. Hence the documents are not thought of as neutral in their effects. Rather they figure nurses and nursing in the very statements used and how these operate to signify what nursing and nurses are.

In addressing the analysis of the curriculum documents we looked for how nursing was put together in the workings of the dominant *epistemes* in operation in the documents. We examined how the texts referred to, constituted or presented a particular view of nurses and nursing within what was said. In using an intertextual analysis we explore how any document has within it the traces of its history and socially constituted relations (Hartley 1994; Foucault 1972) as it organises which discourses dominate, what is suppressed and what comes to constitute the present within each *episteme*. From this perspective, as Hartley (1994: 94) points out:

Textual analysis can be employed to follow the moves in this struggle, by showing how particular texts take up discourse elements and articulate them (that is, 'knit them together').

In the case of curriculum, however, we are dealing not only with the view they present of the pupil and teacher. They also present us with a pedagogical discourse about these characters. Thus, they also configure how teaching 'properly' occurs at any moment of educational theory. While we acknowledge that this is as an epistemic

influence governing nurse education and we outline some of this in this paper, we concentrate our analytic effort on how these different curricula and their variations of beliefs about 'education' were transformative. In effect, we explore how nursing came to be enrolled in its regulation and the governing of its own educational processes, and how this led to very different forms of curriculum development processes as it involved the regulatory authorities.

To accomplish this, we explore how nurses – and what they need to know – figure in the curricula as well as being configured by it. We do this by suggesting how curricula, rather than being a neutral device, operates as a form of rhetoric, or as a rhetorical vehicle for beliefs, hopes and developments in nursing education and professional status for both nurse educators and regulators. Rhetoric as originally developed was as a form of analysis in philosophy (Hartley 1994). In the sense we are using it here, we intend to use the idea of rhetoric to explore how discourses were used to persuade or influence, and that various forms of curricula were used to do this. We outline how 'the will to control' configured nurse education. These rhetorical positions highlight the transformation from passive list or syllabus set by an act of external government; to a curriculum used to persuade of nurses' ability to regulate their own learning; to a curriculum that indicates how nurses deserve to be self-regulating as awarded by its social status as professionals; to a curriculum that is entirely regulated by faculty and by the stakeholders interested in the kind of nurse who will nurse them—an entirely self-regulating and governed curriculum—as set by interaction between educational and regulatory authorities in partnership. We categorised four phases through this analysis process as follows: nursing syllabus: nurse education controlled by others; a shift in governance of curriculum; using social influence in setting curriculum; and towards a collaborative curriculum and beyond.

Nursing syllabus: nurse education controlled by others

In the first and second phases of our analysis, ownership was controlled by others. A passive list of tasks was set out as a syllabus. The term 'curriculum' was not used to describe the framework for nurses' education. Instead, the educational system was called training and was thought of as a kind of apprenticeship. What determined such thinking about training and apprenticeship were the places where nurses were trained and their student worker role in the hospitals. The training was provided in that setting with most of the lectures given by visiting medical specialists. The NBSA—at that stage a part of the Department of Health and its registrar employed by that

organisation—controlled nursing training, even though this organisation was dominated by medical doctors until 1970s (Durdin 1991). The syllabus described for general nursing in the 1950s was governed by the *Nurses Registration Act 1920* (Durdin 1999). In the Act (Nurses Registration Board: 1926), the nursing training programme was prescribed as training for nurses (1926: 27) and the number of the lectures and context of lectures were determined in the regulations. Furthermore, in the section on general nursing, the distinction was set between doctor's work and nurse's work. The role of nurse is described by sets of tasks below (1926: 32).

- (a) *Bedmaking, management of helpless patients.*
- (b) *Hygiene of the sick room. Ventilation, lighting, temperature*
- (c) *Baths (different kinds), sponging.*
- (d) *Cleaning and padding splints.*
- (e) *Prevention of infection.*

These roles are explanatory and functional, and also imply the passiveness of these prescribed tasks. In the task list, there is no evidence of the use of the terms 'patient' or 'client' and the presence of nurses are implicit in the tasks set out in the syllabus. Moreover, invalid cookery, housekeeping and hospital management were included in the training course. In a text used at that time, 'housekeeping' implied undertaking domestic tasks such as cleaning, sweeping, dusting and polishing and so on (Doherty, Sirl & Ring 1963). It is easy to see how nursing could therefore be viewed as an extension of domestic work with such a focus. However Aroskar (1980: 26) suggests that there were advantages to the student nurse learning this knowledge. Nurses had, at this time, a significant role in the management of what would today be considered non-nursing work, that is 'to supervise the work of maids and assess the amount of time required for its satisfactory performance'. According to the Act (1926), it can be argued that the training program limits what could be defined as an independent body of knowledge, and contains the nursing role to lesser importance in the hospital setting. The frustration of nurses about the limits of such a medically dominated, content-driven syllabus and their lack of ownership can be seen in the rise of some debate in the 1950s.

For instance, Peterson (1955: 16-22) criticised the maintenance of the apprenticeship system. She considered it was disadvantageous, believing that the continued low professional status in Australia contributed to the high wastage rates during training, and low employee satisfaction. There was evidence of continuous tension between what nurse trainees were expected to do and what they were allowed

to do, according to the Registration Act. Peterson's (1955) suggested solution was to provide university education for the preparation of nurse leaders in nursing education, nursing research and nursing administration. However, there was no higher educational institute (university level) for such an education of registered nurses in Australia in the 1950s and it took twenty years to establish undergraduate nursing education in the tertiary sector in the 1970s.

The 1960s curriculum guideline from the Nurses Board of South Australia (Nurses Board of South Australia 1966) still described items to be included in the nursing curriculum. The curriculum guideline is based on subjects such as physics, chemistry, nutrition and psychology. There is a broadening in the syllabus when we compare it with that above although, as a syllabus, it remained content-driven. This content-driven training for nurses was controlled under the Act and the Nurses Board's control over the registration process was determined as part of the Act in 1966 (Nurses Board of South Australia 1970). In it, a registered nurse '...has passed the prescribed examination or examinations held from time to time by examiners appointed under this Act' and '...is the holder of a certificate of training as a nurse...awarded by any institution or body approved by the board for the purposes of this subdivision'. A registered nurse was expected to pass the examination which was also set under the supervision of the Nurses Board.

Following regulation amendments in 1962, the guidelines for general nurse training in 1966 (Nurses Board of South Australia 1966) show how topics such as physics, chemistry, nutrition and psychology were to be systematised. Nicholson describes this situation (1998: 14):

Thereafter the quality of nurse education was heavily dependent upon the commitment of the hospital board to the school of nursing, the nursing tradition of the institution, and the financial status of the hospital.

Her explanation implies how easily a school of nursing was influenced by its hospital board and dependent on its financial support although there were significant changes to what could be put into the framework. This phase that we have named as 'the syllabus controlled by others' highlights the external government of nurse education.

<Insert Figure 1 here>

Figure 1 shows the closeness of relations between the program taught to student nurses and the *Nurses Registration Acts 1920* and the control of training schools by

the NBSA, with very little room for changes happening in medical and nursing care as a part of the advances from and after WW II.

Shifting governance of curriculum

During the 1960s, much was to change in the control of nurse education. This we call the first steps to self-government by nurses as tight external governance of nurse training began to change. The relationship between school and Registration Board began to depart from Nurses Board control, although the Board still provided nursing curriculum guidelines until the late 1970s (Nurses Board of South Australia 1966). Figure 2 describes how we see the distance between the governance of curriculum by NBSA and the school's thinking about nursing as it became more separated under the governance of the hospital boards.

<Insert Figure 2 here>

For example, Durdin (1999: 143) records nurse education at Royal Adelaide Hospital (RAH) as under more control of nurse educators by the end of the 1960s:

Until 1967 the Nurses Board had controlled the lecture program for general nursing training and had appointed lectures for each of the four subject areas. In 1967 the hospital board took over this responsibility. It delegated this work to the staff of the Nurse Training School, which early in 1968 became known as the School of Nursing. (RAH Annual Report 1967).

These gradual shifts from the Nurses Board to Hospital Boards meant that the registration authority and the regulation of the nursing profession began to be independent. The nursing schools were able to determine who should be recruited to educate at the school as long as they followed NBSA guidelines. Having the right to decide on recruitment and what the tutors were able to teach was a significant movement, although teaching and training nursing students still resided at the site of the hospital.

The separation of governance over nursing curriculum indicated changes to relationships between curriculum stakeholders such as nurse educators, hospital administrators and medical doctors. Nurse educators took up the responsibility for constructing curriculum. This led nurse educators, who were usually registered nurses, to explore their role. The federal government Sax Report in 1978 (Committee of Inquiry into Nurse Education and Training 1978), regarding the move to tertiary level nurse education in South Australia, brought a new perspective on nursing students –

that students should be governed by the school in the university with the student of nursing recognised as a learner, rather than as merely a workforce in the hospitals (The College of Australia, SA State Committee & Royal Australian Nursing Federation 1976). The stakeholders of nursing education at the tertiary level were the administrators who financially controlled the hospitals, the medical doctors who work closely with nurses and teachers at the colleges and nursing students who needed the status as learners not as workforce. To bring about the control of nursing curriculum, all stakeholders believed that education needed to shift. Although the School now based at Flinders University was the first to make the transition, other hospital-based nursing schools in S.A. continued as was until the early 1990s (Nicholson 1998). This was different to other states where in 1984 there was a total shift to tertiary education for nurses (Durdin 1999).

This move in nurse education, with the change in governance of curriculum, promoted an alteration in some nurses' thinking about nursing. These nurse-led changes in thought – the conceptualisation of nursing – occurred mainly in the nursing educational scene. In other words, developments in nursing knowledge, and as a discipline, were other factors effecting the becoming of an autonomous profession while guaranteeing a change of location to educate nurses. For example, the principal educator at Royal Alfred Hospital described this shift from the procedure-oriented nursing such as general nursing, medical nursing, etc:

...The thing that had stayed was actually the general so that ENT and so on was still being done – that was still being done as part of third year – but we moved very rapidly to integrated blocks of Medical and Surgical. And then of course we had the major move around in the early 1980s when Sybil McCullough came and we actually moved into concepts (Durdin 1997).

A move to a conceptual view of curriculum, rather than mere subject content, signals how nurses in education were changing what occurred more widely. Durdin also talked about alterations in how a curriculum was organised during the 1970s:

...as the curriculum hours increased there was a feeling that we needed to integrate all of that material instead of having the three discrete papers as such, and because of course the educators that were involved in with all of this were actually probably sitting on the examination panel, we then were able to move from Medical, Surgical and General into actually having just three papers (Durdin 1997).

These two excerpts from oral history interviews show the how nurse educators came to move away from the medically-oriented curriculum, split along treatments such as medical and surgical care, to one based on nursing concepts and patient-centred nursing. The educational discourses about this kind of curriculum allowed the education of nurses to move from a syllabus to what is termed a process curriculum where students were considered as active learners. Table 3 shows the development of Schools of Nursing thoughts since the 1970s. The curriculum has changed from a description of what nursing *is* to a description of nurse educators' attitudes to the learning needs of students through developing and using a nursing philosophy. As the 1966 Act described the framework for nursing training, this passive information from the Board shifted to active information for creating and suggesting nursing education curriculum.

In the 1976 curriculum, a nursing philosophy was not recorded, although the concepts of nursing were well described. The description is formalised and what could be counted as the components of nursing were scattered throughout the document without the focus of a philosophy. Moreover, passive expressions such as 'is acknowledged' and 'this kind' betray a sense of uncertainty about how to describe nursing, as well as a lack of confidence to fully state the nature of nursing practice. On the other hand, the 1986 curriculum made considerable advances in terms of its role descriptions of nurses. The role of nurse had been clearly described by the National Health Medical Research Council (NHMRC) in 1983. It described the role of nurse in Australia as expanding geographically – by the population with whom nurses work, and their location in hospital or health units. Moreover, the role of nurse is clearly defined: 'Wherever the nurse is working, however, he or she is responsible for assessing the nursing needs of the patient, client, family or community ...' and it continued that the nurse works with clients to plan required care, and documents and evaluates that care (NHMRC 1983). This description highlighted the expansion of the role envisaged in statements made after an enquiry into nurse education.

Different terms were in use for the nominatives regarding who owned nursing. For example, in the 1982 and 1986 curriculum (Table 3), 'we' was used in the curriculum and demonstrated the ownership of beliefs in the profession. Four sentences used 'we believe' and this implied that the curriculum designers had clear beliefs about nursing. Descriptions of the role of nurses emphasised their function in society. The second and last statements are about the perspectives of the nurse

educators. The statements looked at the requirements for student nurses and how they could achieve nursing professionalism, which is an assessment of their understanding of how one is to perform as a professional in ones practice. Moreover, the process of learning and how the nursing students could show that they had achieved this was outlined in the curriculum. The emphasis on the students' learning indicated a focus on the students' perspective and needs.

Seeing curriculum as a process, the focus on development of proper professional performance was included in the curriculum and learning came to be seen as the students' responsibility, as a part of proof of their professional development. The shift in the meaning of curriculum is also evident and 'the processes of learning' became the essential focus of nursing education. The curriculum tried to emphasis not only students' learning but also nurse educators' attitudes toward nursing and students. For example, the 1987 curriculum stated (South Australian College of Advanced Education 1987):

Learning approaches and teaching-learning strategies adopted are properly left to the course planning groups/staff teaching in the course...These include:

- experiential learning*
- learning principles of care (rather than procedures)*
- the sharing of learning with other student groups*
- choice of sequencing (by student)*
- the notion of learning how to learn*
- students taking a degree of responsibility for their own learning*

In this description, the educators' strategies were clearly stated and the students' own learning responsibility was to be shared with the teachers (who still took responsibility for content and method). Recognition of students as autonomous learners was essential in such a discourse of curriculum development.

Using social influence in setting curriculum

The curriculum during 1980s increasingly shows the interaction of nursing with society in order to ensure it gained professional status in the eyes of that society. The emphasis of nursing curriculum is on credentialing as a profession under the pressure of national competency standards. With this pressure on the nursing profession, this period is significant in terms of nursing educational change with the promise of completion of the transition into tertiary level in the early 1990s in South Australia. It was a significant moment for nurse educators to seize government of nursing

curriculum as it was also a moment for gaining recognition as a profession in society. For instance, in the course development plan submitted to the Board of Advanced Education in 1986, the changes were described (South Australian College of Advanced Education 1986):

In the 1970s and early 1980s the Commonwealth Government, notwithstanding pressure from the nursing profession and others to do otherwise, had restricted College-based nursing to one program per State. However, in August 1984, the Commonwealth Government decided to accept, in principle, the complete transfer of pre-registration Nursing Education to the Advanced Education Sector, and, therefore, the phasing out of hospital-based programs. It is anticipated that the transfer will be completed in South Australia by 1991.

Once the system and place was secured and established during the 1980s, graduate nurse attributes became the focus or guides in curriculum design. Securing the student position for learning to nurse was a part of the impetus to obtain professional status or teach professionalism to students not only by training and experience but also by learning a discipline. Consequently, the nurse faculty members needed to be able to examine and assess students' professionalism. Thus, the power to assess the students' professional capability was given to the educational institution. Moving the assessment body from the hospital to the tertiary institution changed what was assessed, that is, not only nursing skills, but also the ways of thinking about nursing. The need to assess migrants from overseas during another period of skilled workforce shortage, led nurse educators in the universities to use development of competencies to assess overseas registered nurses as a way to press for professional recognition and at the same time to provide a framework to assess student competence. Hence nursing capitalised on this movement, and the move to tertiary qualifications, as a way to validate the nursing role and its status as a professional. Curriculum at this time was now influenced by social considerations more than before and its meaning embraced political strategies of professionalization as much as social matters. In this sense, the curriculum was required to balance these three influential elements.

The 'Socialising curriculum' meant that the control of curriculum was accomplished by the Nurses Board *and* Schools of Nursing in the universities (see Figure 3). It was a curriculum affected by local university pedagogical requirements to frame its curriculum, at the national level by regulation of the competency framework published by the Australasian Nurse Registering Authorities (ANMC

2006) and by socio-economic pressures such as nursing workforce shortages. Moreover, 'socialising' also indicated the involvement of other disciplines in the teaching of nursing and in the development of nursing knowledge. Under the influences of this socialising curriculum, the curriculum at Flinders University did not position students as learners clearly. However, it specified what constituted nursing in the 1992 curriculum: 'The course is based on the following beliefs about nursing: 1) the central focus of nursing is health which involves the whole person – physically, psychologically, spiritually and socially' (Flinders University 1992).

<insert Figure 3 here>

This type of curriculum sees an extension of 'curriculum as a process' and was a response to the emergence of a focus on students' learning needs. In this curriculum the term 'praxis' was a central term used to re-focus the processes of learning. Praxis 'is the fundamental concept in Freire's work and is fundamental to the emancipatory cognitive interest' (Grundy 1987). This curriculum focus signified that educators believed they had gained autonomy to teach nursing students and the curriculum is based on the interaction between their actions and reflections. From such a perspective, the action of praxis encourages personal development. Smith (1996, 2000) also describes:

Curriculum as praxis is, in many aspects, development of the process model. While the process model driven by general principles and places an emphasis on judgement and meaning making, it does not make explicit statements about the interests it serves.

Smith believes that practice and theory interact and this process is situated centrally in such a curriculum. This definition of curriculum enables learners to recognise their learning process. The assumptions here are that students are expected to learn autonomously guided by educators and by using reflection to understand more. On the other hand, the educators promote the students' autonomous learning by stimulating students in an effective way rather than simply handing over knowledge as content as would have been the situation with earlier syllabus based education. The assumption in such a pedagogic discourse is that their learning is accomplished through student autonomy and the taking of responsibility for ones learning.

While the curricula and learning processes at the universities were affected by the trends in pedagogical discourses, regulation of what was to be considered as knowledge for registration was constituted via professional competence assessment.

The need to meet a nursing shortage through a skilled migrant program meant that nurses could use this to legitimise their professional status, just as the move to university level qualification became part of that plan. This led to a de-coupling of close control by the Nurses Board, while the competencies came from afar to govern nursing faculty.

Toward a collaborative curriculum and beyond

In the case study that provides the basis of this exploration, the 1950s curriculum was controlled strongly by NBSA, whereas the latest curricula between 1992 and 2007 are influenced by a variety of stakeholders, only one of which is the Nurses Board (see Figure 4). The increase in the numbers of stakeholders in a curriculum also implies that nursing curriculum belongs not only to the state through the regulatory authority (NBSA), with the NBSA holding the right to approve the course curriculum in order that students can register as nurses. The context of nursing education brought about further changes in the school's thinking about nursing. Since the commencement of tertiary education at university level, nurse educators and other stakeholders such as Nurses Board Committee members and clinical nurses who support student learning in clinical areas were brought together in their beliefs about nursing as a profession. The 2006 curriculum at Flinders University states professionalism as one of the components of the nursing discipline and describes the professional nurse as (2006: 26):

a reflective practitioner who is responsible and accountable for practice; contributes to political debate [?] on health and health care policy and the development of the role of the nurse and nursing knowledge.

This rise of autonomy in nursing education in terms of being able to define the subjectivity of the professional is one part of this; however, this is not independent but to be done in collaboration with stakeholders as set out by the processes for curriculum development and accreditation by the NBSA (Nurses Board South Australia 2005). Finally, the school's thinking about what counts as nursing is more flexible and its framing came about through consultation within and outside of the school as set by the school's self-governance. Figure 4 shows the relationship between the present curriculum and the other stakeholders of nursing curriculum.

<insert Figure 4 here>

We consider that this final form of curriculum is a container for ideas coming from and influenced by factors internal and external to the nursing profession, such as power of societal demands, economical forces such as workforce planning and issues, other health professionals, science and nursing developments, as well as the assurance of the educational board for curriculum assessment at the NBSA – currently only a part of the NBSA’s remit under the Act. Thus, the present curriculum represents the tension between wider societal influences and internal elements maintaining the professionalism of nursing. The curriculum is now viewed as containing more political implications for nurses and nurse educators and is a way of maintaining nursing as knowledge-based profession.

Conclusion

Through historical analysis of a particular curriculum as a case study, the changes in the functioning of the curriculum indicated that in going from a mere ‘recipe of nursing’ to teaching and cultivating ‘the way to think in/about nursing’ provides a way to think about how nursing has taken control of its learning tools. In other words, what the nurse educators expect the curriculum to contain has changed. These changes in expectations of what a curriculum could facilitate illustrated the shift in which agencies governed how nurse education occurred. Thinking of the curriculum as a rhetorical vehicle shows how at any one moment, curriculum carries the beliefs and ideals of the nursing profession and discipline.

Diagnosis of the movement of control of the curriculum for nurse education affords a view of how this educational tool was used to move that education from hospital to university; from apprentice based training to recognition of professional status for nurses; and to a professional group able to govern its own practice through interactions between educational beliefs and control of the discipline in an independent university environment. As the locus of control moved more fully to the nursing faculty members, they were enrolled in the government of that curriculum on behalf of regulatory authorities. Any curriculum development in the current situation requires that a school collaborate with its stakeholders who have an interest in what counts as nursing. This creates tensions between nursing education and practice and nurse educators need to pay attention to gaining such consensus, a continuing requirement for all professions in our contemporary 21st Century society.

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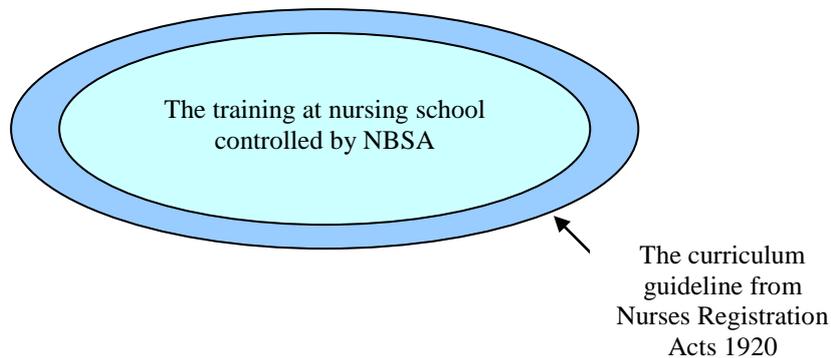


Figure 1: The relationship between the school and Registration Board (1950s)

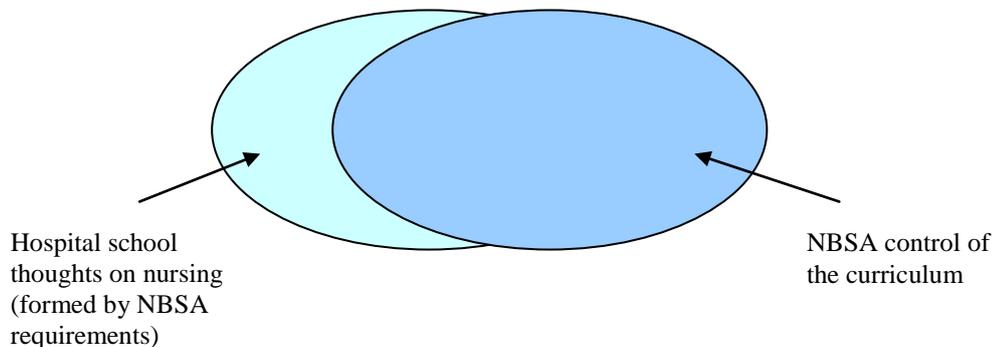


Figure 2: The relationship of influence between NBSA and the nursing school in the 1960s

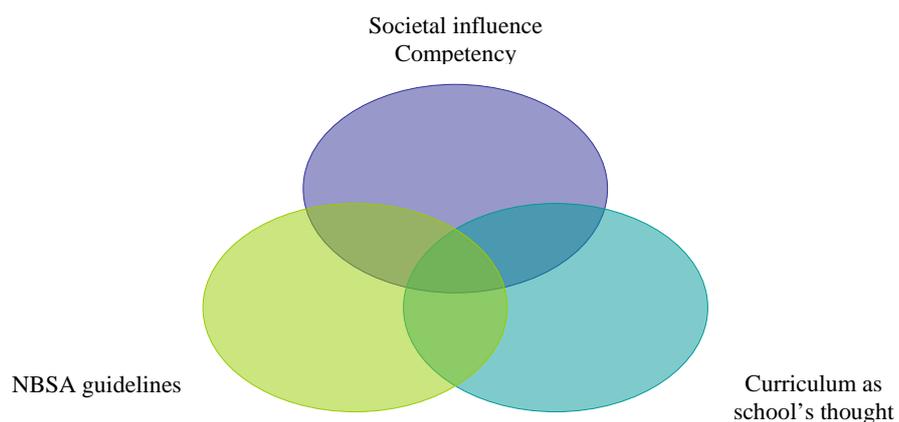


Figure 3: Components influencing curriculum in the 1980s

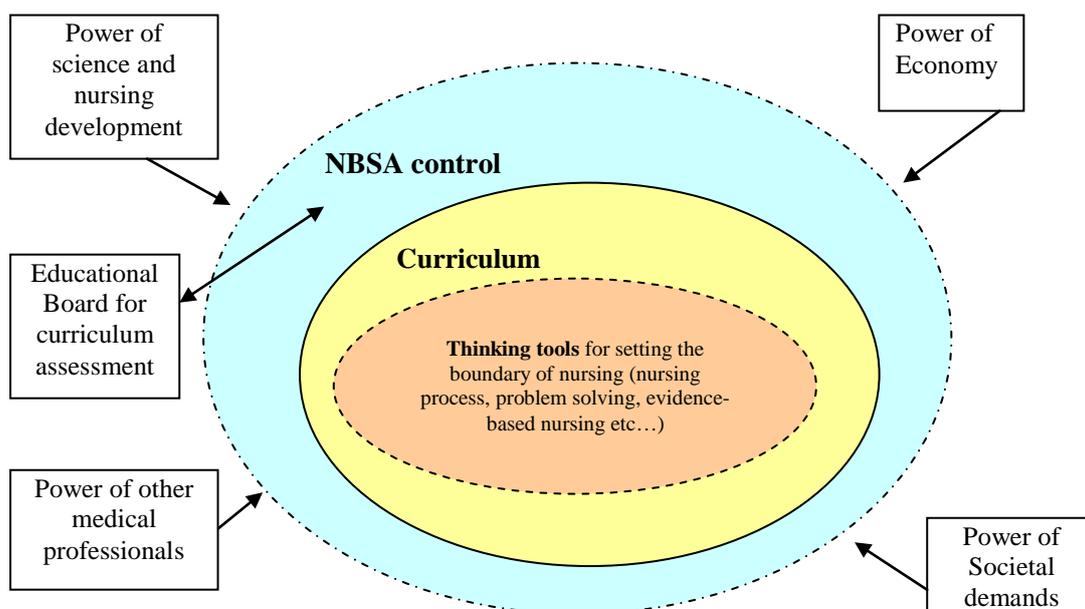


Figure 4: The contemporary relations influencing curriculum

Table 1: The resources used in this study

| | Educational institutions | Governmental institutions | Professional group institutions |
|---------------------|---|---|---|
| Primary resources | Royal Adelaide Hospital Nursing School, Flinders University and its descendent schools (not unable to locate some of the historical curriculum from Royal Adelaide Hospital, especially during the 1950s. Therefore, filled the missing information by collecting the government archives, such as reports and letters including the statements the educational trends and curriculum development.) | Nurses' Board of South Australia (NBSA) The State Record of South Australia South Australia State Library | Not applicable |
| Secondary resources | Not applicable | Not applicable | Australian journals: <i>Australian Nursing Journal</i> (started 1903); <i>The Lamp</i> (started 1943); International nursing journals: <i>Nursing Research</i> (started 1952); <i>International Nursing Review</i> (started 1954); <i>Journal of Nursing Education</i> (started 1964) |

Table 2: The resources used for curriculum discourse analysis in this study

| The institute published the archives | Published year | The title of archives |
|---|----------------|---|
| Nurses Board of South Australia | *1926 | Nurses Registration Acts, 1920 and 1922: Acts and Regulations by Nurses Registration Board |
| | *1966 | Curriculum guidelines for general nurse training in South Australia by Nurses Board of South Australia |
| | 1969 | The Nurses Board's documentation to the Honourable the Chief Secretary by Nurses Board of South Australia |
| Flinders University and its ascendants schools | 1979 | Curriculum and guidelines for general nurse training in South Australia by Nurses Board of South Australia |
| | *1976 | Proposed course Diploma of Applied Science; Submitted to the Board of Advanced Education South Australia by Sturt College of Advanced Education |
| | *1976 | Submission to the Committee of Enquiry into Post-secondary Education in South Australia by The College of Australia, S.A. State Committee and Royal Australian Nursing Federation |
| | 1978 | Workshop agenda - Tuesday, 8th November 1978 by Sturt College of Advanced Education Sturt College of Advanced Education/Flinders Medical Centre. |
| | *1982 | Reaccreditation Diploma of Applied Science Nursing: Submitted to The Tertiary Education Authority of South Australia by South Australian College of Advanced Education Sturt |
| | *1986 | A submission for the re-accreditation of the Diploma of Applied Science (Nursing) by South Australian College of Advanced Education. |
| | *1987 | A submission for the re-accreditation of the Diploma of Applied Science (Nursing) by South Australian College of Advanced Education, Adelaide published by South Australian College of Advanced Education |
| | 1990 | A submission for the reaccreditation of the Bachelor of Nursing; Volume 3 Sturt program by South Australian College of Advanced Education |
| | *1992 | Bachelor of Nursing Practice, Bachelor of Nursing; Course Proposals by Flinders University of South Australia |
| | 1997 | Bachelor of Nursing by Flinders University of South Australia |
| | 1997 | Letter to Nurses Board of South Australia regarding the curriculum review by Flinders University of South Australia |
| | *2006 | Bachelor of Nursing by Flinders University of South Australia |

Resource with * used in this paper.

Table 3: The data description of philosophy in curriculum

| The year of curriculum | The description of philosophy in curriculum |
|--|--|
| 1976 Sturt College of Advanced Education | <p>There is no discrete section of philosophy in the course book. However, in the aim of the course, nursing is described as (p. 7):</p> <p>“The combination of care for the sick and education and intervention to provide preventive care for others is acknowledged as appropriate to contemporary nursing. This kind of practice requires skills and knowledge additional to those that have been traditionally acquired within a general nursing curriculum”.</p> |
| 1982 South Australian College of Advanced Education | <p>There is a section describing the philosophy underpinning nursing practice. It states:</p> <p>We believe that: Professional nursing involves interacting with people to promote and maintain health, to prevent illness, to lessen the effect of injury, disease or disability, and to facilitate health restoration. Nurses provide care to people as unique individuals in their social, cultural and familial context...</p> <p>The concept of health developed by the Alma-Ata declaration in 1978 was embedded in the curriculum.</p> |
| 1986 Diploma of Applied Science at SACAE, Sturt | <p>The course proposal describes (1986, p. 124) the underpinning philosophy as follows:</p> <p>We believe that professional nursing is an integral part of society’s commitment to provide comprehensive and expert health care. The professional nurse is required to function in a variety of settings and roles. The contemporary nurse needs to be prepared for practice in the areas of health promotion, maintenance, and education as well as in the prevention of illness, amelioration of injury, disease or disability and restoration to health...</p> <p>We believe that to prepare the nurse to manage rapid technological and social change, and to respond appropriately to increasing ethical and legal demands, a broad knowledge base is necessary...An eclectic approach to the study of the discipline of nursing within the program encourages students to be thoughtful and analytic in their approach to care. They are required to solve problems and to seek original solutions to unique human situations.</p> <p>We believe that <u>the client</u> is the focus of nursing, and is an integral member of the health team...</p> <p>We believe that the process of learning is enhanced through the planned and sequenced stages of the course...</p> |