



Transfer of nurse education to universities under a model of person-centred care: A consequence of changes in Spanish society during the democratic transition



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ABSTRACT

Background: In Spain the transfer of nurse education to universities was accompanied by a shift towards a model of person-centred care.

Aim: To explore whether the change in nurses' professional profile (from physician assistant to providers of person-centred care) was a response to changing needs in Spanish society.

Design: Qualitative study.

Methods: Theoretical sampling and in-depth interviews using an inductive analytical approach.

Results: Four categories described the nursing profession in Spain prior to the introduction of university training: the era of medical assistants; technologisation of hospitals; personal care of the patient based on Christian values; professional socialisation differentiated by gender. Further analysis showed that these categories could be subsumed under a broader core category: the transfer of nurse education to universities as part of Spain's transition to democracy.

Conclusion: The transfer of nurse education to universities was one of several changes occurring in Spanish society during the country's transition to democratic government. The redefined public health system required a highly skilled workforce, with improved employment rights being given to female health professionals, notably nurses.

1. Introduction

Although the origins of modern nursing can be traced back to the work of Florence Nightingale (1820–1910) (Bullough and Bullough, 1981), the model of person-centred care (Bartol and Ford, 2015) did not begin to develop formally until the 1950s in the USA (Bullough and Bullough, 1981; Shaw, 1993). In Spain, the same period saw the implementation of a new state registration scheme for nurses (see the Official Gazette of the Spanish government: *Boletín Oficial del Estado*, 1953), although in contrast to the direction of change in the USA this new qualification reinforced the nurse's role as medical assistant (Domínguez-Alcón et al., 1983, p. 103). However, when, in 1977, nurse education in Spain was transferred to universities (*Boletín Oficial del Estado*, 1977a) this was accompanied by a shift towards a model of person-centred practice, similar to that already established in the Anglo-American context (García and Martínez, 2001, p. 185). What is unclear is the extent to which this shift reflected the natural evolution

of the discipline towards a model of person-centred care.

2. Background

Nursing as a profession in Spain began to be officially recognised in 1857, when the government of the day passed a law (*Boletín Oficial del Estado*, 1857) regarding the training of three categories of nurse: *practitioner*, *matron* and *nurse*. Practitioners (men) and matrons (women) worked as physician assistants in rural and non-hospital settings. By contrast, the role of nurses (women), who were hospital-based and generally members of religious orders, was to feed and wash patients under the supervision of physicians (Ortega, 1996, p. 291).

The reorganization of the Spanish health system in the 1950s led to the building of larger hospitals and the introduction of new technology, and this required a greater number of trained staff (Germán, 2013, p. 220; Santo-Tomás, 2000, p. 93). In order to address the need for more nurses with adequate training (Sellán, 2010, p. 220) a new state

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registration scheme was introduced, one which unified the existing categories of nurse into a single qualification known as ATS (Technical Healthcare Assistant) (Boletín Oficial del Estado, 1955). This qualification required nurses to achieve a higher academic and skills level, with sole responsibility for the content of nurse training being given to faculties of medicine. Nurses could also extend their skills through specialist training once the basic ATS qualification had been obtained (García and Martínez, 2001, p. 150). However, the role assigned to this new category of nurse continued to be that of physician assistant (Hernández and Moral, 1995, p. 151).

Subsequently, at the beginning of the 1970s, several groups of Spanish nurses began to campaign for nursing to become a more scientific and university-based discipline, and for there to be a shift in the nurse's role towards person-centred practice of the kind found in the USA and Canada (García and Martínez, 2001, p. 185). After much negotiation within the profession (Germán, 2013, p. 89) the ATS qualification was officially replaced in 1977 by a university Diploma in Nursing (Boletín Oficial del Estado, 1977b), whose syllabus was geared towards training nurses in the model of person-centred care (Germán, 2013, p. 196; Santo-Tomás, 2000, p. 105) that had been borrowed from the Anglo-American context. This led to a process of what Neiterman and Bourgeault (2015) refer to as professional socialisation, since not only did nurses have to acquire the knowledge and skills required by this new role, but a new academic culture had to be created in Spain, one that would enable this new professional identity to develop.

According to Cortina and Conill (2000) a profession can be conceptualised as a cooperative social activity whose purpose is to offer society a specific service without which society would not survive. In the context of the nursing profession in Spain the question is to what extent the transfer of nurse education to universities and the shift in role from physician assistant to a model of person-centred practice reflected the natural evolution of the discipline in response to the changing needs of Spanish society.

3. Methods

The aims are 1) to explore, the reasons behind the shift in nurses' profile in Spain, from the traditional role of physician assistant to an Anglo-American style model of person-centred care linked to a university qualification, and 2) to determine the extent to which this shift was a response to the changing needs of Spanish society.

This is qualitative study with an inductive analytical approach based on the formulation of an initial hypothesis and the subsequent selection of extreme cases (Borobia, 2004). Sampling was theoretical, with data analysis guiding the subsequent selection of new participants (Smelter and Baltes, 2001). The characteristics and number of participants to be recruited were established according to the criteria of sufficiency (Seidman, 2013) and theoretical saturation (Strauss and Corbin, 2002). The main inclusion criterion was that participants should have been employed as nurses with the ATS qualification at the point when nurse education was transferred to universities.

Data were gathered through in-depth interviews designed in accordance with the recommendations of Seidman (2013), that is, the sequential exploration of three topics (Table 1) in order to help explore the participant's experience. Participants were recruited through the university nursing schools and professional societies with which the three authors had contact. The initial contact with potential participants was via email and involved providing them with information about the study and requesting their participation. The date and time for a face-to-face interview were then agreed, in a place of the participant's choosing. Written informed consent was obtained at the beginning of each interview, prior to any kind of data collection. All the interviews were recorded and transcribed using the F4 software.

The study was approved by the Research Ethics Committee of the Universitat Internacional de Catalunya. All participants were informed

Table 1
Themes to be explored.

Themes to be explored	Purpose of exploring the theme
Theme 1: Tell me about how you came to obtain the ATS qualification.	To gather information about the participant's lived experience in relation to the topic of study.
Theme 2: Tell me about your experience working as a nurse once you'd obtained the ATS qualification	To gather information about the participant's experience in relation to the specific socio-historical context in which it was gained.
Theme 3: Tell me about what this role meant for you.	To gather information about the meaning of this experience for the participant.

that their responses were anonymous and that participation was voluntary. They all signed informed consent.

Data were analysed using a grounded theory approach (Strauss and Corbin, 2002) based on theoretical sampling and the constant comparative method (Table 2). Code, theoretical and operational memos (Strauss and Corbin, 2002), as well as what we shall refer to here as bibliographic memos -linking the literature to the analysis-, were generated in order to provide support for the entire analytic process (Charmaz, 2006). The analysis was performed using the software package ATLAS.ti 7.5.

Rigour was guaranteed by applying criteria of credibility, transferability, auditability and confirmability (Table 3).

4. Findings

Interviews took place between 2013 and 2016 and lasted between 60 and 90 min. The final sample comprised eight nurses who earlier in their career had obtained the ATS qualification and who were employed in this capacity at the time of nurse education being transferred to universities. The first six participants were recruited with the aim of achieving maximum variability of contexts. Two extreme cases were subsequently identified. The first extreme case -a male nurse who was also a member of a religious order- enabled us to explore the influence of gender on the transmission of a model of care based on Christian values. The second extreme case -a male nurse who had not been exposed to Anglo-American theories and models of nursing- allowed us to examine in more detail the profile of physician assistant in Spain. As no new information was provided by the latter interviews it was concluded that theoretical saturation had been reached. Of the eight participants, six were women and two were men. Seven were working in a hospital setting, while the other was a freelance private practitioner. The participants came from four different regions of Spain: Catalonia, Andalusia, Alicante and the Balearic Islands. One of the participants had, early in her career, worked in the context of a religious nursing order.

The initial discourse analysis revealed four categories (Table 4) that described the characteristics of nursing in Spain prior to the transfer of nurse education to universities: *the era of medical assistants; the technologisation of the hospital environment, leading to the disappearance of religious nursing orders; personal care of the patient based on Christian values; and professional socialisation differentiated by gender.*

Application of the constant comparative method to these initial categories yielded a core category (Table 5) that explained the shift to a more academic recognition of the discipline: *the transfer of nurse education to the university as part of Spain's transition to democracy following the death of Franco in 1975.*

In the following sub-sections we discuss each of the four initial categories and the resulting core category, illustrating them through reference to the verbatim quotations presented in Tables 4 and 5. Thus, for example, the label **P2:1** in the text indicates that the point being made is supported by quotation **P2:1** in Table 4.

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