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BEDSIDE AND COMMUNITY: 50 Years of Contributions to the Health of Albertans by the University of Calgary Edited by Diana Mansell, Frank W. Stahnisch, and Paula Larsson

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The Transformation of the Concept of Nursing

Diana Mansell

In a lecture given in 1984, nursing historian Joyce Prince stated that Florence Nightingale (1820–1910), who had founded the field of nursing in mid-nineteenth-century England, had planned to establish

> a normal school for nurses with a view to the ultimate elevation of that class to the position of a profession . . . and scientific instruction with a view to improve practical results in nursing by lectures.[1]

Yet Prince also noted that concern was expressed by contemporary observers, in that it was

> very desirable to direct the reading of the intelligent probationers but only to the extent which will enable them to understand, and be interested in their work without inducing them to think that they might attempt doctor's work. . . . [We should] avoid any charge that we are trying to make medical women.[2]

Clearly, things have changed in nursing education over the past 160 years, and, more locally, especially since the founding of the University

of Calgary Faculty of Nursing in 1969. These changes have resulted in a transformation of the concept of nursing that has contributed to improving the health of Albertans. In the following chapter, I will address developments in nursing education in the Faculty of Nursing over the past five decades within the context of health and health care in Alberta.

When Dr. Shirley R. Good (1930–2018) (soon to be director of the School of Nursing) arrived in Calgary on 1 July 1969, her plan was to create

> a degree program [that] would prepare nurses for community practice, based on a social service model, emphasizing prevention, treatment, and restoration rather than preparing nurses for the limited hospital setting with its roots in the medical model.[3]

In an interview in the fall of 1970, on the first day of classes at the School of Nursing, Good said:

> The program will be people-oriented [and is] developed to prepare students for the changing role they will be required to play in providing care for the future. . . . What we are hoping to do is to turn out graduates who can see the whole nursing picture and are equipped to care for the patient's total health needs physically, mentally and emotionally.[4]

As nursing historian Geertje Boschma noted, "in some ways, Good was ahead of her time with her views on a stronger community focus for health professionals."[5] However, even with the support of the federal minister of health and welfare Marc Lalonde (b. 1929), in his 1974 report "New Perspectives on the Health of Canadians," "daily pressures to establish the program precluded the immediate implementation of these ideas."[6] Boschma further noted that every development in the new program required careful negotiation because the agencies that could provide clinical placements were not accustomed to the new type of academic nursing students.

Indeed, "they felt [the] faculty and university's nursing students should adapt to the same shift work and work culture as hospital students."[7] In 1972, the university administrators "suggested an evaluation of the

program, two of which were favorable" and the third report by educator Muriel Uprichard (1911–95), the director of the School of Nursing at the University of British Columbia, "communicated concerns over the operation of the program as well as over the leadership abilities of the Director."[8] Following this third report, Shirley Good was asked by the president to submit her resignation, and this resulted in a disruption of the program.[9]

In spite of this disruption, in May of 1974, the first class of baccalaureate-prepared students graduated. They shared vivid memories of

> a great education, rich in diversity . . . [noting that] faculty were on the cutting edge of teaching us critical thinking before it was trendy to call it that. . . . The faculty's vision of nursing leadership inspired many students to achieve advanced and effective careers in hospital and community nursing.[10]

The Creation of the University of Calgary Faculty of Nursing

Marguerite Schumacher (1920–2013) was appointed director of the school in 1974 and dean when the School of Nursing was transformed into the Faculty of Nursing in 1975.[11] Schumacher "pioneered the theory-based nursing, envisioning the nurse-patient relationship and nursing communication as the core of nursing studies and practice."[12] The 1970s represented a time of unrest among nurses across the province due to their discontent over pay, the demanding clinical environment, and the diversifying nursing workforce.[13] Indeed, the relationship between diploma-prepared nurses and those prepared at the baccalaureate level remained controversial. In January 1975, the provincial government agreed to an in-depth review of nursing education; the resulting task force was made up of representatives from various nursing groups, physicians, and hospital administrators. *The Alberta Task Force on Nursing Education Report* was released in September 1975, and was influential across Canada. It underscored the need for the planning of "professional nursing education . . . so that non-university programs articulate with university based programs in accordance with the principle of a continuum of nursing education."[14] At this time, the suggestion that a baccalaureate degree be considered the minimum

requirement for entry into nursing practice by the year 2000 surfaced in Alberta, and in 1982 this was fully supported by the Canadian Nurses Association (CNA). However, in 1977, "the provincial government recognized baccalaureate education as being desirable for an increased number of practicing nurses but it did not agree with making the baccalaureate degree a mandatory requirement for practice."[15]

In spite of the government's response, the three groups of educators (college, hospital, university programs) united in 1977, and in 1983 renamed their group the Alberta Nursing Educators and Administrators.[16] The Alberta Task Force on Nursing Education's report had pointed out the lack of adequately prepared nurses for leadership positions, and at the same time Minister Lalonde's 1974 report "emphasized the importance of health, lifestyle, environmental, and health care education in health care delivery."[17] That report also noted that "health is not achievable from health care services alone but from the interaction of health services with human biology, lifestyle, and the environment in which we live."[18] In other words, Lalonde suggested that "health is tied to overall conditions of living, particularly the environment and the behaviours chosen by people." Individuals should therefore begin to take responsibility for their health. According to public health researchers Ardene Robinson Vollman, Elizabeth T. Anderson, and Judith McFarlance, the report did have obvious limitations, but it stimulated thinking about how best to orient health services in a new direction. The report also represented a "change in the focus of health and disease."[19]

The climate was therefore ripe for a shift in nursing education to "include a stronger emphasis on health maintenance and prevention of disease."[20] In 1977, administrators at the University of Calgary asked the Faculty of Nursing for "more elaborate statements of the unit's role, objectives and specific activities planned for the next several years."[21] In the resulting plan, the faculty noted that "the education of competent professional nurses for nursing practice . . . had its core in understanding the health needs of society and [the promotion of] the individuals' resources so that they may adapt to the changes they constantly experienced."[22] The plan included the idea of developing a health centre or "health promotion clinic within the Faculty for autonomous nursing practice of health promotion."[23] The creation of this clinic would be in keeping with the World Health Organization's 1978 Declaration of Alma Ata, in which it was agreed that

"people themselves (not the politicians or the experts) should shape the world in which we live":

> [This declaration] became the philosophy of community action for health. Its emphasis on social justice, equity, public participation, appropriate technology, and intersectorial collaboration focused action on the needs of the population and the root causes of ill health, challenging the system to move beyond the traditional biomedical model (disease) to a framework that promoted health . . . [and that] called for health providers to work *with* people to assist them in making decisions about their health and how to meet health challenges in ways that are affordable, acceptable, and sustainable in the long term.[24]

Nursing historian Boschma further noted that

> In the seventies, Alberta was the wealthiest province in the country, resulting from enormous oil revenues. . . . [The newly elected] Progressive Conservative government adapted to rapid social changes and swiftly increased public spending. . . . Educational and Health care institutions greatly expanded their services . . . because of increased government spending.[25]

In 1979, Margaret Scott-Wright (1923–2008)—the first professor of nursing in the United Kingdom (at the University of Edinburgh) and first chair of nursing studies in Europe—was appointed as dean with a view to establishing a graduate program in nursing. Following the necessary approvals, the first eight master's students entered the course-based program in September 1980.[26]

However, during the 1980s, on a national level, the focus of healthcare delivery was on primary health care (PHC), which ensured "public participation at all levels, social justice and equity and a system that balances care, cure, and rehabilitation."[27] Then, in 1986, the Canadian government published a discussion paper entitled *A Framework for Health Promotion*,[28] later referred to as "The Epp Framework," named after then federal minister of health and welfare Jake Epp (b. 1939). In his report, Epp

defined health as a part of everyday living, an essential dimension of the quality of our lives. In this context, quality of life "implies the opportunity to make choices and gain satisfaction from living." Health is a state that individuals and communities alike strive to achieve, maintain or regain, and is influenced by circumstances, beliefs, culture, and socioeconomic and physical environments. This document reaffirmed the WHO definition of health promotion as "the process of enabling people to increase control over, and to improve, their health."[29]

During the mid-1980s, the faculty's philosophy was driven by "its obligation to prepare competent nurses for the provision of innovative and effective responses to [the] changing health care needs of people."[30] Faculty members believed that in the future their emphasis would focus on client independence, promotion and the maintenance and restoration of health, the alleviation of distress, and respectful dying.[31] While baccalaureate education considered the "broad spectrum of nursing practice," graduate education had to determine how to accommodate the many specialties in nursing that included "psychiatry, oncology, critical care, maternal and child health or primary care."[32] Gradually community health care (population focus), adult health, maternal and child care, and family nursing were added.[33] In support of these endeavours, a Family Nursing Unit was established within the University of Calgary Faculty of Nursing, at no charge, to assist families in dealing with serious illness.[34] By the early 1990s, there was an increased emphasis on health promotion, and in order to prepare nurses for PHC, a population-health focus was implemented in the undergraduate curriculum, while a separate focus in community health was added to the graduate program.[35]

Implications of the Rainbow Report in the Province of Alberta

In 1985, Dr. Joy Durfée Calkin (b. 1938) was appointed dean with the expectation that she would strengthen "the public face of nursing for the University of Calgary with a view to developing" a stronger public presence in terms of research and clinical expertise in the larger health-care community as well as the academic environment.[36] The political and health-care context in which Calkin now operated was now drastically different

than the economic boom of the previous decade. New strategies to reduce spending in health care and education marked provincial politics, and this resulted in budget cuts and layoffs that included nurses.[37] To address this situation, in 1988 Premier Donald ("Don") Ross Getty (1933–2016) established the Premier's Commission on Future Health Care for Albertans; Calkin joined the commission in January of that year.[38] Following numerous town hall meetings held across the province, the commission made several recommendations as part of what was known as the Rainbow Report. In particular, the report noted that "the health care system should focus on the ideas of health promotion and prevention, including the improvement of people's understanding about the impacts of lifestyle behavior."[39]

The commission had a vision that focused on "healthy people living in a healthy Alberta,"[40] and to attain this vision, the province would have free individual choice; would be accountable for the well-being of the community with assistance from policy and legislation; would have respect for autonomy and dignity; would be skilled at developing health communities; would partner with caregivers and health promotion; and ensure that illness prevention be taught and practised in the community.[41] Clearly, this is not an exhaustive list, but these ideas did reflect Albertans' changing view of health held by Albertans.

In order to address these recommendations and to prepare nurses to meet the demands of nursing care in the next century, Calkin aimed to bring an integrative approach to nursing education. To that end she established the Joint Venture Initiative, which was

> a collaborative model in which the three parties involved in basic nursing education in Calgary, Mount Royal College, the Foothills hospital and the University of Calgary would be equal partners.[42]

This eventually became the Calgary Conjoint Nursing Program, implemented in 1993. The earlier emphasis on PHC now led to a community-action initiative in the faculty in which undergraduate nursing students worked in CARTs (community action research teams) to construct community action plans that would "empower communities in assuming responsibility for solving their health problems."[43] This approach to PHC

has allowed faculty members to make a number of community contributions, such as the Children's Cottage (a twenty-four-hour crisis nursery and parental respite centre founded in 1986), the organization of a recreational day program for elderly persons with dementia, and a variety of projects on an international level.[44] Throughout the late 1980s both faculty and students were "committed to instilling and cultivating interest, ability and knowledge to contribute to the advancement of people's health."[45]

During the 1990s, the health-care context, both provincially and nationally, was changing, and Canadians wanted the health-care system to focus on keeping people well rather than in intensive-care hospital beds due to the rising cost of health care. In 1994, the Federal/Provincial Advisory Committee on Population Health published a document entitled *Strategies for Population Health Investing in the Health of Canadians*, which initiated a discussion around the "determinants of health" in order to answer the question, "Why are some people healthy and others not?"[46] The list has now expanded to twelve determinants: income; social status; social support networks; education; employment and working conditions; social environments; physical environments; personal health practices; coping skills; healthy child development; culture, gender, biology and genetic endowment; and health services.[47]

Meanwhile, starting in 1993 the new premier of Alberta, Ralph Klein, drastically reduced health-care funding through hospital closures and nursing layoffs. Alberta nurses were unhappy with these changes, as between 1993 and 1996 the rapid cuts to health care resulted in

> long waiting lists and crowded emergency rooms. Many of the province's highly trained specialists left Alberta, including neurosurgeons, obstetricians, pediatricians, and psychiatrists. Rural areas could not recruit doctors, waiting lists grew longer, and staff faced unprecedented levels of stress, equipment wore out, and thousands of jobs had been lost.[48]

Dr. Ralph Sutherland noted that, in 1994, provincial governments were changing how they viewed their role in health care. They were abandoning the medical model and emphasizing community care and health promotion.[49] In 1995, Klein decided to put further health-care cuts on hold and nursing academic Barbara Shellian, then the president of the Alberta

Association of Registered Nurses (now the College and Association of Registered Nurses), commented that reform to the health-care system was needed.[50] Although Shellian applauded Klein's decision to halt further cuts, she also observed that "we need a system that puts more focus on people's health and wellness, and fully utilizes all health care providers."[51] As further noted by Ralph Sutherland in 1996,

> Previous levels of spending on the social programs to which Canadians have become accustomed, including our publicly financed health care, can no longer be afforded. The federal government is reducing transfer payments to the provinces. Provinces have capped spending on health care and have capped spending in all of the major sectors within health care.[52]

The 1990s represented a time of confusion and disappointment at all levels of health-care provision, but moving away from the medical model reflected the shift in the emphasis from illness to wellness.

As a result, Janet Storch, who was appointed dean on 1 July 1990, faced pressing financial and economic constraints, as did the University of Calgary as a whole, and this situation lasted until the end of the 1996 fiscal year.[53] Storch resigned on 1 May 1995, and Carol Rogers assumed the position of acting dean.[54] In 1996, the faculty updated its philosophy with a view to developing a caring curriculum that demonstrated an understanding of human health as constituted within the lived experience of a person.[55] The U of C Faculty of Nursing's philosophy also included the concept of population health, which described "health as an asset that is a resource for daily living, not simply the absence of disease [and] concerns itself with the living and working environment that affect people making healthy choices, and the services that promote and maintain health."[56] Thus, population health, together with caring, came to represent an integrative, holistic approach to health rather than a reductionist and objectifying one. The subjective perspective of the patient would now be considered in health-care decisions.[57] Also, during the 1990s, a number of research units were established; these included, among others, the Health and Healing Centre, the Continuing and Chronic Care Group, and the

Community Health Nursing Unit (which aimed "to promote excellence in education of groups, aggregates, and communities").[58]

On the Relationship between Nursing Practice and Technology

The 1990s also represented a time of unprecedented development in the field of technology,[59] which stimulated faculty use of computer technology in research and teaching. Earlier in this decade, Dean Storch appointed Bohdan Bilan, a PhD candidate in education, as director of the computer laboratory.[60] Bilan then wrote a column in the *Faculty of Nursing Newsletter*, entitled "Cyberactivity in Nursing: Changing Possibilities," in which he noted that there was "a desire to see that nursing expands its role in computer mediated learning and patient care."[61] He further described the role of the nurse in a changing information systems environment as follows:

> Nurses are in an ideal position to guide the application of science at the bedside given the current reorganization of health care systems. The nursing profession must embrace all new computer technologies to remain relevant. We must do this so that they can assist patients and health organizations in adapting and adopting change.[62]

At the same time, there was a health-care crisis across Canada. Sharon Doyle Driedger noted in an article for *Maclean's* magazine that

> Nurses just beginning their careers face enormous changes. Medical technology, health reform, research developments, the Internet, preventive and alternative medicine, a more informed public, feminism, increased education [are] just some of the factors transforming the profession's traditional roles.[63]

Helen Mussallem (former executive director of the Canadian Nurses Association, or CNA) predicted that hospital nurses would become fewer in number, more highly specialized, and would be offering services in neighbourhood clinics ranging from simple diagnostic testing, to

advanced medical testing and health education. She saw "nurses as the leaders of health services in the community."[64] Educational preparation would now need to address patient advocacy, independent thought, and critical decision-making. The new graduate would be prepared to take an active role in the formation of health-care policy.[65]

During the past century, community health nursing had shifted toward the goals of PHC. Indeed, the goals of all health-care workers developed to include:

> The prevention of disease, promotion of health, and rehabilitation of the sick and disabled . . . specific aims [that] encompass[ed] reduction in risk factors, strengthening of self-care abilities, and maintenance or improvement in the quality of life.[66]

Furthermore, as the twentieth century came to a close, many nurses at various levels were prepared to work as public health nurses, thus demonstrating concern about the environment to which patients were returning.[67] Also, by integrating PHC into the delivery of health care, the role of the nurse expanded, which resulted in the sensible use of health-care professionals and new patterns of health-care delivery being considered.[68] PHC projects emerged across Canada, with the support of many professional nursing associations. These associations developed educational workshops addressing PHC in an attempt to demonstrate that nursing education across Canada was leaning towards the inclusion of public health-care content.[69] At the University of Calgary and other Canadian universities this content was visibly increased over time. For example, courses were offered within graduate programs with a public health major or option.[70]

Health-care provision and nursing education now needed to address the rapid changes in science and technology that were occurring in the twenty-first century. This required nurses to have a higher level of scholarship and education in increasing areas of specialized clinical practice.[71] By 2000, the U of C's Faculty of Nursing was therefore planning ahead. It realized that working with patients and families was essential for training nurses to grasp the clinical situation, gain a situated understanding, and to develop the ability to *use* medical and social knowledge forms.[72] Patricia

Benner, a senior scholar with the Carnegie Foundation for the Advancement of Teaching in Princeton, New Jersey, is a noted nurse educator and author of *From Novice to Expert: Excellence and Power in Nursing Practice*.[73] She described nursing practice as the "in-between social spaces of medical diagnosis and treatment and the patients' lived experience of illness or prevention of illness in their particular life, family, and community."[74] Nursing education had gradually changed over the twentieth century, shifting from the apprenticeship model of the early 1970s to learning that, according to Benner, involved

> a range of interactive learning required for any professional . . . [that] included instantiating, articulating, and making visible and accessible key aspects of competent and expert performance . . . apprenticing oneself to a health care team, a community of practice, and even to patients and families [which would be] essential for learning to grasp the nature of the clinical situation, gaining situated understanding, and skill.[75]

Nursing education would now prepare nurses to act as moral agents, whether at the bedside, in the home, or in a community:

> In situations that are undetermined, contingent, and changing over time . . . [the student is taught] to *be* a nurse in terms of *using* evidence-based knowledge, clinical judgment, and skilled knowledge.[76]

As a moral agent, the nurse's actions would be based on self-embodied principles and knowledge to facilitate a positive outcome for the patient, the family, and society.[77] Moral agency in nursing involves "the action demonstrated by nurses who approach ethical dilemmas in a manner consistent with the caring component of nursing and with a focus on the patient."[78] The active practice of nursing therefore came to the forefront of nursing education.

Between 2002 and 2004, leadership in the Faculty of Nursing fluctuated between two acting deans, Florence Myrick and Marlene Reimer, until Michael Clinton was appointed dean on 1 July 2004.[79] The university

leadership also changed, and the new president, psychologist Dr. Harvey Weingarten, identified four distinct priority areas of study as

> advancing health and wellness; leading innovation in energy and the environment; creating technologies and managing information for the knowledge society; and understanding human behaviour, institutions and cultures.[80]

Weingarten's goal was to propel the University of Calgary to world-class recognition.[81] The U of C Faculty of Nursing, for its part, supported this goal by carving out

> a niche in two designated pillars under the broader priority area of advancing health and wellness, including health, wellness and human performance as well as social dimensions and determinants of health.[82]

In order to respond to the demands on the health-care system over the next four years, nursing education would focus on health promotion, illness prevention, and illness care.[83] The faculty was committed to furthering nursing practice through innovative strategies and partnerships with the community it served. Indeed, as the faculty faced the twenty-first century, it was prepared to take on new challenges of caring for patients and promoting health in the community.[84] Benner noted that "students can become powerful leaders ready to influence the larger political and public arenas for improved health care systems."[85]

Therefore, the breadth of the nursing role was becoming increasingly far-reaching, systems-based, and more holistic.[86] The U of C Faculty of Nursing took these notions into consideration to ensure that nurses graduated with this vision of their future practice. The professional concept of nursing was now focusing on the social determinants of health within the Canadian context. The Canadian Nurses Association published a "CNA Backgrounder" that defined the social determinants as

> the economic and social conditions that influence the health of individuals, communities and jurisdictions as a whole. Social determinants of health determine whether individuals

> stay healthy or become ill (a narrow definition of health). Social determinants of health also determine the extent to which a person possesses the physical, social and personal resources to identify and achieve personal aspirations, satisfy needs and cope with the environment (a broader definition of health). Social determinants of health are about the quantity and quality of a variety of resources that a society makes available.[87]

In order to address this broader definition of health, nurses would now be expected to "ask the right questions during their assessment process" to ensure that Canadians achieved the health goals set by their government.[88] This represents a distinct shift on the part of the can, from the previous focus on sickness care to a new focus on "health care."[89] Nursing practice, at the individual level, would now include considerations of the social determinants of health and would result in a reorientation of the health-care system while advocating for healthy public policies.[90] The CNA also provided nurses with strategies to assist them in achieving these new goals.[91]

Another strategy to achieve health for all was described by Michael Villeneuve and Jane MacDonald in their 2006 publication *Towards 2020: Visions for Nursing*. This publication identified self-care as the "largest contributor to the creation and maintenance of health."[92] Villeneuve and MacDonald also predicted that by 2020, nurses would

> develop and implement broad programs of health promotion and illness prevention in schools, workplaces, and communities, and [be] a strong, visible presence . . . focusing instead on health, the needs of patients and communities, and [providing] sound evidence to guide policy and practice.[93]

Furthermore, nursing practice would take place in the socio-environmental and political-cultural context of the individual.[94]

Reconnecting Bedside with Community in Nursing in Calgary

To that end, in 2007, the U of C Faculty of Nursing sought to ensure that nursing education in Calgary was aimed at "demonstrat[ing] a tangible return [to] the community."[95] Under the leadership of Dean Dianne Tapp, who assumed that position in 2007, the faculty identified its new internal vision as providing "nursing leadership in health and wellness through a culture of collaborative inquiry, learning, and service."[96] At that time the mission was to excel in research and educational initiatives that contribute to health and wellness, the education of nurses who are renowned for excellence in practice, [and the] preparation of nurse leaders who contribute to development of [the] emerging health care system.[97] Support for this program was provided by Senior Vice-President Janet Umphrey, of what was then called the Calgary Health Region.[98]

In 2007, in spite of the support for the previous program, the Faculty of Nursing revisited the educational preparation it provided for their students. In a draft document describing the historical context of this education, it was noted that

> Nursing as a discipline has a unique place, work, goals, roles, and contributions to a society in promoting, maintaining, supporting, and restoring health, bearing witness, alleviating distress, and achieving optimum quality of life for the members of society.[99]

This document examined the previous program to ensure its relevancy "moving into the second decade of this millennium"[100] A follow-up survey of students who had graduated in 2005 that was completed in 2006, identified areas in which the graduates felt least prepared, such as policy development, working with minority populations, and some management skills.[101] In order to address these skills and the fluctuating environment within which nurses were providing care, graduates of the Faculty of Nursing would now be prepared to:

> address the Health needs of people with decreasing natural resources and changing ecological environments . . . [have]

> opportunities . . . to improve quality of life issues and promote access to health care . . . [and] address health challenges associated with the rapid changes in the socio-political, economic, and physical environments within Calgary and its surrounding environments. [The complex and varied] contexts within which nursing takes place . . . require creative and effective leadership from nurses that take into account their changing ecological, cultural, political, and psychosocial aspects.[102]

There would now be an emphasis on contextual and holistic approaches in the nursing education program.

In tandem with this planning, the U of C Faculty of Nursing revisited its "Bachelor of Nursing Program Philosophy" in 2009 to ensure that the philosophy, goals, and objectives of the new program were in keeping with this new holistic approach to the practice of nursing. There was also a recognition of the need to be cognizant of the goals of the University of Calgary and the nursing community in Alberta. In this document, the faculty further noted that the educational preparation of nurses was "mindful of the larger obligation to promote societal health and wellness," and therefore, the faculty was eager to educate nurses prepared to respond effectively and with innovation to advances in health.[103] In so doing, it was understood that all people have the right to manage and direct their own health and health challenges.[104] Furthermore, nursing practice cares for all people as individuals, families, groups, communities, and populations within the larger society.[105] These ideas represent a shift of responsibility from the health-care provider to the patient in which the patient would be more involved in his or her health-care decisions. In keeping with this empowerment philosophy, the contributing authors also noted that

> Health is dependent on a multiplicity of factors and may have many meanings for the client. The capacity of the client to optimize health and well-being is influenced by complex organizational, economic, socio-political, ecological and environmental factors. The field of nursing accepts health as a human right. . . . It is incumbent on the nurse to develop services, resources and environments which influence the health of individuals, communities and populations.[106]

In addition, it was stated that the Faculty of Nursing "believes that nurses have responsibility for research, policy development, health services design, and [a] practice approach that responds to current and future realities."[107]

In creating this new program of education, the Faculty of Nursing recognized "the increasing and profound influence of the environment on the health of clients" and believed that

> The present and future health needs of people with decreasing natural resources and changing ecological environments provide unique opportunities and challenges for nurses to improve quality of life issues and promote access to health care.[108]

To that end, the principles that guided the program involved all contexts in which nursing was practiced, as well as an "understanding of health and health care systems at the local, national, and global level."[109] A strong focus was placed on "incorporating basic and applied sciences, knowledge of key population health issues and determinants of health."[110] Population health involves a consideration and a maximizing of the health of Canadians through the entire range of individual and collective factors and conditions shown to be correlated with health.[111] When approaching clients, graduating nurses would now demonstrate

> strong critical thinking, evidence-based practice orientation, and interprofessional practice skills. They [would] have solid foundation in population health and social determinants of health, family and patient-centered care, and a readiness to begin practice in a wide range of settings as lifelong learners.[112]

This represents a much broader and more holistic approach to patients and clients when compared with what was held to be appropriate educational preparation for the previous nursing students, and, in turn, would clearly benefit the health of Albertans.

The goal of the new educational program was to ensure that students were prepared to meet the needs of twenty-first-century health care "across different practice environments, where nurses work collaboratively with patients, clients and families as well as other professionals."[113]

Furthermore, new graduates were prepared to deal with complexity and would cultivate skills of clinical judgment that would enable them to be flexible and sensitive in the dynamic contexts of health-care delivery and health promotion.

Fundamental to the preparation of nurses was a strong focus on incorporating knowledge of key population health issues and determinants of health experiences that would benefit the health of the community and quality of patient care with an emphasis on an understanding of health and health-care systems.[114] These graduates would also understand the impact of contextual factors (political, economic, social, ecological, and global) and diversity on health and health transitions.[115] U of C Faculty of Nursing graduates would demonstrate a broad knowledge of health promotion and illness prevention among all populations; global knowledge of health-care systems; competent nursing care of all populations across the lifespan based on experience working with the entire health-care team; the promotion of healthy environments; and leadership skills.[116] These goals were entirely in keeping with both the faculty's 2014 vision statement, which concerned "advancing the practice of nursing and promoting human health through research and learning," and its mission statement, which was as follows:

> Our graduates are prepared for leadership through research and nursing practice in varied roles and settings, in local and global contexts, and with diverse populations through integration of nursing education and research. Infused with curiosity and driven by passionate determination. We embrace opportunities for innovation and transform health systems for the future.[117]

In 1996, Ralph Sutherland published a book asking a question in its title--*Will Nurses Call the Shots?* He was concerned primarily with the delivery of health care twenty years into the future. He noted that:

> The functions of an introductory education are to provide a reasonable initial degree of user safety (through the presence of an acceptable initial degree of provider skill and judgment),

> to help new graduates understand and identify with their chosen work and to prepare graduates for life-long learning.[118]

This concept is emphasized throughout the nursing program, and because of this emphasis graduates will be prepared to address the changing health-care needs in a transformed socio-political climate. Therefore, by approaching the client with a broader concept of nursing, the client benefits from the assessment of his or her situation through the multiple lenses of their family, physical and ecological environment, community, and population. This approach ensures the delivery of health care on an individual basis that addresses the client's specific health-care needs.[119] This will contribute to a healthier Albertan in a healthier Alberta, as is demonstrated in the following examples.

On 21 June 2013, Calgary and its surrounding communities along the Bow and Elbow Rivers experienced a disastrous flood that resulted in 100,000 people being forced to leave their homes. This disaster provided nursing students with an opportunity to apply their nursing education to a situation that would require them to draw on their recent learning from nursing at a community as well as population level. Their community practicum placement also focused on transitions across the lifespan and inter-professional practice. Once the University of Calgary had prepared the student residences, 450 evacuees arrived and Vice-Provost (Student Experience) Susan Barker reached out to the Faculties of Nursing, Social Work, and Medicine requesting support for the evacuees.[120] Initially there were 17 nursing student volunteers and 5 Faculty of Nursing members doing wellness checks on the evacuees to identify overall needs. The next day the number of student volunteers grew to 24, with 8 Faculty of Nursing members. Their primary task was to assess needs, develop resource lists, and determine what basic supplies could be obtained for the evacuees. As more and more allied-health volunteers arrived, they looked to the Faculty of Nursing members and students for direction based on their initial assessments.[121] As noted by Gale Rutherford (a faculty member) and her colleagues:

> The initial process of conducting the needs assessment allowed the students and faculty to build trusting relationships with the evacuated residents, many of whom were experiencing

> distress and emotional uncertainty. Using relational communication skills, the nursing students listened to the traumatic stories of the evacuee's experiences. Many of these stories told of devastation and the uncertainty about the status of homes and previous accommodations.[122]

The evacuees represented a diverse population and included families, elderly persons, people with addictions, those living with mental illnesses, and people who were homeless. Informal feedback from the evacuees, other professionals, and volunteers was positive:

> Indeed, the nursing student teams showed leadership in conducting the initial assessment and connecting with people to cultivate a sense of trust, belongingness, and hope. They were courageous in using their abilities and skills; they were able to provide a compassionate, honest, and open approach to support this vulnerable group of people during a crisis.[123]

The Calgary flood created a traumatic situation that provided opportunities for Calgarians to come together to support those affected. It also provided an opportunity for nursing students to learn first-hand the importance and relevance of nursing in a community setting, where all of their knowledge and skills were used to their full extent.[124]

On 4 May 2016, the Alberta government declared a provincial state of emergency for Fort McMurray due to a wildfire that had begun three days earlier and was forcing the largest wildfire evacuation in the history of the province.[125] At the time, it was claimed that "we have successfully evacuated 88,000 people with no reports of injury or casualties so far."[126] The University of Calgary immediately offered full support to the Calgary Emergency Management Agency as well as housing and meals in student residences, shelter and care for animals and pets, a support team from the Faculties of Medicine, Social Work, and Nursing, and volunteers.[127] By 10 May 2016, more than 1,200 displaced residents were on the U of C campus; support was now increased to include staff and students from the Faculty of Nursing and members of the Student Medical Team to work alongside the Departments of Veterinary Medicine, Social Work, Kinesiology, and Medicine.[128] Once evacuees arrived on campus, nursing students were

given the opportunity to witness and participate on multidisciplinary teams as part of their course work during the spring and summer session. As their instructor noted in the U of C's online newsletter *UToday*:

> The nursing students have started going door to door during the day to meet with and offer further support to evacuees. The students together with professionals from Social Work, Psychology, and Medicine are available to assess the current needs of evacuees. They are able to provide basic mental health first aid and refer people to other sources if necessary.[129]

Indeed, Dave Patterson, the instructor involved in this venture, reported that his students provided support to 1,400 displaced residents from Fort McMurray staying on campus. Students form the Faculty of Social Work and a number of nursing instructors joined the effort as well. They were given training in psychological first aid and then sent out in teams to assess the needs of the evacuees. During the time spent working with the displaced people, the nursing-led teams knocked on over 1,600 doors, performed 139 needs assessments, and referred approximately 50 evacuees to other resources and services. The students completed this while continuing to provide psychological first aid to the evacuees. As an added note, on Mother's Day 2016 the students delivered cookies and other treats made by a group of registered nurses and their children.[130]

Conclusion

The history of the U of C Faculty of Nursing is thus a storied journey from apprenticeship bedside care to individualized and specialized health provision. The place of the nurse within the medical landscape has fluctuated significantly throughout the previous half-century.[131] These changes have, in turn, impacted the nursing program and shaped the curriculum focus of nursing students within the Faculty of Nursing. The 1970s ushered in a heightened focus on health promotion and the importance of the patient-nurse relationship, with communication the core feature of nursing studies and practice during this period.[132] This relationship included the occupation of the social spaces between medical diagnosis and patient

care—emphasizing the need for family care and education in health maintenance for healing patients.

As the nursing profession in Alberta solidified into larger unified organizations such as the Alberta Nurse Educators Association, the Faculty of Nursing at the University of Calgary responded with curriculum changes and an increased focus on population health. The concern with the family, which featured heavily in early training and practice, was expanded to include larger factors that likewise impacted health outcomes. Social, political, and economic environments were recognized and included in a comprehensive, systems-focused approach to nursing care.

The expanded nursing program faced many trials in the late 1980s and '90s due to the monetary cuts to the overall health-care system in the province. Spending on nursing care decreased significantly and the previous strides in health-care expansion made in the economic boom of 1970s was halted[133]—and even, in some cases, reversed. It was within this difficult context that the nursing profession reoriented itself within a new health-care system. There was a distinct move toward specialization within the clinical and hospital setting. Additionally, the need for more intensive baccalaureate education in nursing was implemented as a necessary requirement for many positions in the profession.

This increased education—which included hands-on experience in the nursing environment and a broad-based, comprehensive curriculum that included a focus on public health—has since expanded into a diverse and thriving nursing program at the University of Calgary. In recent years, encouraged by the perceived need for a deeper understanding of the social determinants of health, there has been an expansion of research initiatives and graduate programs for nursing students. Additionally, the faculty has taken steps toward culturally comprehensive care and international connections. An associated Faculty of Nursing was established in Doha, Qatar, on the Arabian Peninsula, in 2006, with an undergraduate studies program that is modelled after the one in Calgary.[134] This has ensured that the current faculty is involved in nursing practice on a global scale, while still providing care to local communities and clinics in Alberta. This adaptation and incorporation of the changing landscape of health care across the province, the country, and indeed the world, will continue to define the shape of the U of C Faculty of Nursing as it goes forward into the next half-century.

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