A FRAMEWORK FOR THE NURSING CURRICULUM AT ST. FRANCIS XAVIER UNIVERSITY

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HISTORICAL BACKGROUND

Nursing education began at St. Francis Xavier University in September, 1926, with the purpose, as quoted from the university calendar of that year, "to afford a broader education than is given by a School of Nursing alone, and to equip nurses who desire to fit themselves for teaching and supervision in Schools of Nursing and for public health nursing service." It is interesting to note that the nursing "entity" at the university at the time was called the Department of Nursing and Health. The School of Nursing referred to was the diploma program at St. Martha's School of Nursing. However, as the program developed, the degree was offered to graduates of other diploma schools.

While there were revisions and changes during the first forty years, the degree given was a Bachelor of Science in Nursing with emphasis on the physical-biological sciences and teaching. Most of the early students were preparing themselves for teaching positions in diploma schools of nursing. In the late forties and fifties, an attempt was made to strengthen the clinical content for students preparing for clinical instruction. The present four year basic program leading to a Bachelor of Science in Nursing was introduced in 1966. We have a present enrolment of 90-100 students with a present maximum capacity of 120.

PHILOSOPHICAL AND CONCEPTUAL OVERVIEW

Figure 1 represents the curriculum model and shows the basic concepts — Person, Health, Human Condition — as three interlocking circles. Superimposed on these three circles is an inverted triangle signifying the human life continuum from conception through and beyond death. Development of each of these concepts constitutes the rationale for the existence of nursing with its gradual evolution from a human response of primitive man to his brother in need, to an organized occupation, to profession.
Figure 1. Curriculum Conceptual Model

GENERAL PROFESSIONAL CURRICULUM COMPONENTS
PHILOSOPHY OF NURSING AND NURSING EDUCATION

The hub of this wheel represents the client, which can be a person, a family, or a community. The rim represents a systematic approach to health needs; the spokes, interpersonal dynamic.

Figure 2. Process of Nursing
Year 1. Focus: Personal Health  
Courses: Nursing Component, Biology, Psychology, Philosophy-Theology.

Year II. Focus: Personal, Family, Community Health  
Courses: Nursing Component, Biology, Nutrition, Developmental Psychology.

Year III. Focus: Personal, Family, Situational Crises  
Courses: Nursing Component, Sociology of the Family, Christian Approaches to Human Sexuality, Elective.

Year IV. Focus: Personal Family Situational Crises  
Courses: Nursing Component, Research, two Electives.

Figure 3. Focus and Course Sequence

We believe that persons come to nursing because they have a desire and motivation to establish a helping relationship with people and, in the context of this helping relationship, nursing as a personal service is practiced.

The curriculum, which is said to be value-oriented, is developed from a philosophical statement encompassing Judeo-Christian beliefs and values. The core value is Person, the core concept Human Health, the core problem the need of persons, families and communities to achieve that "state of ease, harmony and integration" which is the essence of our working definition of health. Nursing exists because, in the experiential human condition, persons, families and communities do not enjoy perfect harmony, ease and integration but, in various and sundry ways, experience dis-ease, dis-harmony, dis-integration. The nursing profession has evolved because caring persons have experienced the need to assist persons, families, communities in their search for health, to help them identify and avoid threats to health, to cope with disability, and to prepare for the inevitable human experience of death.

The major goal of the curriculum is to assist the student to become a professionally caring person by acquiring the cognitive, affective, and psychomotor skills subsumed under what we designate as the Process of Nursing. The key elements of this process are represented in Figure 2.

COURSE SEQUENCE AND ARRANGEMENT

Selection of courses and sequence of focus from first to fourth years have been the result of a carefully thought out and deliberate choice. Figure 3 gives an overview of the central focus and requirements in each year. Skills pertinent to the process of nursing are introduced in the first year and developed as the program progresses. In the first year, the student learns specific aspects of data
collection — health history-taking with the appropriate interpersonal component — with application to her healthy peer group or others, e.g. members of family or relatives. In the second year these and additional process skills are applied to the family and different age groups in the community. The student learns to identify and describe the health needs, problems and programs of a given community. In the third and fourth years, the process is extended to persons and families experiencing situational crises. The process of nursing is enhanced in the fourth year by offerings in research methodology which include the carrying out of an actual study, identification of clinical nursing problems, and review of selected clinical studies already done in nursing.

It is to be noted that the nursing curriculum is not composed of nursing courses and “something else.” The four year program constitutes a blend of general and professional courses which are selected to assist the student to experience something of what the various disciplines have to contribute to an understanding of man’s personhood, his development, aspirations, needs and problems. The nursing curriculum hopefully provides an experience which engenders, in the words of John Henry Newman, “a general culture of mind which is the best aid to professional and scientific study” (1).

**EDUCATION AND LEARNING**

It has been noted above that the nursing curriculum at St. Francis Xavier University is value-oriented. A word of clarification is in order. It would seem obvious that there is no such thing as a valueless curriculum. To say that one does not teach or talk about values is already stating a value position. By saying that our curriculum is value-oriented, we mean that we deliberately strive to explore meanings of such expressions and concepts as “the dignity of the human person”, “human life”, “human health”, etc. and to encourage a climate of reflection and study conducive to conscious choices on the part of faculty and students.

We believe that the aim of the educative process is to impart meanings and to enable the student to comprehend values. We believe that education cannot impose values but that it should broaden the student’s field of options and encourage self-investment in that which the student grasps as meaningful. We believe that the student learns what she lives, i.e. thinks, feels, accepts. Therefore, a learning environment which facilitates reflection and where the student is encouraged to search, explore and analyze is regarded as important.

When we identified Person as the core value in the curriculum, we were thinking not only of the person as client but of the person
as student as well. Hopefully, the learning experiences assist the student to grow towards maturity as a professionally caring person. We hope that the student is assisted in this process by learning to esteem and care for herself and also by the caring she experiences in her relationships with peers and concerned and caring faculty.

**SUMMARY**

It is doubtful whether we can say at this point that we have a curriculum which is grounded in or on a theory using the latter in its scientific sense. However, the elements of a theory or theories are clearly there and hopefully operative. Presentation of the theory for adequate testing is another task. The elements of the theory presently in the stage of development are as follows:

- The human person is made to God’s image and likeness. 
  (Judeo-Christian Image Theology)
- The human person’s ultimate purpose bears a relationship to the above belief which cannot be tested in the empirical sense but is seen in the domain of faith (e.g. life and health transcend death).
- The human person, as a body-soul unity, cannot be defined but his meaning can be explored through his history, his present experience, the needs that move him to act, and Judeo-Christian revelation.
- The human person seeks inner harmony, ease and integration (health).
- Within the human condition — the natural habitat of man — man does not experience complete harmony, ease and integration but varying degrees of dis-harmony, dis-ease, dis-integration (the problems of pain, suffering, death).
- Intrinsic to the human person, as revealed by earliest records of primitive man down through the centuries, are the need and capacity for caring.
- The professional practice of nursing has evolved from man’s primitive human response to man in need, to an organized occupation, to a profession with caring as the consistent and unifying variable.
- Individuals choose nursing primarily because they have the desire to help others.
- The professional practice of nursing is the process of professional caring.
- Caring becomes professional when this natural, human quality is nurtured and developed to serve in creative and effective ways through learned skills — cognitive, affective, psychomotor.

**Reference**