

CURRICULAR THEORIES FOR NURSING AS PROCESS

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The University of Windsor, School of Nursing has just completed a curricular revision for its four year generic and three year post-diploma programmes. The integrated programmes are designed to provide the graduate with the skills required by the baccalaureate nurse to assume the responsibility and functions of a nurse practitioner in both primary and secondary care settings with the emphasis on optimal health of individuals, families and communities. The revised four year programme will be implemented in September, 1976; the post-diploma programme in September, 1977.

After an intensive search of the literature, the faculty and students of the School of Nursing adopted Em. O. Bevis' *Curriculum Building in Nursing: A Process* as its curricular revision model. This model through a process or systems approach allows for the generation of a nursing curriculum with a theoretical base.

Briefly, Bevis identifies curriculum building as a process. Process is defined as the core phenomenon of all man's activities and has three characteristics. The first characteristic, the inherent purpose or subjective aim, is what the process accomplishes. The second characteristic, organization, is the series of actions or operations that accomplish the given aim. The third characteristic, infinite creativity, is on-going innovation progressing, advancing or changing in time.

The purpose of curriculum building as a process is to provide learning experiences that will enable students to develop nursing behaviours that promote the greatest possible health for every individual in society. The organization of the curriculum building process is its theoretical framework, that is, the conceptualization and articulation of theories, phenomena and variables relevant to a university's nursing educational system. The infinite creativity of curriculum building is curriculum vivification. Curriculum vivification is the creation of a holistic curriculum through the translation of the theoretical framework into a dynamic curricular design.

The School of Nursing's adopted theoretical framework is comprised of structural and cognitive components. The four structural

components describe the perimeters or context of the School of Nursing. The first component identifies the present and projected societal health problems our graduates will encounter in their nursing practice. The second describes the unique educational environment in which the School of Nursing exists. The third and fourth components document current faculty characteristics and present and projected student characteristics. These are the givens.

The two cognitive components of our theoretical framework are nursing and learning. Theories of nursing and learning have been studied and adopted by the faculty to serve as the theory underlying our revised curriculum. The curricular theory will be discussed separately.

Bevis' theory of nursing was accepted by the faculty and students due to its comprehensiveness and scope for nursing practice. The theory states:

Nursing is a process; its purpose is to promote optimal health through protective, nurtrative and generative activities. These activities are carried out within the intrapersonal system, the interpersonal system and community system.

It should be noted that this theory of nursing is a synthesis of eclectically combined theories. Related theory from the natural, social and medical sciences, as well as humanities and nursing comprise the basis of the nursing theory.

The purpose of the process of nursing is the highest possible level of health or self actualization for each individual. Inherent in this purpose is Martha Rogers' concept of the unitary man and H. L. Dunn's concept of health and disease as levels of wellness whereby a nurse protectively, nurtratively and generatively, in collaboration with individuals, families, groups and communities strives to achieve, maintain or restore health.

Systems theory, more specifically systems analysis, has been employed to identify three desired nursing behaviours that promote high-level wellness, optimal health. These three kinds of nursing behaviours: protective, nurtrative and generative behaviours have been adopted from Leavell and Clark. The behaviours are not sequential but can occur simultaneously or separately.

Protective nursing behaviours are nursing measures that maintain and promote health. Nurtrative behaviours are nursing measures that are therapeutic, curative and comfortive, while generative behaviours are nursing measures that are innovative, productive and/or rehabilitative.

The second characteristic of nursing as a process is its organization, that is, an analysis of activities or subsystems necessary to achieve optimal health or self actualization. Three subsystems have been identified: the intrapersonal systems, the interpersonal systems and the community systems.

The intrapersonal system, man as a single unit, is the target of desired nursing behaviours that promote optimal functioning of all internal biochemical and life processes, all biological growth process and individual personality formation.

The second system, the interpersonal, entails those nursing activities that promote optimal functioning of two or more people to include the nurse and client, other health professionals, the client-family and surrogate families.

The community system, a group of people having common organization and mutual interest, is the target of nursing behaviours that promote optimal functioning of communities. Nurses engage in activities which involve working with health care systems, governmental agencies and citizens groups.

Finally, the third characteristic of nursing as a process is its innovation or creativity. Theories have been selected from various fields of study resulting in a synthesis of life processes which, when utilized in nursing practice, promote optimal health for the individual, family and/or community. The creative element of nursing as a process consists of six innovative subsystems or processes.

The stress-adaptation process is based on Engel's view of stress and strain. Nursing's responsibility is to prevent stress, promote adaptation and care for patients exhibiting strain.

A second process, the decision-making process, has been adopted from McDonald's problem solving theory. Problem solving is the key process in the innovative component of nursing.

The communicating process has been synthesized from Ruesch's general theory of communication. This process includes communication for the intrapersonal, interpersonal and community systems which the nurse utilizes as an individual, professional and a citizen.

Learning as a process has been based on propositions derived from associationism and Gestalt-field theories. Learning promotes self actualization through the utilization of the environment to fulfill individuals' needs at any given time.

The human development process has been adapted from J. C. Powell's human development model. This model had been generated from theories of Erikson, Havighurst, Maslow, Carlton and Piaget. Developmental status influences nursing care because health-wellness

and nursing care encourage or inhibit development as it moves through progressive stages.

The change process is a process of organizational structure and management and a process of adaptation and problem solving. Change propositions have been drawn from Bennis. Nurses through participation and collaboration need to respond to health care delivery system needs with a deliberate change in methods of coping with health problems.

The theories underlying learning, the second cognitive component of the theoretical framework, will be identified. Two theories comprise the synthesized learning process: associationism and Gestalt-field theory. The Yale Learning theory of behaviourists states that learning behaviours are results of a drive or need to attain a goal or solve a problem. Gestalt-field theory maintains that learning is a matter of understanding relationships within a total field or area.

It should be kept in mind that such an eclectic approach to learning allowed the School of Nursing to choose from both schools of thought rather than select one theory or the other.

Upon completion of the theoretical framework, the faculty and students began curriculum vivification with the selection of a curricular model. The nursing process was selected as a model that would enable learning activities relevant to identified societal health problems and appropriate to student needs to be organized by process.

The nursing process as a curricular model is supported by an organizational content model in which core nursing courses for all levels of the programme are levelled and contain information input courses and simulated practice activity and clinical practicum. Students will use the nursing process in all clinical experiences with individuals, families and communities in both primary and secondary care settings.

At this time, the School of Nursing faculty is developing individual courses for implementation and evaluation.

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