

HOLISTIC NURSING: A BASIS FOR CURRICULUM

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Dissatisfaction with the basis of curriculum designs in use, and movement of nursing education from hospitals into educational settings have led schools of nursing to experiment with their curricula. The former emphasis on diseases or conditions which patients suffer is being replaced by interest in how people function in health and illness both as individuals and members of communities. The new emphasis is brought out in various ways. One curriculum plan focuses on the kind of health care required; short term, acute care or care over a long period of time. Another concentrates on the nursing process, defining the specific care problem and seeking a solution or solutions for it(1). Still another centers around the adaptive capacity of the person when faced with challenges to his current adaptation(2). We found the following approach to curriculum design, based on Myra Levine's theory of holistic nursing, useful in a two year college nursing program. The merit of using this theory is that it provides a comprehensive yet easily understood way of looking at human response to challenges to its well-being.

Levine's theory of holistic nursing, stated in the 1960's, is that people respond physically, psychologically, and socially to changes in themselves and in their environment. While this statement is not new, her division of the individual's complex response so it can be examined and used as a basis for nursing care is unique. Levine outlined four principles which are useful in planning and implementing care. These are the individual's need for energy and for structural, personal and social integrity. The principles are called conservation principles because care is centered around the preservation of personal well-being. In the holistic approach, the goal of nursing intervention is to preserve the basic entirety of the person. In addition, a thorough reading of Levine suggests that nurses need not just help a person maintain the status quo in his adaptation to life if that adaptation is less than optimum. Levine also sees the conservation principles as guiding care so it is "kept together with" the patient's ability to participate in his care(3).

One of the positive features of using the holistic theory as a basis for a curriculum is that it not only divides nursing knowledge into comprehensible units but also provides a philosophy for care. The

philosophy growing out of this theory is that nurses work with patients in helping them preserve their personal well-being. Another positive feature of this approach is that it provides an outline for examining an individual's response to changes in his situation. When planning care the student can consider the person's condition, whether stable or changing, in light of his energy supply and his structural, personal, and social integrity. A further feature of the holistic theory is that the four principles offer a specific outline for nursing intervention. Before and during the time care is given the student must consider the sources of a person's energy and how he is using it. In thinking of a person's structural integrity, she must look at ways in which the body is threatened and how best to preserve its wholeness. Any change is a challenge to some degree to a person's idea of himself; this fact must be remembered when giving care. Nurses must also remember that each person is a member of a family and community; these may provide additional sources of strain or help. As long as one recognizes that none of the four areas considered in the conservation principles exists in isolation, one can give attention to each in turn noting how it contributes to maintaining a whole person.

The two year nursing program based on this approach to nursing is divided into six terms. The first two terms of each year are thirteen weeks long, the third terms eight weeks.

FIRST YEAR

In the first two terms the emphasis is on health; what the person needs to maintain health and cope with challenges to it. The emphasis changes the third term and throughout the rest of the course to what happens when the person is unable to cope with threats to his wholeness and how nursing care can assist in a return to health. Consideration is also given to helping patients cope with a changed life situation and find meaning in life or death.

The nursing course begins with an examination of negative feedback systems and homeostasis, the basic concept of the holistic theory. It is pointed out that society includes three groups whose maintenance of homeostasis is more precarious than the young adult's. The pregnant woman, the infant-child, and the elderly provide threads for discussion throughout the two years. Levine's theory of holistic nursing is introduced during the first weeks of the nursing course and the four conservation principles are discussed. The next step is an acknowledgement that while an energy supply and structural, personal and social integrity are all necessary and operate together, each is a process in its own right and can be studied.

The remainder of the first two terms is spent studying how a person's entirety is maintained by the processes included in each of the conservation principles. The processes which assist the individual in conserving structural integrity are the focus of the first learning experiences. Being physical, this principle is probably the easiest to comprehend and also the basis for many of the bedside nursing skills. The unit is based on the concept that the body has structural and physiological defenses by which it seeks to maintain its integrity. The nursing knowledge and skills stressed are those related to support for structural defenses, e.g. skin care and body mechanics, and support for physiological defenses, e.g. asepsis.

The maintenance of social integrity is discussed next, with the role of the family unit as the center of consideration. The basic concepts of this unit are that environment influences perception and that reproduction is both a physiological and sociological event. The normal obstetrics patient is the model used with time spent on the role of the family in a child's growth and development. Nursing skills related to obstetrics are stressed.

Conservation of energy is the third unit. The concept that the body must obtain rest and sufficient materials required by the cells in order to continue normal functioning is the basis of this unit. The focus is on nursing knowledge and skills related to nutrient and oxygen requirements, elimination and disbursement of energy. Pharmacology is more apparent in this unit than in the others as many drugs influence the supply and use of energy.

Maintaining an individual's personal integrity is the last unit. The unit is based on the concepts that people express their self-image through relatively consistent patterns of behavior, and the nurse must have adequate coping mechanisms so she can better understand and help others. By this time the student has usually overcome her initial self absorption in the clinical area and is ready to begin investigating specific ways of helping the patient preserve his identity. Because of the philosophy of nursing inherent in the holistic theory, the nurse-patient relationship is part of every unit and the student is assisted as needed to develop her ability to relate to others. The fact that the nurse works with the patient towards maintaining health is also stressed.

Objectives were defined for the first two terms and learning experiences arranged with each unit to assist the student in achieving them. A lab book was devised which outlined specific objectives and projects the student should or could do. This helped students, teachers, and people in health agencies coordinate their work.

Learning experiences in the third term center on the spectrum of health. This provides a transition from an emphasis on maintaining health to ways of assisting people whose wholeness has been impaired. Objectives were developed to aid in this change of focus. The basic pathological processes are introduced in this term as are the concepts and techniques of rehabilitation. Knowledge of the basic pathological processes helps the student understand how the body defenses have been breached. The concepts and techniques of rehabilitation provide her with additional tools in giving nursing care to a person who has been unable to cope with a threat to his wholeness.

SECOND YEAR

The emphasis during the first two terms of the second year is on the nurse's role in crisis intervention and assisting people in regaining their health. The three vulnerable groups in society, the pregnant woman, the infant-child, and the elderly, are developed into "model patients." Classroom and clinical experiences are coordinated by the use of learning packages which state specific objectives and outline projects which should or may be done.

The unit "Threats to Personal Integrity" is based on the concepts that changes in body image affect an individual's concept of self, and that acceptance of an individual involves knowing that his behavior has meaning, a cause, and serves a purpose. The models are a child in crisis — separation anxiety of a five year old female, middle child admitted to the hospital with milk allergy — and a twenty-eight year old single female with ulcerative colitis which results in an ileostomy.

Unit II, "Threats to Structural Integrity," is based on the concept that a break-down in structural and physiological defense mechanisms threatens life. The model for this unit is a twenty-six year old gravida two, para one, Rh negative mother who delivers a premature infant with symptoms of erythroblastosis fetalis.

"Threats to the Supply of Energy" is based on the concepts that improper balance between rest and activity disrupts the supply of energy, and disruption in the supply of oxygen and nutrients and in the removal of end products of metabolism will result in a disruption of homeostasis. A man in his early sixties with emphysema and an eight year old boy with diabetes are the models.

The unit "Threats to Social Integrity" is based on the concepts that deviation from societal norms threatens the individual's acceptance by others, and that society is responsible for providing resources to assist the individual to integrate when he is unable to do so himself. The models here are a thirty year old mother with multiple sclerosis and a nineteen year old exhibitionist.

The last term focuses on the meaning and role of nursing as a profession. The students have experience working all shifts and assuming leadership positions. Guidance is given as needed in helping the students integrate and apply their knowledge at the bedside. Time is also given to considering the role and responsibilities of nurses as an organized group in the field of health care and in society.

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The main challenge of this curriculum design is its integration of the traditional areas of nursing and its possibilities for coordination with the sciences. Teachers in each traditional area of nursing must work very closely together in planning and implementing the course. The holistic approach requires teachers to consider their specialized knowledge in new ways and be open to new ideas. In places where biology is taught outside the nursing department, special effort must be made to coordinate anatomy and physiology with the first year nursing course. The second year nursing course is best taught with a companion pathophysiology course. Normal growth and development is seen taught by a psychology teacher so as to coordinate with the first year of the nursing course. The tasks of integration and coordination are not impossible and may prove to be exciting.

There are four main strengths in using Levine's theory of holistic nursing as the basis for curriculum design. Firstly, it is natural to include community health agencies throughout the program as all these agencies seek to help people maintain or regain well-being. Secondly, it provides a philosophy of nursing which can be easily carried from the beginning of the course to the end. Thirdly, this approach is relatively free from jargon. Time does not have to be spent teaching students a special vocabulary. Finally, the four principles of conservation provide a means of examining a person's response to change without dividing that response into so many pieces that one loses sight of the essential unity of the person.

REFERENCES

1. Mary T. Harms & Frederick J. McDonald, "A New Curriculum Design," *Nursing Outlook*, Vol. 14, No. 9, (September, 1966), 50-53.
2. Sister Callista Roy, "Adaptation: Implications for Curriculum Change," *Nursing Outlook*, Vol. 21, No. 3, (March, 1973), 163-168.
3. Myra E. Levine, "The Four Conservation Principles of Nursing," *Nursing Forum*, Vol. VI, No. 1, (1967), 45-59.

AUTHOR'S POSTSCRIPT

The Committee on Nursing Papers wrote to Ms Lindstrom, asking: "What difficulties were experienced in implementing the curricular model, and how were these met? Was the experience evaluated in any way? How were the basic concepts interpreted, learned and incorporated by the faculty? Have you acquired any data on the process of implementation of this curriculum at Selkirk College?" The author responds:

Difficulties we experienced are suggested in the second paragraph of page 10 of the paper. We had one faculty member who could not see her specialty area integrated and continued to teach it as a specialty. This we dealt with by trying to integrate the concepts of the program and the content as she taught it in tutorial groups and continued in faculty discussions to try to share ideas. The faculty member being discussed left the program in late fall for health reasons so the problem didn't continue for a long period of time.

During the time I was at Selkirk we added three new faculty people. We made the articles written by Myra Levine available to them and had formal and informal discussions about her ideas. I made notes during the time the curriculum was being developed which I made available to those who wanted to read them. All of us had the philosophy that the person who happened to be our patient/client was the focus of care, and assessment, communication skills and technical skills were to be used to help the person. We all came to feel that this curriculum model kept the person of the patient/client as the focus so that students gained a patient centered philosophy of care not only by direct teaching but by example as well. Two of the faculty who came after the curriculum model was fairly complete and being implemented in year one, were the ones who did much of the work for year two.

I have no recent data on the process of implementing this curriculum at Selkirk. I left Selkirk a year after the curriculum was implemented because of my husband's job. A year later all the other faculty who were involved originally with the curriculum had also left Selkirk for reasons unrelated to the strength of the curriculum. (There were five of us on faculty). While I was at Selkirk the education consultant of the R.N.A.B.C. expressed a great deal of interest in and support for our curriculum. The students used the concepts with understanding. One graduate got involved in helping the hospital where she worked develop nursing care plans incorporating the concepts of the curriculum.

I regret not being able to stay at Selkirk long enough to really evaluate the curriculum. I see this as a weakness in putting forth

the idea that this is a valid and valuable curriculum model. However, my year using another curriculum model and working with a large faculty has reinforced my feeling that the conservation principles of Levine's holistic nursing theory are a sound basis for a curriculum.

NURSING ROLES: A BASIS FOR CURRICULUM

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IN RESPONSE TO "HOLISTIC NURSING: A BASIS FOR CURRICULUM"

The focus in nursing curricula has indeed been changing over the years — from the basic sciences and medical specialties through categories of illness to the patient with the illness, and recently, to a client in health or illness. With each step there has been more emphasis on the theory of nursing practice. Lindstrom describes a programme which uses Levine's holistic theory as an outline for nursing intervention. The curriculum is based on the client and his needs. Our faculty is presently involved in an effort to base a curriculum on what nursing is itself, or nursing roles, rather than on the client. The nursing roles offer a progressive, comprehensible pattern for learning. Also they help the student identify the role of the baccalaureate graduate compared with other levels of nursing personnel.

The student-faculty curriculum committee defined to its satisfaction seven roles involved in nursing — comforting, preventing trauma, providing therapy, teaching, counselling, collaborating and advocating. The students learn to nurse by practicing these roles in increasingly difficult situations as they progress through the programme. In view of the relevant theory, the numbers of people involved, and the usual circumstances the roles themselves become increasingly complex. Therefore, in the first year the emphasis is on learning to provide comfort and prevent trauma for individuals. The students expand their nursing in the second year to include the provision of therapy and some teaching of individuals and their families. Further knowledge of family dynamics and an introduction to group work form the basis for teaching and counselling in the third year. In the final year the roles of the nurse as collaborator and advocate are developed.

Any role may be complex and require a high degree of expertise in certain situations. Comforting a distraught parent whose child is dying, protecting patients from psychological trauma in an intensive care unit, or carrying out therapeutic measures such as hyperalimentation are examples of high level functioning in "beginning" roles. Also