

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.

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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

the roles overlap in many situations: teaching will frequently provide psychological comfort; giving thorough hygienic care is comforting and protecting; and providing therapy may involve collaborating with other members of the health team or advocating on the clients' behalf. However the anticipated approach in their use as a curriculum framework is to discuss the theory pertinent to a given role in a given year. Opportunities would be provided to practice this role and those previously learned, and through the years the practice situations would become more complex.

In each role the students learn to assess the whole situation, with guidance initially, but with greater independence as skills of observation and communication improve and as knowledge as a base for interpretation of observations increases. Students are responsible for planning with their clients the nursing action to follow the assessment, be it a "simple" comforting action such as a back rub or a complicated action of collaborating with several health agencies to ensure continuity of care. They are also responsible for carrying out their nursing plan and evaluating the results. The nursing process is therefore a unifying thread throughout the curriculum.

Also during the four years the students add to their understanding of the factors influencing the client and his response to illness and health care. Since the client is the central focus of all nursing roles, factors affecting him constitute further curriculum threads running through the programme. They include his ability to meet his own basic needs as a result of his stage of growth and development, his degree of stress and ability to adapt, his level of health or severity of illness, and his situation in the health system.

Lindstrom says that students need nursing knowledge divided into comprehensible units. Levine's holistic theory as a way of looking at basic human needs is sound and integrative. As a curriculum framework perhaps it is too integrative. When nursing students do not have manageable units of learning they tend to become bewildered and to latch on to the medical specialties as "parts" of nursing. The writer believes that the nursing roles presented are "parts" of nursing that can be discussed and practised with a degree of discreteness. They constitute comprehensible units for students to grasp. They also help students see what their role as baccalaureate graduates will be. For these reasons they seem to offer a desirable base for the curriculum of a four-year programme.