DEVELOPING A CONCEPTUAL FRAMEWORK

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"If core curriculum is not clear in theory it is difficult to develop it in practice."**

In 1968, the University of Toronto Faculty of Nursing introduced a curriculum having as its major premise the notion of a central core of nursing (Wilson, 1973). At that time core was defined as "that body of nursing knowledge and skills which can be applied in any nursing situation" (Wilson, 1973). This approach to nursing was reflected in a curriculum structure which focused on *nursing* and its practice rather than on the different clinical divisions.

As the curriculum was implemented it became apparent that the general approach was workable, that there were particular areas of strength, such as the teaching and research threads, but that the major component, the assessing, planning, giving, and evaluating thread was presenting difficulties. Faculty were expressing concerns in a variety of ways. Among the problems identified were the following: Core content was topical rather than consisting of key concepts which were pervasive throughout the four years; and various definitions and interpretations of core were serving as guides to the teaching of nursing. As a result of these two major difficulties the notion of a central core of nursing with clinical application was never quite perfected.

Ausubel (1968) holds that the question of how knowledge can be transmitted in such a form that it can be retained and applied in clinical problem solving over long periods of time is a central problem of medical education. To facilitate retention and transfer, Ausubel suggests that the basic organizing concepts of a given discipline should be identified and used as the basis of the curriculum. In nursing as in medicine, it seems that transfer would be enhanced if

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**M. J. Wilson, "An overview of the New Basic Curriculum." *Nursing Papers*, 1973, 5(1), 5-14. This issue comprises a detailed description of the curriculum of the University of Toronto Faculty of Nursing.

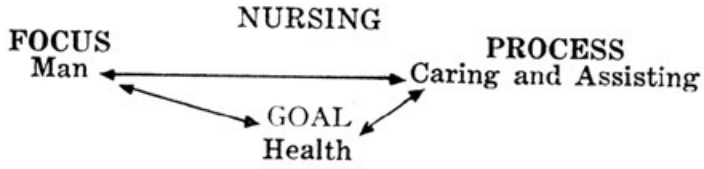

Figure 1

such central concepts and related principles constituted the major components of curriculum content and directed problem solving in clinical practice. There is, indeed, evidence that transfer obtained through the application of generalizations or principles learned in one situation to a second situation is faciliated (Haselrud & Meyers, 1958; Hendrikson & Schroeder, 1941; Judd, 1908; Overing & Travers, 1966). Such a cognitive view of transfer (Ausubel, 1968; Bruner, 1965) is consistent with the philosophy of the University of Toronto Faculty of Nursing.

A review of the expectations (Wilson, 1973) for each year assisted in isolating the problem more precisely. It was agreed that although content and process were well defined in other threads, this was not so with the thread of assessing, planning, giving, and evaluating care. It was also agreed that there was, in fact, a need for a framework of concepts which would constitute the main elements of core content for the curriculum. Once this consensus had been reached the faculty set about to develop a conceptual framework which would be consistent with the philosophy of, and the assumptions regarding nursing (the assumptions developed when the curriculum was undergoing revision were reviewed and, where necessary, amended).

Since to begin work it was necessary to have a common frame of reference, the initial step was the definition of essential terms. Three critical terms, among those selected, were core, concept, and principle. These were defined as follows:

Core — Key concepts and principles relevant to all nursing.

Concept — an abstraction categorizing events or objects according to their criterial attributes.

Principle — a statement relating two or more concepts which has wide applicability as a result of testing.

Using the elements of a conceptual framework as outlined by Conley (1973) the focus, process and goal of nursing were identified. The relationship between man (the focus), caring and assisting (the process) and health (the goal) are illustrated in Figure 1.

Table I: Concepts, Assumptions and Implications for Nursing

Key Concepts	Assumptions about Man	Implications for Nursing	Basic Assumptions Regarding Nursing
1. Wholeness	Is a whole composed of parts, but is more than and different from the sum of the parts.	Man's response always reflects his unitary and unique nature.	Nursing is concerned with the total individual, but it is recognized that at various times the focus may be on particular aspects of the individual or his environment.
2. Cognitive — affective	Is a cognitive — affective being. Has a belief system. Makes judgments and decisions.	Thought and feeling are reflected in each response.	The patient has a right to participate in planning and carrying out his own care.
3. Life process	Man develops sequentially from birth to death.	Potential for development is always present.	The practice of nursing involves caring for individuals, families and groups and assisting them to achieve health. This process includes restoration to or promotion of health, prevention of disease and deformity, care and rehabilitation of the sick and support of the dying.
4. Life style	Previous man-environment interactions influence subsequent pattern and organization.	Man has a characteristic manner in which he conducts his existence.	The nurse's capacity to understand and work with others is affected by her attitudes, her understandings of herself, and the realization that all behaviour is meaningful.
5. Reciprocal interaction Change Energy	Is in reciprocal interaction with environment. Is always changing. Is an energy field.	Man has a complementary relationship with people and events.	Nursing is concerned with the response to individuals, families or groups to people and events.
6. Pattern & Organization	Maintains pattern and organization amid change.	Man sometimes needs assistance in dealing with threats to his integrity.	A problem solving approach is used in assisting man to deal with threats to his integrity.

It was felt that the goal of the process of caring for and assisting man, should also be clearly defined. Health therefore was defined as "a relative state in which the individual maintains optimum pattern and organization amid constant change." As with other definitions for this framework, the definition of health is not intended to and could not stand alone (as, for example, the W.H.O. definition of health). It, along with the key concepts, assumptions and so on, must be viewed in the context of the total.

The next step was to isolate from among those already included in the nursing courses, those over-riding concepts and related assumptions regarding the focus of nursing — man. These would constitute the framework of the nursing content and along with the implications for nursing and some key assumptions regarding nursing are shown in Table I. Beliefs regarding nursing which flow from our philosophy will shape the further extension and development of the framework.

To illustrate both the process by which concepts were identified and how they will direct teaching, practice and research, we have selected the concept "cognitive-affective".

As staff searched for a concept which would convey the knowing, reasoning and feeling attributes of man, terms such as rationality, emotionality, spirituality, perception and thinking were examined. In the end, 'Cognitive Affective' was chosen as a concept which would be inclusive of our meaning for all of these terms. The related assumptions for this concept, and the implications for nursing were then developed.

The theoretical content, its clinical application and teaching strategies used will need to reflect the notion that man makes judgments and decisions and therefore, has the capacity to collaborate in his care. His choices regarding health and his care will be affected by his belief system, his feelings and his perceptions of the total situation.

In the area of research this particular concept should generate inquiry into how to enlist man's involvement in attaining optimal health, as opposed to an approach which emphasizes compliance.

The philosophy of the Faculty of Nursing is basic to both the undergraduate and graduate programmes, therefore, the notion of core is not considered to be unique to the basic curriculum. The first step in implementation of core as now conceived has in fact been taken in the graduate programme. Objectives and related content for each of the key concepts have been developed, and in the coming academic year students from the three clinical speciality areas will be meeting

together with faculty for core classes. The objectives for and the content to be presented in the core classes is outlined in Table II. This application of core will provide a means of evaluating the framework.

In the undergraduate programme work is continuing in relation to delineating the sub-concepts and progressively differentiating these in terms of specificity (Ausubel, 1968). Such refinement will be a continuing process as the model evolves. As Bevis (1973) has indicated "the theoretical framework becomes a dynamic document, not carved in marble, but always tentative and provisional". As it evolves, its usefulness will be constantly assessed. "Formulating a theoretical framework is merely an intellectual exercise if it is not used as a source for deriving criteria for content, teaching methods,

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Table II: Objectives and Related Content for each Key Concept

Objectives	Suggested Content
WHOLENESS	
1. Analyzes the concept of wholeness.	Concepts of wholeness and uniqueness.
	Scale of observation.
2. Understands the unitary and unique nature of man.	Barriers to perceiving wholeness.
3. Synthesizes the data regarding the parts of man that comprise this unity.	
PATTERN AND ORGANIZATION	
1. Understands the cyclical nature of man's patterns (e.g. diurnal, biochemical, etc.)	Conceptions of pattern and organization related to man. Examination of particulars versus examination of wholeness.
2. Understands that man maintains pattern and organization amid change (homeokinesis).	Perspectives of time.
3. Understands that the structure and function of man has pattern.	Diurnal rhythms. Biochemical rhythms.
4. Recognizes that different scale of observation is needed when examining a pattern than the particulars within a pattern.	
5. Assesses an individual's unique pattern.	
6. Plans nursing interventions which will promote organization in repatterning.	

Table II (continued)

COGNITIVE — AFFECTIVE	
1. Understands the cognitive-affective components of man and their relationship.	Interaction between thought and feeling. Man's belief systems (ethical, cultural and moral values) and implications for nursing.
2. Comprehends the principle that the cognitive-affective characteristic of man is a crucial factor in promoting care.	Definition of health as high-level wellness. Potential modifiers of health. Meaning of health to the individual — perception of health and man's participation in his care (choice). Lalonde's health field concept and related ideas.
3. Values scholarly and scientific methods as an inherent part of professional identity.	Inquiry methods — problem solving. Use of scientific evidence in implementing care.
LIFE PROCESS and LIFE STYLE	
1. Evaluates the sequential development of man from conception through death in order to plan nursing intervention.	Developmental process of individuals, families and communities (including genetics). Crisis. Loss (including integrity, body image, death).
2. Recognizes that the life process of the species as well as that of the individual is influenced by multiple factors (e.g. technological advances; population mobility).	Societal changes that influence the life process (including health care legislation).
3. Recognizes that an individual at any given moment is the expression of the total events that have occurred in his life process.	Man as part of all that he has met — implications of this to nursing care. Quality of care. Effect of life experiences — life style.
4. Understands the developing complexity in the repertoire of man/-environment interactions.	
5. Facilitates the potentialities for constructive change in the individual's life process.	Theories of change and their implications for nursing.
RECIPROCAL INTERACTION, CHANGE AND ENERGY	
1. Analyzes the concepts of change and energy as inherent in interaction.	Concepts of change, of energy and of interaction. Adaptation theories — assimilation and accommodation. Open systems — dyads, triads and mass.
2. Evaluates interaction in complex groups.	Groups process concepts (conflict, power, status).
3. Recognizes the uniqueness of individuals and of groups in any interaction.	Communication.

evaluation methods, and human relationships", (Bevis, 1973). As a University school of nursing we would include 'research' in this list; the degree to which the framework stimulates and guides research will also be a criterion of its usefulness.

Authors' postscript

As the article indicates, refinement of the conceptual framework is a continuing process. As work has continued, the overlap between the definition of health, and assumption relating to pattern and organization has been noted. Our work is presently focused on this and other problem areas.

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