THE PRACTICAL ASPECTS OF USING A CONCEPTUAL FRAMEWORK

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The Faculty of Nursing at the University of New Brunswick developed a new curriculum for implementation in September 1976. The design evolved slowly, being modified as discussions went on. The purpose of this paper is to present the conceptual framework incorporating concepts and theories believed to be significant, the model which grow out of this, and the curriculum which used the model.

BACKGROUND

Several years ago a committee of the total faculty and an equal number of students was formed for the purpose of looking at the curriculum in detail and making recommendations for change if necessary. The group examined the philosophy and derived a paper which, while concise, included the basic beliefs of Katherine MacLaggan, the founder of the school. Key points included the value of the individual in a changing world, the characteristics of nursing and its place in the world, and the education of nurses with a potential for leadership in a future world.

Although the committee has changed over the years and task groups have studied particular aspects, it remains a student-faculty committee. Further beliefs about the individual as he or she enters the programme, completes it and begins to practice nursing were identified. Beliefs about the patient or client as the central figure in nursing were expanded. Beliefs about what nursing itself is and will be in the future, were examined. Terminal objectives and level objectives leading to them were identified. Throughout these discussions certain concepts and theories kept reappearing and became the central issues around which the conceptual framework developed.

THE CONCEPTS AND THEORIES

The basic needs of people in health or illness and nursing as a professional approach to help people meet these needs became the focal points. Therefore studies about people and their relationships with each other were important to consider. Theories concerning basic needs and theories of development would be significant in giving students insight into themselves and their clients. An understanding of the principles of adaptation and crisis theory would be useful in

recognizing the protean nature of health and the effect of illness on one's ability to meet one's own needs. It was agreed that the approach should be broad, with an emphasis on discussion and comparison of different theories.

The basis for understanding interpersonal relationships, particularly nurse-client relationships, should be broad as well. We believed it should include consideration of the behavioural studies which have led to theories of role, change, communication, teaching, and learning. The study of social institutions and collective behaviour would be important, especially study of the family and small group dynamics.

There was no question as to the complexity of the situation or the need for a multifaceted approach. The major question concerned the correlation of factors in the practice of nursing itself. Everyone knew what nursing was! How to teach it cohesively and meaningfully was the issue. The faculty believed that to be adaptable in an unknown future students must learn to problem-solve. They must learn to collect data, analyze situations, identify problems, plan and carry out solutions, and evaluate the results. To learn this approach students would have to have opportunities to practise it. Therefore the nursing process was to have a significant place in the new curriculum.

The faculty believed that the implementation of nursing involved carrying out a number of different roles, which reemphasized the need for an understanding of role theory. The roles were identified and defined as follows:

1. *Comforting:* relieving or minimizing existing physical and/or psychological distress associated with any deviation from the optimal condition in a given situation.

2. *Preventing trauma:* forestalling possible psychological or physiological trauma on both an immediate and long term basis.

3. *Providing therapy:* implementing specific treatment (to relieve a physical or psychological condition) based upon:
   (a) nursing judgment
   (b) medical direction,
   (c) direction from other members of the health team, as respiratory therapists, nutritionists, social workers

4. *Teaching:* incidental or formal imparting of knowledge related to the provision of personal or family health care to individuals and small groups, with the assistance of media and through demonstration when appropriate.

5. *Counselling:* a learning-oriented process carried on in a one-to-one or small group relationship in which a counselor seeks to assist the client or clients, by methods appropriate to the latter's health-related needs, to learn more about himself (themselves) and to learn how to put such understanding into effect.

6. *Collaborating:* contributing to the implementation of the total plan of health care by:
   (a) involving the client and family,
   (b) coordinating the activities of the nursing team,
   (c) cooperating with other members of the health team.

7. *Advocating:* acting or interceding on behalf of clients with unmet health needs through:
   (a) making known to them available resources and how to procure and use these
   (b) speaking for them to appropriate persons or agencies
   (c) calling attention to inadequacies in available care.

Another variable to be considered regarding nursing intervention was the complexity of the interaction, the numbers of people and factors involved. This would be dependent on the setting and circumstances but increasing numbers would tend to make the interaction more complex.

THE CONCEPTUAL FRAMEWORK

The discussions led to the formation of a framework for the overall programme. As decisions were made about each proposed "piece" of the framework, each concept or thread was examined for potential usefulness in designing an integrated curriculum according to the criteria described in literature and summarized in the foregoing article by Dr. Graham. The nursing process is the basis for a problem-solving approach to be considered throughout the four years (see Figure 1).

The individual needs would be studied as basic human needs. Maslow's hierarchy of needs was modified and the basic needs were identified as metabolic health, physical and psychological comfort, freedom from trauma, physical and psychosocial mobility and development of potential. The client's ability to meet his own needs is altered by his stage of growth and development, the severity of stress, and degree of adaptation. The latter determines the person's place on a health- illness continuum. Also involved in assessing and meeting client needs is knowledge of the ways in which health care can or might be provided; this was identified as the health system.

Planning for and implementing nursing care involves different roles and transactions. The roles which have been defined above become increasingly complex. The transactions also become more involved as they include relationships on a one-to-one basis, those involving physical resources of the environment such as the use of equipment, those with the client's family and significant others, those with the health team, and those with groups in the wider community. The evaluative process comprises a reassessment based on new data.

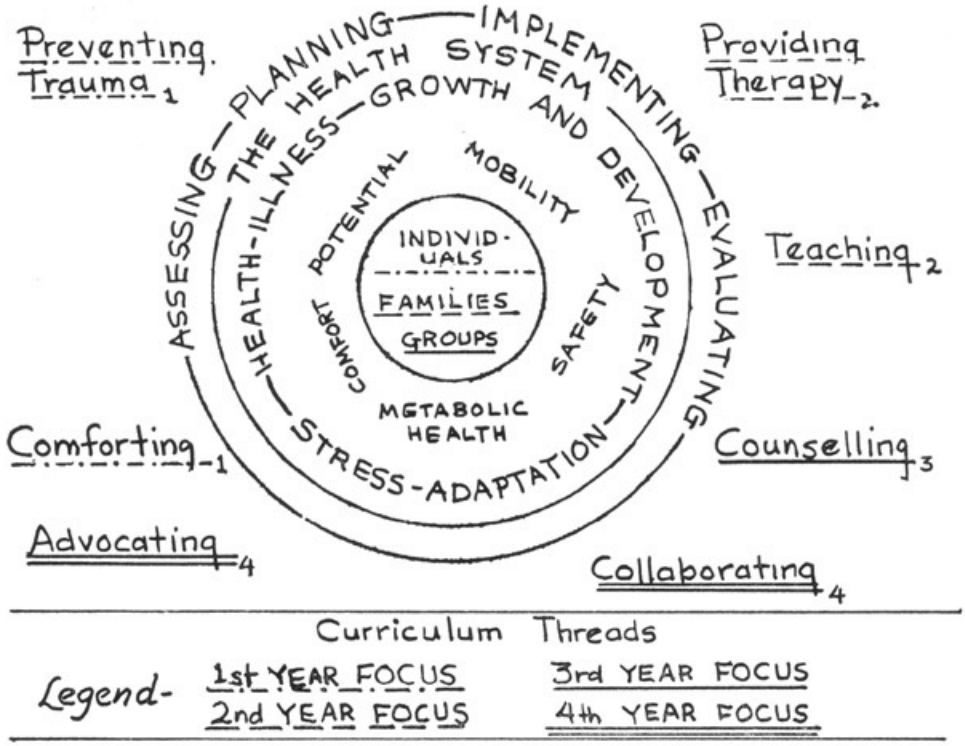

Fig. 1. Conceptual Framework Demonstrating the Correlation of Concepts

It includes not only evaluation of a nursing action but appraisal of total situations, practices, and performance.

The faculty gradually developed an understanding of the concepts and theories which were to provide the foundation for the curriculum. The relationships between these were being clarified by discussing the framework. The sequential arrangement for a four-year programme was outlined (see Figure 2).

A MODEL FOR CONTENT

The group still had difficulty "seeing" a curriculum. We were looking at the framework in our own separate ways. This seemed to be a result of our traditional and clinical backgrounds: the pediatric nursing instructors could see planning content around growth and development, the medical-surgical instructors could visualize content developing from basic needs, the community nursing teachers focussed on interactions, and so on. We were talking together but our thoughts were diverging.

The nursing process provided a cohesive approach but as a course of action it is circular and on-going. It did not seem appropriate to plan content around the study of one phase without going on to the next and following through the process as a whole. We went back to the client as the central focus and agreed that all factors significant to his health were significant to nursing him, but in different degrees. We began developing a model (see Figure 3) which led us back to the nursing roles. We were beginning to get our answer. The roles become increasingly complex in themselves, and although they cannot be separated entirely they do lend themselves to discussion as discrete processes. Content based on the seven roles could be visualized. It was meaningful to both students and faculty.

The initial emphasis in the programme is on the healthy individual: the client and the nurse. Discussion of the concept of health, theories of adaptation, and an introduction to healthy growth and development provide the basis for the first nursing course. Support courses in the humanities and behavioural and natural sciences help the students develop an understanding of people, their needs, their functioning, and their interacting with each other and the environment. This introduction to knowledge of the client serves as a basis for several curriculum threads which run through the programme. The nursing process is introduced as the students learn to assume the comforting and protecting role for their clients. The focus at this level is on the individual.

In the second year the students add to their knowledge of man with further sciences such as physiology, microbiology, and developmental psychology. They begin to practise the therapeutic role and to incorporate teaching in their care of clients. Their practice also begins to include the family to a greater extent.

The third year gives the students an opportunity to enhance their performance of previous roles when the client is in a crisis situation and to expand their teaching to groups. It introduces the role of the nurse as a health counsellor in various primary health care settings.

In the fourth year the theory relative to collaborating and advocating is examined and students care for clients in complex situations. Interactions with the health team and with groups in the community help students develop leadership skills.

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

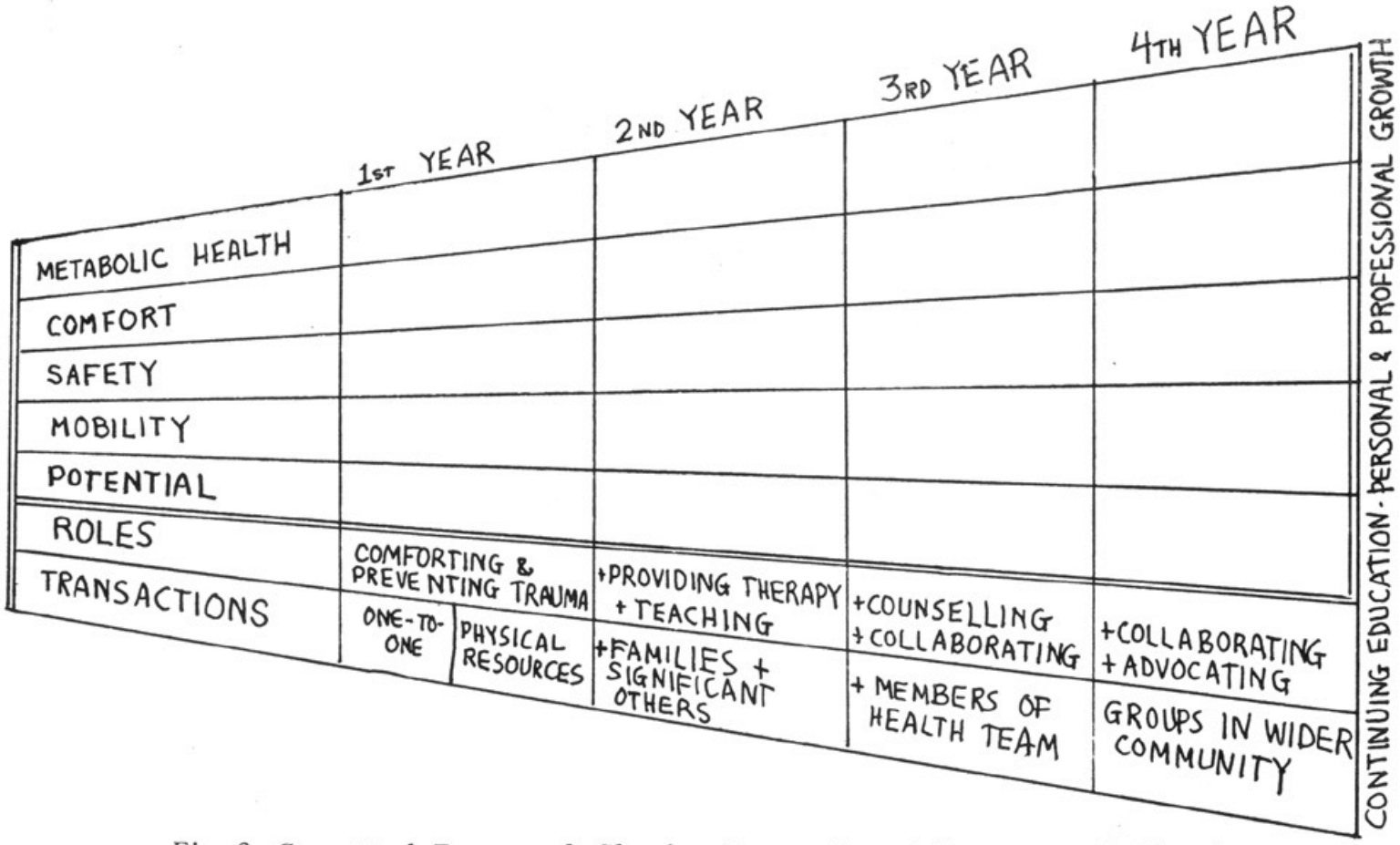

Fig. 2. Conceptual Framework Showing Progression of Concepts and Threads Through Four Year Programme

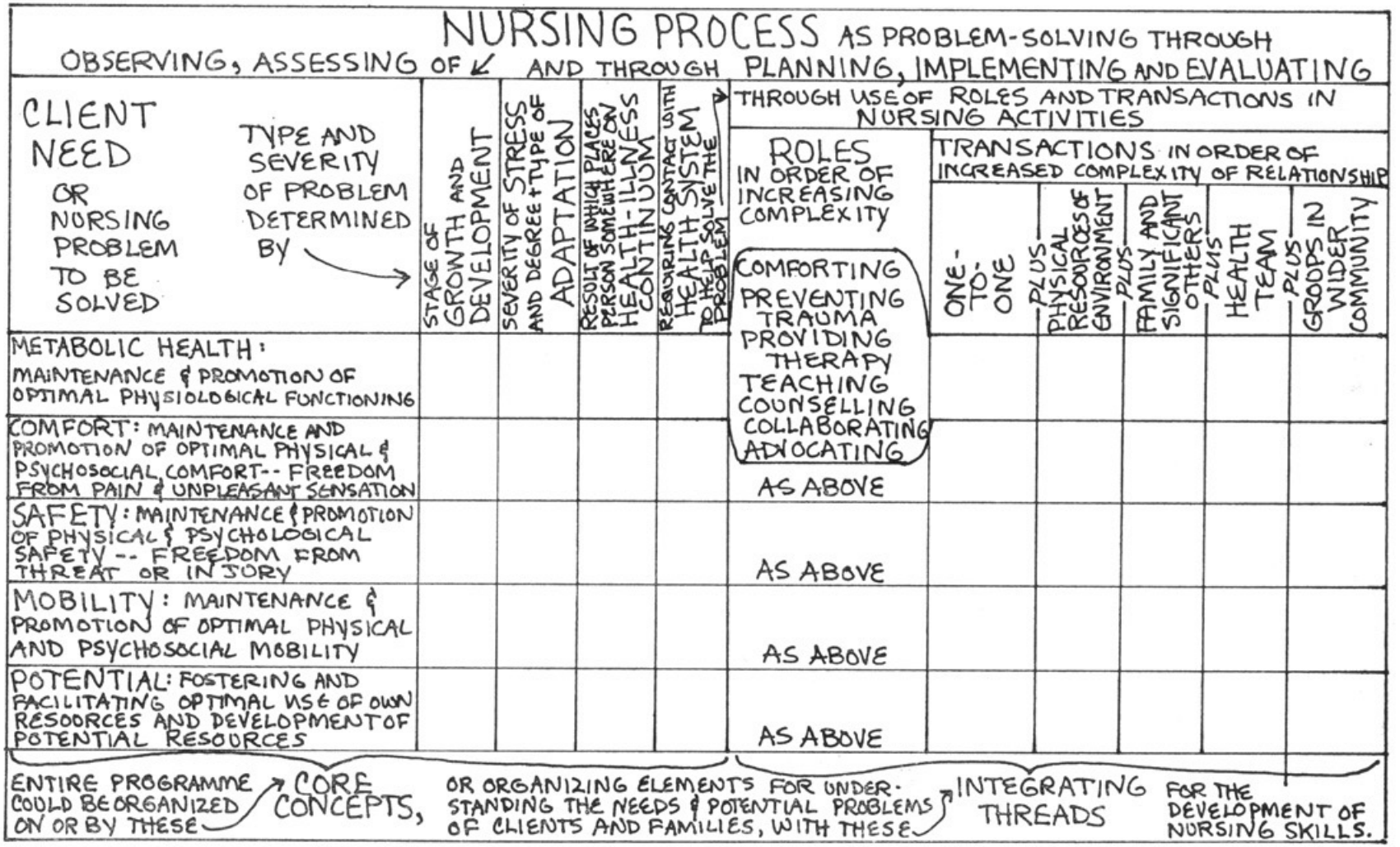

Fig. 3. Model for Content Showing Focus By Year and Curriculum Threads.

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.

It may be noted that there is an overlap between the roles and the basic needs. This was confusing at first, but it grew out of the significance of comfort and safety in nurse-client interactions. Neither area could be left out in terms of nursing roles or client needs. This obvious crosshatching serves to point out that the roles overlap in many ways: giving thorough hygienic care is comforting and protecting; teaching will frequently provide psychological comfort; and providing therapy may involve collaborating with other members of the health team.

AN EXAMPLE OF THE TREES WITHOUT THE WOODS

When a group is philosophizing and theorizing there is a danger that the practical application will be lost. In a curriculum for a practice profession such as nursing the whole purpose of the overall framework is void if it cannot be applied to the day-to-day teaching of nursing. As of this writing the plan has just begun to be implemented but an illustration of some proposed details might be useful (albeit out of context and planned for 1977-78).

In the second year the students will have two courses in nursing, Therapeutic Nursing and Patient Teaching. After an introduction to the therapeutic role, nursing research as a basis for therapy, legal responsibilities of providing therapy, and so on, the students will begin to look at the individual's need for comfort. In the other course students will have had an introduction to teaching and learning and will also be looking at the individual's need for comfort. They will be practising nursing in various wards of an acute care institution (including the psychiatric and pediatric units) and in clients' homes. It is anticipated that they will be able to practise the details below regardless of the setting.

THE NEED FOR COMFORT

Therapeutic Nursing	*Patient Teaching*
Pain: relief measures and drugs	Self-medication: use and misuse of analgesics
Anxiety: relief measures and drugs	Coping mechanisms as preventive mental health care
Separation anxiety: relief measures	Preoperative and prediagnostic test teaching
Exogenous depression: relief measures and drugs	Preparing children and adults for hospitalisation
	Self-medication: use and misuse of anxiolytics and antidepressants

Topics and fine details may change as preparation for actual presentation and practice begins. They will probably change again after the initial presentation! In the meantime we have had a look at the trees and can see how they make up the woods.

SUMMARY

The University of New Brunswick Faculty of Nursing has developed a new curriculum based on numerous concepts and theories. In order to make the plan cohesive a conceptual framework was developed which incorporated the concepts and theories and identified the interrelationships. From this a model for presentation of content evolved and further clarified the direction of the curriculum. Finally the content for particular courses in nursing was planned.

These steps have been described in an effort to demonstrate the practical aspects of the use of conceptual framework in curriculum planning. As suggested in the previous article by Dr. Graham the framework provides a pattern of values and priorities for dealing with the operational decisions of teaching-learning situations. Instructional strategies will follow from curriculum strategy, and the next steps will be to select methods of teaching and evaluating. The details will surely change, but the direction is clear for both faculty and students.

Aspects pratiques résultant de l'emploi d'un cadre de travail conceptuel

La faculté des sciences infirmières de l'université du Nouveau Brunswick a élaboré un nouveau programme de cours, introduit pour la première fois en septembre 1976. Le cadre conceptuel comprend trois grands domaines de concepts et théories. Le premier concerne les caractéristiques du client, y compris les besoins humains fondamentaux en matière de santé et de maladie, de croissance et de développement, et d'adaptation. Le deuxième domaine porte sur les rapports interpersonnels et étudie les théories du rôle, du changement, des communications, de l'enseignement, de l'apprentissage, du comportement collectif et de la dynamique des groupes. Le troisième domaine s'intéresse aux sciences infirmières elles-mêmes dans le cadre du système des soins de santé. Parmi les concepts pertinents, il faut inclure les rôles qu'assume l'infirmier(ère) dans la pratique et la méthode de solution de problème en sciences infirmières. La faculté a défini les rôles suivants: réconfort, protection, prestation de soins, enseignement, orientation (counselling), coopération et défense des droits du malade (advocating). Ces rôles présentent une

complexité croissante, tant au niveau des connaissances qu'au niveau des interactions. Sur la base de tous ces éléments, la faculté a élaboré un programme progressif, réparti sur quatre ans. Le cadre théorique d'origine a donné naissance à un modèle, lequel a permis de simplifier et d'éclaircir le plan de cours.