

CONCEPTUAL MODELS

Joy Winkler

A response to "Modèles conceptuels," by Evelyn Adam

Contemporary nursing literature discusses the place of conceptual models in the development of the discipline from many viewpoints. The Canadian Nurses' Association's position is that any definition of nursing is derived from a conceptual model, and that the basis for independent nursing practice must be an explicit conceptual model of nursing. These statements, coupled with the Association's position on baccalaureate preparation for entry to practice by the year 2000, and the rapidly increasing enrolment in graduate programs in nursing in Canada, require nurse educators to carefully assess how students may best learn conceptual models of nursing. Adam's paper "Modèles conceptuels" addresses the pedagogical issue of whether one or several conceptual models of nursing should underlie an educational program. The author presents several views on the issue, and her arguments in support of the position for one conceptual model in a curriculum are on the whole clearly and logically presented. It is a very useful paper for discussion from an educator well known for her expertise on the topic.

I support Adam's position of only one conceptual model at the base of a nursing curriculum. There are other reasons that she does not cite for taking this position. To internalize a conceptual model, learners require exposure to it in the multiple contexts of the didactic portion of the program, and repeated opportunities to apply it in practice. Models become real as they are debated and discussed, applied in practice, and tested in research. They are by definition abstract, understandable at different levels. The process of coming to see the relevance of the abstract concepts of a model to the real world of nursing takes time. It is easier for the teacher to help the student to see the links from the concrete to the abstract when both are concerned with just one model. Using one conceptual model as the framework for a curriculum does not preclude acquainting students with other views of nursing. Further, it is to be hoped that basing the curriculum on one model will foster students' ability to clearly articulate what nursing is, to themselves and others. That too is needed for the development of nursing as a discipline.

Joy Winkler, N., Ph.D., is Associate Professor of Nursing, McGill University, Montreal.
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* *Nursing Papers*, 1983, 15(2), 10.

One section of Adam's discussion of what a conceptual model is, however, suggests to me potential difficulty for learners. Definitions and usage of terms in nursing, as in other disciplines, can clarify or confuse. The author distinguishes between model and theory, and gives the accepted definition of a conceptual model as an abstraction, a way of conceptualizing reality. She then goes on (p. 11) to equate a conceptual model with the unique and distinctive perspective of a discipline. On this point in her arguments I disagree. I equate the distinctive perspective of a discipline which shapes its approach to the generation, transmission, and application of knowledge, with the paradigm, or metaparadigm, of a discipline (Kuhn, 1977). Kuhn states that each discipline selects the phenomena which it will investigate, and a unique approach to how they will be investigated. The phenomena of the metaparadigm are *more* general and abstract than the concepts of the models which derive from it. The concepts of person, environment, health and nursing are generally cited as comprising the paradigm of nursing (Flaskerud & Halloran, 1983). Model builders may synthesize the concepts of the paradigm in different ways, and with varying degrees of preciseness. Analysis of conceptual models in current use demonstrates that in nursing this is indeed so. (Fitzpatrick & Whall, 1983). All models reflect the unique perspective of the discipline: Nursing's concern with persons interacting with their environments to achieve health. Differences lie in the posited relationships among the concepts, as well as in their definitions. It is difficult enough in learning about conceptual models to appreciate and understand their abstractness. Equating the higher level of the paradigm with the lower level of the conceptual model may further confuse the learner.

Stevens (1981) states that multiple models foster development of nursing's full potential as a discipline. True. However, overexposure of learners to multiple ways of explaining the practice of nursing during the process of learning to nurse, does not, to my thinking, foster a clear understanding of nursing. One conceptual model in a nursing program challenges the student to work towards fit of data from practice to the concept. The faculty is challenged to ensure that the model is consistently made explicit in all professional courses. It is an important way to develop a distinct professional identity for nurses.

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Adam replies:

I appreciate Dr. Winkler's support for several of the ideas I presented: the importance of a model in the development of a distinct professional identity, the necessity of basing a curriculum on one conceptual model and the legitimacy of indicating to students that other models exist. I applaud her warning about overexposure.

I think it is important that we also remain sensitive to the fact that the intent of a conceptual model, particularly its six major units, is to clarify the specificity of nursing — the discipline, not the gerund. The four concepts of the paradigm (person, health, environment and nursing) are of course essential to a broad and general framework for a nursing curriculum. It is the fourth of those concepts (nursing as a discipline) which is conceptualized in a model: *nursing's* contribution to health, *nursing's* vision of the person-client, *nursing's* responsibility toward the environment. The first three concepts are important not only for nursing but for other health disciplines as well.

As Dr. Winkler points out, equating the paradigm with the conceptual model *for nursing* may indeed lead to confusion.

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