



NURSING EDUCATION

PLANNING AND DELIVERING
THE CURRICULUM

*Jennifer Boore
and Pat Deeny*



NURSING EDUCATION

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This book is dedicated to the late Gordon Rae, Emeritus Professor of Psychology
and Jenny's husband, whose encouragement and advice on education
and statistics helped to make this book possible.

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About the Authors

The authors have worked together for many years in nursing education at the University of Ulster, and have developed considerable expertise in curriculum development and nursing education in general. Their involvement in curriculum innovations have included the first examples of a community nursing programme integrating the four branches of nursing, an international online masters degree in disaster relief nursing, and a professional Doctorate in Nursing. They have contributed to the nationally and internationally recognised research profile of the School.

Pat Deeny is a Senior Lecturer and Course Director for Specialist Nursing Practice programmes. As external examiner and nursing education consultant, he has provided support to curriculum teams in universities in Ireland, United Kingdom, Finland, United States and South Korea on critical care nursing, pre-hospital care, disaster relief nursing and emergency preparedness. He and his wife Kate live on a farm in the North Sperrins in Northern Ireland with their three daughters Aoife, Bronagh and Dearbhla.

In 1984 Jennifer Boore became the first Professor of Nursing in the island of Ireland when appointed as Head of Department at the University of Ulster. She now lives in Portstewart, Northern Ireland and holds the title of Emeritus Professor of Nursing. During her career she has seen nursing education move from the apprenticeship system through Project 2000 diploma programmes to degree qualifications for entry to the profession. She has substantial experience of teaching and examining pre and post-registration nursing education programmes and research degrees. She is a Fellow of the Royal College of Nursing in the UK, holds an OBE and is still actively involved in review of papers for publication in both nursing and higher education journals and in pre-doctoral education in South Africa.

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List of Abbreviations

AEI	Approved Education Institutions (term used by NMC)
APL	Accreditation of Prior Learning: 'a process for accessing and, as appropriate, recognising prior experiential learning or prior certificated learning for academic purposes'.
CATS	Credit Accumulation and Transfer
CBL	Case Based Learning
CPD	Continuing Professional Development
CQC	Care Quality Commission
CST	Communication Skills Teaching
ECTS	European Credit Transfer and Accumulation System
EHEA	European Higher Education Area
FHEQ	Framework for Higher Education Qualifications for England, Wales and Northern Ireland
FQ-EHEA	Framework for Qualifications of the European Higher Education Area
GCSE	General Certificate of Secondary Education, normally taken at age 16
HE	Higher Education; third level or university level education
HEFCE	Higher Education Funding Council for England
HEI	Higher Education Institution (NMC refers to AEIs or Approved Education Institutions)
ICN	International Council of Nurses
IELTS	International English Language Testing System. Consists of 4 sections: listening, reading, writing and speaking.
IPE	Interprofessional Education
NGO	Non-Governmental Organisation
NHS Trust	Organisation which provides health care within UK National Health Service
NICATS	Northern Ireland Credit Accumulation and Transfer System

NIPEC	Northern Ireland Practice and Education Council for Nursing and Midwifery
NLN	National League for Nursing, USA
NMC	Nursing and Midwifery Council; the Statutory Body for Nursing in the UK
NSL	Nursing Skills Laboratory
OBE	Outcomes-Based Education
OSCE	Objective structured clinical examination
PBL/EBL/TBL	Problem-Based Learning/Enquiry-Based Learning/Task-Based Learning
PCN	Person-Centred Care
QAA	Quality Assurance Agency for Higher Education
RCN	Royal College of Nursing; the major professional organisation and one of the trade unions for Nurses in the UK
REF (RAE)	Research Excellence Framework (replacing the Research Assessment Exercise) a regular audit of research quality in the UK
SCQF	Scottish Credit and Qualifications Framework
UCAS	University and College Admission System

1

ORIENTATION TO BOOK

INTRODUCTION

Nursing education is about preparing the next generation of nurses and, thus, must be done well to ensure that patients continue to receive high quality care. This book hopes to make a contribution to this through helping those involved in the preparation of nurses. This chapter aims to provide an orientation to the book as a whole and considers how it might be used by the wide range of staff who contribute to nursing education.

VALUES UNDERPINNING THIS BOOK

A book about education has the potential to become very focused on education itself, with the subject of the education becoming secondary. However, we consider that the professional practice of nursing has characteristics which mean that the subject area should strongly influence the educational approaches and is as important as the educational knowledge and skills. The key is the appropriate merging of the two and the clarification of the values underpinning nursing education.

As authors of this book, we declare that we are coming from a perspective of nursing as caring – caring which requires a high level of knowledge and skill applied with compassion and empathy within an ethical framework. Chapter 2 examines nursing in rather more detail; later chapters consider the different aspects of the educational enterprise and endeavour to integrate both nursing and educational knowledge and approaches.

THE READERSHIP

This is a book originating within the UK and, of necessity, is founded on the nursing education system in this country in which programmes are required by the Nursing and Midwifery Council to be offered in partnership between Higher Education (HE) and the health services (NMC, 2010a). Education involves staff working in different institutions with a range of differing responsibilities, as discussed in greater detail in later chapters.

In the UK, a number of key educational roles are identified by the Nursing and Midwifery Council (NMC, 2008a):

- the teacher, who holds an appointment in HE or a joint appointment between HE and service;
- the practice teacher employed in service whose educational role focuses mainly on the practice-based preparation of nurse specialists or community public health nurses;
- the service employed mentor who in addition to providing patient care plays an important role in the practice-based education of pre-registration nursing students.

In addition, there are other organizational and educational posts within service whose holders interact with HE in the management of practice learning for nursing.

This book aims to provide a broad view of nursing education and to help all those involved to understand the structures and process. In particular, teachers need to understand the total picture including the social context of education in order to integrate all parts into a coherent whole. Newly appointed teaching staff are moving from an environment where they are confident in their abilities and understand the structures, processes and roles within the organisation. This book will provide information about HEIs (HE Institutes) and how they work, and offer guidance for new teachers that will help them with some aspects of their new role. In time they will develop into an 'expert nurse academic' within the new context. Some chapters will be more relevant to those in specific roles. In addition, other healthcare professionals may find some of the content of this book useful for their own programmes.

Nursing is developing in different ways in different countries of the world. Nurses have varying priorities depending on the needs of their own communities, and will be prepared in different ways. However, it is hoped that this book will be valuable to those involved in nursing education in many parts of the world.

MAJOR AIMS OF THE BOOK

This book examines all aspects of pre-registration nursing education, although some parts of it are equally applicable to post-registration programmes. It focuses on the planning and provision of nursing education, aiming to stimulate creativity and to empower those involved in education in the academic institution and the clinical environment. Creativity and empowerment are prerequisites for undertaking research and will encourage development of the educational research role of those who are primarily educators and clinicians. This book does not examine methodologies for educational research as that information can be found in any good research text (for example, Parahoo, 2006). However, it does endeavour to indicate the evidence base for educational practice in nursing, including some findings which do not always correspond with our expectations.

An examination of education has the potential to become a theoretical discourse with debate about philosophical issues of considerable value to academics (for example, Billings and Halstead (2009) cover this aspect in detail). While we consider that some of this content is useful for all those involved in teaching, the major focus here is realism tempered with idealism. This book aims to be of practical use both to nursing academics and to the clinical practitioners who make a vital contribution to the education of nurses. We also hope it will motivate all those involved in nursing education to work to achieve the highest possible quality of care from their graduates. It is concerned with a variety of different approaches and methods in learning, teaching and assessment, with some information about theoretical underpinnings to nursing education and its application. It includes practical guidance through discussing ideas for teaching methods and provides examples of good practice. The final chapter specifically focuses on quality management although the whole book aims to facilitate the provision of high quality education. This concept frequently receives relatively little attention in curriculum development, often largely consisting of quotations from the HEI's own documentation, but a thorough understanding of what quality is and how it can be achieved is essential. Of particular importance is recognition of the roles of both main partners, the HEI and the clinical service provider, and how these must be integrated in ensuring the quality of the overall programme of nursing education.

Perhaps the most important point to make is that this is not a recipe book, rather it aims to stimulate thought. It also endeavours to enable nursing professionals to identify risks associated with their teaching in relation

to care provided to patients by nursing students, and to develop systems for teaching and practice learning to manage such risks.

It aims to facilitate **academic** staff involved in curriculum planning and delivery in making appropriate choices about approaches and methods of delivery. These choices start with identifying their client base (that is, what is their student population) and planning a programme that will enable the recruits to become skilled, compassionate, professional nurses.

Overall this book aims to be precise and to the point, providing useful guidance primarily to those becoming newly involved in this exciting activity, although it may also be useful for more experienced educators.

HOW TO USE THIS BOOK

Different people will use the book in different ways. It is probably most useful for those who are in the early stages of their educational career. Many newly appointed lecturers have moved from being experienced practitioners in practice into being novice academics and need readily available guidance. Many will have been mentors but have not yet completed preparation and recording of their qualification as a teacher on the NMC Register. They are expected to complete this programme within a few years of appointment but, in the meantime, need some guidance on educational issues. However, even in the early stages of a career in nursing education, lecturers may well become involved in curriculum development, contributing their clinical expertise and, perhaps, research competence.

It is easy for experienced teachers to become settled into the routine of teaching and assessment and this book can be valuable in reviving interest and creativity. In many areas of education new writings introduce developments and some of these are discussed here. Experienced staff members are likely to be referring to other publications as well. We consider that Chapters 2 and 3 are essential reading for all those designing a new curriculum.

Some teachers have moved from hospital-based Schools of Nursing or from other educational institutions, such as Colleges of Further Education, into HE. They will need to understand how HEIs work and the principles underpinning some of their practice. One major example of important content is the Bologna Process. Discussion of this in Chapter 4 helps to clarify how it is incorporated into the work of the UK Quality Assurance Agency (QAA) within the European context. This is important with the increasing emphasis on nursing as an international activity, and with students having increasing opportunities to spend some time abroad.

Mentors and practice teachers will gain an understanding of how their roles fit into the total picture of nursing education, and also of the importance of their roles in the development of clinical competence in nursing. Some guidance is provided on approaches to this within the team involved in supporting practice learning. Again, there are publications which focus specifically on these aspects of nursing education (for example, Gopee, 2010; Hinchliff, 2009; Gopee, 2008; The Practice Education Group, 2006).

Some of those appointed to education management roles within health service organisations will not hold a teacher's qualification recorded with the NMC. This book will help them to achieve an adequate understanding of how nursing education is organised and functions, and enable them to work effectively within their collaborating role with HE. Chapter 3 provides useful ideas on how this may be achieved.

NURSING IN HIGHER EDUCATION

As in the UK, most nursing education worldwide now takes place within the Higher Education sector of education (in universities or colleges of higher education), or is moving in that direction. This book is aimed at all those providing that education, or preparing to do so, including those working primarily in the academic institution and those within the practice setting where students gain the essential clinical experience.

University Schools of Nursing are involved in much more than education. Some staff working in such a context are primarily educators or researchers, although many are expected to be both and, however arranged, the integration of the two roles is paramount for enhancing patient care and the development of the nursing profession. However, in addition, staff may be contributing to practice development, dissemination of knowledge, nursing and health policy development, educational and research developments within the institution, regionally, nationally and internationally. While this book focuses on nursing education, it is important that all members of the School see themselves as contributing through the work of the School to the development of nursing and enhancing patient care, and are working from a common set of values.

2

DEFINING THE PROGRAMME

INTRODUCTION

In this book the term ‘curriculum’ means the totality of the **programme** offered, including the theoretical content, clinical experience, approaches to academic and practice teaching, learning and assessment, student support and maintaining quality. This chapter examines the different dimensions which determine the structure of the curriculum.

Developing a curriculum is a creative process that has potential to empower teaching staff who contribute to it. It should result in a sense of ownership which will enhance creativity in the future delivery of the programme. The process should be founded upon the principles and philosophies of nursing and education, as well as the statutory requirements (NMC, 2010a). This chapter provides a map of the complexity of curriculum development, arriving at a structure that will guide future development of content. This chapter deals with issues which curriculum development teams often find difficult. However, defining the programme is an essential stage in the process, and the time and effort expended on this will make the later stages of curriculum planning easier and more satisfying.

This chapter examines theoretical and philosophical issues in relation to developing nursing education programmes. At the outset it is important to be clear about what we mean by nursing and to be able to specify the characteristics of the students exiting the programme, and the approaches to education that will achieve the desired ends.

In preparing and providing an educational programme in nursing there are a number of key considerations and choices to be made about the application of theory. A number of issues are presented in this chapter from which the team can select those which fit their own orientation. The

important concern is that the choices made should be appropriate and useful in helping to achieve the goal of a caring professional nurse working within society. Some consideration of philosophy and theory can help in this enterprise.

There are three major areas for consideration for effective curriculum development:

- *Nursing*: Philosophy, definitions and other issues to help to define the outcome of the programme in terms of the sort of nurse we want to prepare, that is an autonomous practitioner holding appropriate values.
- *Education*: What can we learn from the study of education that will be of value in the education of nurses? What do we need to know about the models and philosophies used in the broader education domain, and how might these contribute to the delivery of the nursing programme which will prepare an autonomous learner who will become an autonomous practitioner?
- *Nursing and Midwifery Council (NMC) Standards and QAA Benchmarks*: What does the NMC (the statutory body for the regulation of nursing in the UK) say about what the programme being planned must achieve? What do the QAA benchmarks for nursing tell us about the expectations for courses at specified academic levels?

Although it must be recognised that these cannot be dealt with in great depth here, they can be explored through further examination of the literature.

PHILOSOPHY FOR NURSING EDUCATION

What is Philosophy?

Philosophy is about the quest to understand fundamental issues about ‘*knowledge, truth, reason, reality, meaning, mind and value*’ through systematic inquiry and reflection. Originally the study of philosophy encompassed ‘*all aspects of the world and humankind*’ but as knowledge has been divided into separate areas of study (for example, history, physics, psychology), philosophy itself has been subdivided into numerous areas (Grayling: 1995: 1–6).

The word itself is derived from the Greek for ‘love of wisdom’ and The Concise Oxford English Dictionary (OED, 2006) has defined it as:

- The study of the fundamental nature of knowledge, reality, and existence; a set of theories of a particular philosopher; the study of the theoretical basis of a branch of knowledge or experience.
- A theory or attitude that guides one’s behaviour.

In nursing the word philosophy tends to be used as a combination of these two sets of definitions above, particularly '*the study of the theoretical basis of a branch of knowledge or experience*' and '*a theory or attitude that guides one's behaviour*'. In the context of this discussion the second of the two is particularly applicable as nursing is essentially a profession which is demonstrated through behaviour. Many of the facets of philosophy are relevant to nursing (Drummond and Standish, 2007), but two in particular are important in relation to nursing education: ethics and epistemology.

Ethics

Ethics has been described as '*enquiry into the nature of value*' (Drummond and Standish, 2007: 5) and it underpins all aspects of nursing practice – clinical, management, education, research, policy development. Ethics relates to what we think nursing is, what sort of nurse we want to prepare and what we expect the nurses to be able to do. The section below on values and beliefs builds on this understanding.

Epistemology

This is the branch of philosophy dealing with the nature of knowledge – clearly highly relevant for nursing, the practice of which is based on knowledge. Rodgers (2005) discusses the philosophical bases for the development of nursing knowledge from the classical period onwards and emphasises the role of the university-based nursing lecturer in the continuing development of knowledge through research, thus influencing education and practice.

Defining nursing knowledge is crucial to the appropriate selection of content in the development of curricula. Fawcett (2005) has identified five levels of contemporary nursing knowledge: metaparadigm at the highest level of abstraction; philosophies; conceptual models; theories; and empirical indicators being the most concrete level. She discusses each of these in some detail and some are considered later in this chapter.

Writing a Philosophy

Supported by theories from social psychology it is evident that values and beliefs influence human motivation and guide human behaviours. Designing a curriculum, like any social activity, will be influenced by values and beliefs which when articulated, normally in writing, are commonly known as a 'philosophy'. Many nurses are already familiar

with the idea of writing a '*philosophy of care*' which should articulate the values of the organisation or team and provide a valuable strategic approach. The term '*mission statement*' may also be used to provide a strategic focus. Such statements provide direction for the delivery of the service or production of a quality product, but mission statements normally do not articulate values and beliefs about specific aspects of the service or processes associated with the delivery, hence the need for a philosophy.

It is important therefore that at the beginning of curriculum development, the first stage in educational provision, there is agreement about what nursing is and what values and beliefs underpin nursing practice and nursing education. This enables clarification about the attributes of the nurses the team are aiming to prepare. It is important to articulate these value-belief systems early in the design process so that everyone is aware of such influences and the end product reflects the values and beliefs underpinning the curriculum. As these are articulated they can also help stimulate ideas related to content; for example, values and beliefs that promote a philosophy of nursing that highlights the importance of person-centredness will have themes that reflect this throughout the curriculum.

A philosophy that will underpin a nursing curriculum is slightly different from those that underpin curricula in other disciplines. Clearly, for a nursing curriculum the philosophy must take account of values and beliefs about nursing practice often inherent in nursing codes of practice and nursing theories, as well as values and beliefs and theoretical frameworks which influence the nature and practice of teaching and learning in nursing. In particular the values pertaining to teaching, learning and assessment of competence, a concept which reflects the fundamental basis of nursing practice and professional accountability, are very important. While the national or international codes of practice contribute to a philosophy for nursing, values about other specific aspects of nursing and nursing knowledge must also be considered such as person, environment, nursing and health. Other ideas influencing the nature of nursing and the concept of care, including cultural context and public health, need to be addressed as well as wider social, economic and political perspectives.

Fundamentally the philosophy should provide the reader (who eventually will be the students, teachers and mentors who experience the programme) with a clear idea of the values and beliefs that underpin the curriculum. Writing a philosophy to underpin a nursing curriculum is an

in-depth process and requires the team to articulate value and belief statements on nursing practice, nursing knowledge and nursing education. What are the values and beliefs that guide the practice of nursing (and thus equate to a philosophy as discussed above), and what do we expect nurses to be able to do?

Values and Beliefs: Personal and Professional

The profession of nursing is founded on moral values and beliefs about those issues directly relevant to nursing practice. An agreed understanding of these is needed to underpin the whole of the educational enterprise – or even all the work – of the School of Nursing. One approach to achieving such an agreed statement is shown in Box 2.1.

Box 2.1 Agreeing Concepts, Values and Beliefs about Nursing

Issue: New staff join a School of Nursing and it is important to reach agreement on concepts, values and beliefs about nursing as the focus for the work of the newly extended School.

Resolution: During an away-day the four items of the nursing metaparadigm (person, health, environment and nursing) were used as a starting point. Working groups of about 10–12 staff members were allocated one of the four metaparadigm factors each and endeavoured to reach agreement on their beliefs and values in relation to that topic. This was shared with other groups working on the same topic, reconsidered and perhaps modified.

At the end of the day all the statements were ordered for further review. These statements were sent to all those in the School, and in further (shorter) sessions were reviewed; staff were also given the opportunity to send in comments. Statements were added, subtracted, merged and divided. They were then reorganised under different topic areas, and additional areas included.

Eventually a two-page statement of concepts, values and beliefs held by nursing staff was achieved. The agreed statement is intended to underpin all aspects of the School and is included at the beginning of course documents. It is reviewed at intervals.

Box 2.2 shows an example of the concepts, values and beliefs about nursing which may be developed by a School and will represent the fundamental foundation for their work, including education. Although dense, it summarises the complexity of nursing as practice and a profession.

Box 2.2 Example of Statement of Concepts, Values and Beliefs

Person: *Patients/clients, the family, community, population, students or colleagues*

Each person is unique with biological, psychological, social, cultural and spiritual dimensions, and merits respect and to be treated with dignity. Individuals are presumed autonomous and responsible for their own actions; when they cannot be fully responsible their potential in these respects must be maximised. They participate in decisions affecting their own lives, such as lifestyle, care and treatment. Individuals have a right to have an informed professional speak for them as an advocate if necessary. In some cultures, the wellbeing of the group or community supersedes the wellbeing of the individual.

Health: *Personal health of individuals, community health of groups, public health of populations*

Based on the dynamic interaction of biological, psychological and social determinants of health embedded in cultural, socio-economic, political and spiritual influences. Support and empowerment of individuals, families and communities should begin at birth and continue throughout the lifespan to promote health including wellbeing.

Environment: *Physical, psychological and social environment to promote health and facilitate independence*

Settings where people exist and influence the lifestyle and wellbeing of individuals and their community. People should have living conditions and social and health care for a satisfactory state of health and wellbeing. Healthcare professionals should act as advocates for the promotion of a safe, healthy environment incorporating the individual's subjective view of what their living environment should be like. Within the political and economic environment healthcare professionals have a responsibility to participate in policy decisions, locally, nationally and internationally to influence the health status of the population.

Nursing: *Enhancement of health and wellbeing based on shared values and ethical understanding*

Nursing is a person-centred activity. It is about 'being with people', showing compassion, promoting and maintaining health, minimising the effect of illness and caring for individuals across their lifespan. It is about working in partnership with individuals, families, communities and populations, to enable, empower and promote attainment of full potential within their cultural context. It is a reflective and empathetic process based on aesthetic, personal, empirical and ethical knowledge from nursing, psychology, physiology, communication,

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ethics, sociology etc. applied in a holistic approach. Therapeutic relationships at levels within communities and across the lifespan of individuals demand creativity and sensitivity to changing human needs, goals and aspirations. Nurses provide high quality, cost-effective care and support based on the best available evidence, promoting innovation and facilitating change as necessary in unidisciplinary, multidisciplinary and multisectoral contexts.

Professionals: With attributes, rights, and duties conferred by professional education

They have a duty to maintain and improve their own knowledge and competence through lifelong learning. Through leadership and management they ensure the continuing development of their profession. They have a responsibility to develop the theoretical and scientific knowledge base for practice through research and inquiry. They should generate a culture in which new ideas can be fostered and new and changing areas of practice identified, developed and shared. They have a duty to facilitate the learning of students and colleagues.

Education: Promoting learning of knowledge, skills and attitudes for professional practice

Nursing education is based on humanism, demonstrated through genuineness, acceptance and empathic understanding of students and colleagues. Nursing education is based on Knowles' focus on andragogy, that is, the principles of teaching adults. It aims to develop independent learners for lifelong learning through using students' previous experiences in collaborative working. Education programmes are designed so that new content builds on previous learning with an appropriate balance between different modes of learning and methods of teaching. Appropriate experience with reflection is used to promote learning from clinical practice.

The beginning of curriculum development, the first stage in educational provision, needs to be about achieving agreement on what nursing is, what values underpin nursing practice and the attributes of the nurses to be prepared. The educational team, including the partners in education (see Chapter 3), may begin by reviewing, clarifying and perhaps modifying the School statement of values, beliefs and core concepts about nursing (see Box 2.2). Through a process of discussion, negotiation and compromise the different members of the team reach agreement on the values accepted by all as underpinning the programme. The achievement of agreement between those starting with different views takes time, effort and an understanding that consensus is needed. These concepts, values and

beliefs demonstrate an agreed philosophical stance of the team. The staff involved in nursing education need to work in a person-centred way in terms of the values they propose relating to the practice of nursing, and by demonstrating these values through the way in which they interact with, teach and support their students.

The concepts, values and beliefs agreed by the team arise mainly from the backgrounds of the different individuals involved. The different members of the team will bring with them their own professional values and conceptual understanding derived from their clinical experience and previous learning about professional issues and models of nursing. Their individual personal values will also influence discussion and will be modified by their own life experiences and family values. In turn, these will be influenced by their cultural background; for example, in Western countries individual personal views and rights are paramount, but in Chinese culture societal rights take precedence, and obedience and compliance are the norm (Leininger and McFarland, 2002). The student's own values and beliefs need to be compatible with those underpinning the practice of nursing.

Having achieved consensus about these concepts, values and beliefs should be the key elements which form the foundation for the programme and are regularly visited. They are applied through a holistic approach to the programme emphasising the integration of theory and practice; the evidence base and global nature of nursing; and expectations of patients and the public – set within current healthcare policies and structures. Following discussion and, perhaps, adaptation with partners in education, this statement (Box 2.2) provides the total underpinning for the curriculum. It is important to recognise that the standards implied by these statements may be difficult to achieve with student intake numbers in the hundreds. However, as beliefs and values have a strong influence on behaviour and practice it is imperative that we do our utmost to achieve them.

Where do Models and Theories in Nursing Fit?

The term 'theory' is often used broadly to encompass different ways of describing nursing knowledge. However, Dickoff and James defined it more precisely as '*a conceptual system or framework invented to some purpose; and as the purpose varies so too must vary the structure and complexity of the system*' (1968: 198); and, of the levels of theory identified, '*situation-producing theory*' (1968: 201) was the most relevant for nursing practice. This level identifies the situation and action required by the practitioner to achieve the anticipated goals.

Nursing has been described in various ways through a number of conceptual models produced by nursing theorists. The knowledge of these held by those involved in developing the statement of concepts, values and beliefs will contribute to achieving the agreed understanding of nursing and the structure and content of the programme. Models of nursing explain nursing in different ways, for example the biologically-based Roy's Adaptation Model, Orem's Self-Care Deficit Model, Neuman's Systems Model (all discussed in Fawcett, 2005) or the Activities of Living Model (Roper et al., 2002) used in the UK. The author of each model describes in relatively abstract terms how the different concepts relevant to nursing are to be interpreted in the context of that model and each model provides a unique perspective on nursing.

Theories are more concrete descriptions of the relationships between concepts described in conceptual models and are more limited in scope than models. Theories applied in nursing may be developed directly from nursing, such as Peplau's Theory of Interpersonal Relations (discussed in Fawcett, 2005), or derived from other sciences, for example the theory of stress from biology or locus of control from psychology.

In the past some Schools of Nursing used a single nursing model as the framework for the whole curriculum, often within the School where the author was a member of staff. However, this approach is now considered outdated as none of the current nursing models provide an explanation of nursing in all contexts and cannot, therefore, adequately be used as the framework for a complete pre-registration curriculum. Models and theories play a valuable role in helping to structure care in particular situations and some of these will be referred to in more detail later in this book, at points where they are relevant to specific content.

Although the different models present some very different perspectives on nursing, there is general agreement by all nurse theoreticians on the four key themes of person, health, environment and nursing as proposed by Fawcett (2005) as the metaparadigm for nursing, which acts as a framework which underpins the art and science of nursing. As discussed in Box 2.1, these four concepts can be used to develop your own agreed view (or philosophy) of nursing which will provide the anchor points for the curriculum.

Definitions of Nursing

Also influencing the statements of values and beliefs and, thus, the structure and content of the curriculum is the way in which nursing has been defined. Nursing has been described in numerous ways by different national and international nursing organisations. The International Council of

Nurses (ICN, 2010) has now defined nursing simply as follows:

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.

This incorporates the key concepts proposed by Fawcett (2005) and identifies the major roles in which nurses should be active.

The Royal College of Nursing of the UK has drawn on worldwide expertise in developing a more complex but very useful document, *Defining Nursing*. The definition they have published is in two major parts. Firstly it states that:

Nursing is the use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death (RCN, 2003: 3).

They then specify defining characteristics of nursing under the six headings shown in Box 2.3 which help to clarify the context and focus of nursing. The definition developed by the RCN includes all the concepts of Fawcett's (2005) metaparadigm and additionally incorporates many of the other concepts considered in different conceptual models. This definition gives a good indication of aspects of the curriculum to be covered.

Box 2.3 The Defining Characteristics of Nursing Are ...

- 1 **A particular purpose:** The purpose of nursing is to promote health, healing, growth and development, and to prevent disease, illness, injury, and disability. When people become ill or disabled, the purpose of nursing is, in addition, to minimise distress and suffering, and to enable people to understand and cope with their disease or disability, its treatment and its consequences. When death is inevitable, the purpose of nursing is to maintain the best possible quality of life until its end.
- 2 **A particular mode of intervention:** Nursing interventions are concerned with empowering people, and helping them to achieve, maintain or recover

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independence. Nursing is an intellectual, physical, emotional and moral process which includes the identification of nursing needs; therapeutic interventions and personal care; information, education, advice and advocacy; and physical, emotional and spiritual support. In addition to direct patient care, nursing practice includes management, teaching, and policy and knowledge development.

- 3 **A particular domain:** The specific domain of nursing is people's unique responses to and experience of health, illness, frailty, disability and health-related life events in whatever environment or circumstances they find themselves. People's responses may be physiological, psychological, social, cultural or spiritual, and are often a combination of all of these. The term 'people' includes individuals of all ages, families and communities, throughout the entire lifespan.
- 4 **A particular focus:** The focus of nursing is the whole person and the human response rather than a particular aspect of the person or a particular pathological condition.
- 5 **A particular value base:** Nursing is based on ethical values which respect the dignity, autonomy and uniqueness of human beings, the privileged nurse-patient relationship, and the acceptance of personal accountability for decisions and actions. These values are expressed in written codes of ethics, and supported by a system of professional regulation.
- 6 **A commitment to partnership:** Nurses work in partnership with patients, their relatives and other carers, and in collaboration with others as members of a multi-disciplinary team. Where appropriate they will lead the team, prescribing, delegating and supervising the work of others; at other times they will participate under the leadership of others. At all times, however, they remain personally and professionally accountable for their own decisions and actions.

THEORIES AND PHILOSOPHIES OF EDUCATION

The next major area to consider is how to deliver the curriculum to achieve the desired outcome. As for nursing, philosophical approaches and models used in education need to be considered for application in nursing programmes. Some models have been derived from philosophy, psychology, sociology and applied in education, while others have been developed from the practice of education itself. In Figure 2.1 some of the key theoretical and philosophical ideas relevant to nursing education are indicated, with some emphasised and selected for discussion here. Other concepts and principles from education are applicable in the context of teaching, learning and assessment within the nursing curriculum, and are considered in later chapters. These include

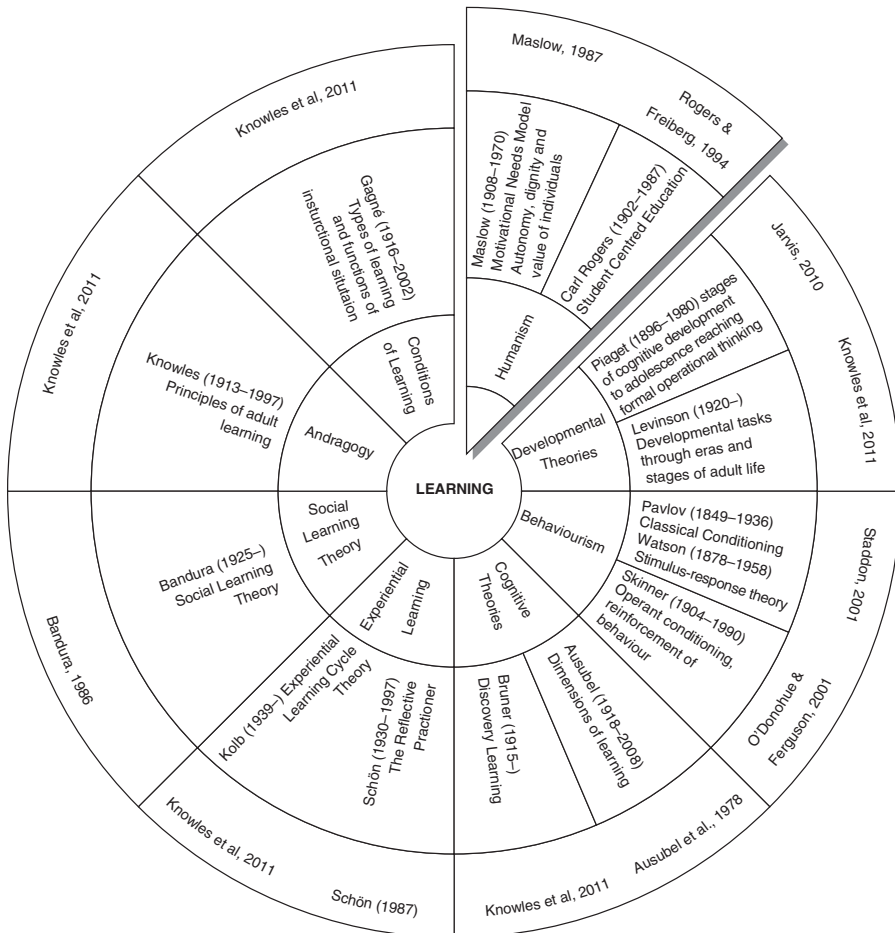


FIGURE 2.1 Educational Philosophies and Models of Learning

reflection on and in experience and adult learning theories and models – both of which are essential aspects of a nursing programme.

Humanism Underpinning Nursing Education

Derived from psychology, humanism is based on beliefs about the autonomy, dignity and value of individual human beings and, in the context of education, supports student-centred programmes which aim to help students to ‘learn to learn’ and to develop their independence and creativity. The values of humanism are congruent with those of nursing and this is an appropriate foundation for nursing education.

Some Schools of Nursing are clear about basing their curricula on the principles of humanism, using Maslow (1987) and Carl Rogers (Rogers and Freiberg, 1994) as the major exemplars. Maslow is well known in nursing for his theory of human motivation and hierarchy of needs but we also need to consider this in the context of education. Figure 2.2 indicates the aspects of this hierarchy which are dealt with through the content of the curriculum and those needs of students that are (hopefully) met through the educational processes in presenting the curriculum. It is also hoped that **academic staff** will strive to achieve self-actualisation through creativity and imagination in the activity of curriculum development and nursing education.

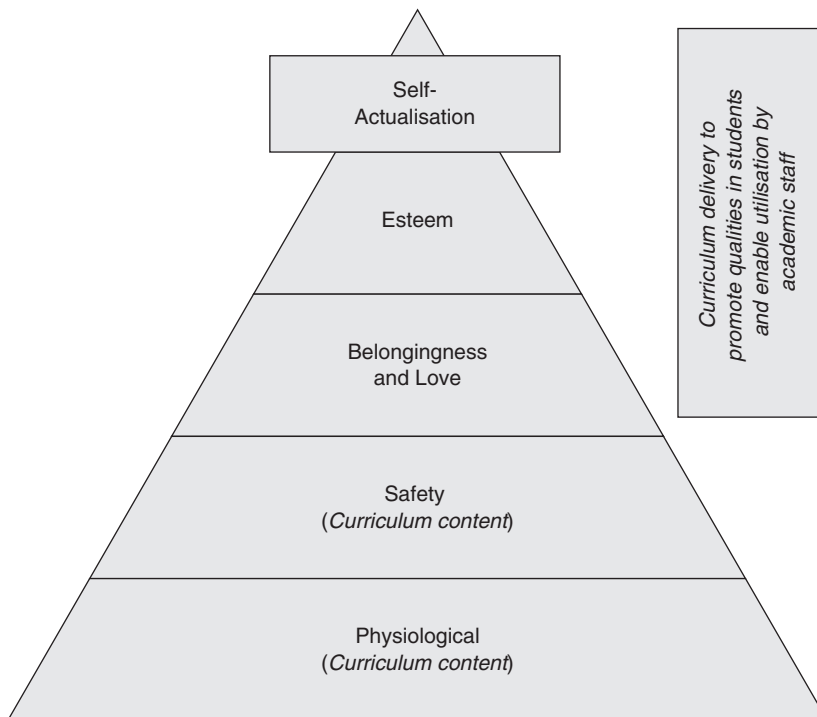


FIGURE 2.2 Maslow's Hierarchy of Needs in Nursing Education

Carl Rogers is the other humanist whose ideas are important in nursing education as well as in the context of counselling where he began. He focuses on the importance of the interpersonal relationship in education, as in nursing, and emphasises the role of the educator as being a facilitator of learning, rather than as a teacher. He identifies three attributes which he considers essential for the educator to be an effective facilitator. These are:

- *genuineness*: in which the educator develops an honest relationship with each student, rather than playing a role as a teacher;