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A conceptual framework for nursing practice

by STEPHEN KERMODE

There are distinct benefits for teachers, learners and clinicians if nursing knowledge is organized within a coherent conceptual framework. This paper examines the way such a framework was developed and used to organize for the basic nursing curriculum at Riverina-Murray Institute of Higher Education (RMIHE). The importance of logic and clarity in framework development is emphasized and it is stressed that, to be of use to clinicians, concepts must be both practical and effective.

There are any number of ways to teach nursing to students at a tertiary level. In the past, basic nursing courses have tended to be developed around the traditional medical model, and have presented a pot pourri of content with little or nothing in the way of central themes. While acknowledging that much of the content of nursing courses remains the same, the organization of that content into a coherent body of knowledge will not only make learning more effective but can also transform an unwieldy curriculum into a disciplined body of knowledge containing clear parameters. This is particularly significant for educators and students faced with the struggle of relating knowledge and theories to the practice of nursing.

Ausubel[1] is emphatic about the importance of having an organized set of concepts or ideas about the discipline being studied, and reinforces the notion that acquisition of the discipline's content alone is not necessarily indicative of meaningful learning:

> . . . details of a given discipline are learned as rapidly as they can be fitted into a contextual framework consisting of a stable and appropriate body of general concepts and principles. When we deliberately attempt to influence cognitive structure so as to maximize meaningful learning and retention we come to the heart of the educative process . . .

One of the ways of deliberately attempting to influence cognitive structure is to base a curriculum on a coherent and well-articulated conceptual framework.

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Why use a conceptual framework?

A conceptual framework is a means of looking at or describing reality. A nursing conceptual framework is a means of seeing nursing in its relationship with the broader reality – of giving a meaning to nursing in the context in which it operates.

Peterson[2], in the context of curriculum, defines a conceptual framework as: " . . . a loosely organized set of complex ideas that provides the overall structure of a curriculum." Indeed, the looseness of the organization is an indicator of the degree of the framework's sophistication. The stronger and less ambiguous the relationships between the components, the

stronger and more durable will be the overall framework.

Once individuals have studied and accepted a conceptual framework as their 'way of thinking' about nursing they should achieve a more efficient acquisition and application of knowledge. Stevens[3] claims that the emergence of cognitive tasks as the major domain of nursing is evidence of the importance of an intellectual structure that organizes practice, and argues that the major tasks of nursing are becoming increasingly cognitive. Clinical decision-making, data gathering and diagnostic reasoning are all major aspects of practical nursing.

If a curriculum based on a conceptual framework aims to improve the practice of clinicians, it must be preceded by a closely interrelated chain of events:

- *The conceptual framework must be logical, clear and unambiguous. The components of the framework must relate strongly to one another.*
- *Students should study the conceptual framework and be able to recognize and articulate the concepts.*
- *Students must be able to transfer their conceptual knowledge into nursing practice. That is, the conceptual framework must guide their thoughts and actions.*

RMIHE framework

Much of the RMIHE framework has its origins in traditional nursing thought. It draws primarily on the work of Henderson[4], Roy[5] and Roper[6], but is eclectic in that it was developed by nurses with educational foundations in disciplines other than nursing.

The RMIHE curriculum designers began by considering three broad constructs – Humankind, Health and Nursing Practice – and then by identifying and describing the important concepts within each.

HUMANKIND

A statement about the nature of humankind is fundamental to a number of patterns and disciplines which are concerned with people either as individuals or in groups. Much of what is said in relation to this construct has to do with value clarification by the curriculum designers. Values become embodied in philosophical statements which in turn relate to the way in which constructs and concepts are developed. Gilchrist and Roberts[7] present a strong case for values teaching being an essential curriculum objective:

> It has occurred to us that educators have poised permanently on the threshold of value consideration without giving substantive guidance to anyone in the area of values teaching or values examination. With laudable concern for the learner, educators have proclaimed their virtuous hesitation in teaching values directly . . . A major task of the educational system *is* value examination, value-goal setting, and values teaching.

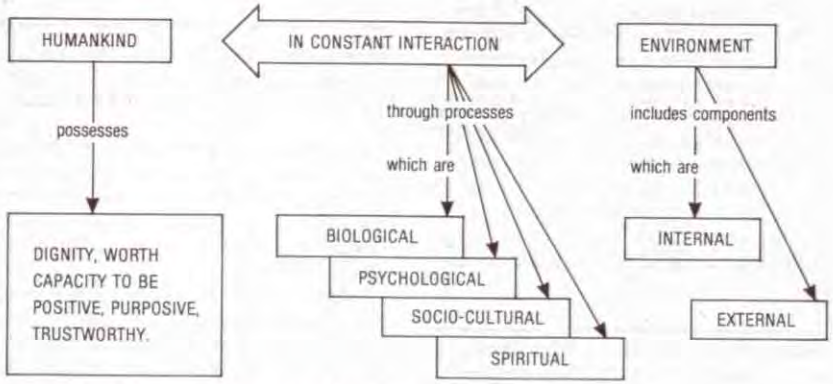

Figure 1: RMIHE construct of humankind.

Table 1[8]

THE RUCKER VALUE DEPRIVATION ENHANCEMENT CONTINUUM

Dehumanization ← **Low Synergy**			**Humanization** → **High Synergy**		
		What man tends to value			
		AFFECTION			
Indifference	Alienation	Fear	Caring	Trust	Tenderness
Withdrawal	Hatred	Suspicion	Acceptance	Intimacy	Love
		RESPECT			
Degradation	Discrimination	Isolation	Esteem	Admiration	Honour
Disintegration	Segregation	Inferiority	Identity	Integration	Veneration
		SKILL			
Incompetency	Nonachievement	Underachievement	Achievement	Adroitness	Artistry
Failure	Inadequacy	Awkwardness	Adequacy	Dexterity	Competency
		UNDERSTANDING			
Distortion	Confusion	Uncertainty	Awareness	Empathy	Enlightenment
Deception	Misunderstanding	Ambiguity	Openness	Wisdom	Meaning
		POWER AND INFLUENCE			
Destruction	Submission	Conformity	Self-direction	Cooperation	Effectiveness
Aggression	Coercion	Dependence	Impression	Participation	Inspiration
		GOODS AND SERVICES			
Prodigality	Poverty	Maintenance	Productivity	Helpfulness	Resourcefulness
Predatoriness	Indigence	Subsistence	Creativity	Usefulness	Fruitfulness
		WELL-BEING			
Anxiety	Irritation	Existence	Hope	Joy	Actualization
Illness	Frustration	Unhappiness	Health	Happiness	Contentment
		RESPONSIBILITY			
Malice	Selfishness	Apathy	Sharing	Integrity	Self-transcendence
Depravity	Unscrupulousness	Negligence	Consideration	Authenticity	Ultruism

In disciplines such as nursing in which practitioners are prepared for dealing with clients on an intimate and therapeutic basis, it is important that the value stance adopted should be that most likely to be compatible with the interests of those clients. Rucker[8] developed a continuum of values for use in the behavioural sciences which provides a useful basis for examining the value stance taken in curriculum design (see Table 1).

The designers of the RMIHE nursing curriculum chose those values to the right of Rucker's continuum as being the ones most desirable to foster in the affective domain of students. Clearly, they are humanistic or perhaps humanitarian in nature.

Human beings were seen to be existing in interaction with the environment, and individuals were considered as having the capacity to be purposive, positive and trustworthy. The interaction of individuals with the environment was seen to involve biological, psychological, socio-cultural and spiritual components, and resulted in adaptation to constant environmental changes. The environment was seen to have two aspects – the internal environment (inside the body and including the skin) and the external environment (the world outside the body) – both aspects being involved in the interactive process. The construct of Humankind is represented diagramatically in Figure 1.

HEALTH

Health was construed as the ability of individuals to positively adapt with autonomy and dignity to environmental interactions

which may be seen as challenges. In order to achieve such positive adaptation it was considered that certain levels of maturation and well-being were essential. An individual's well-being was in turn seen to be the sum of that individual's strength, will and knowledge necessary to perform certain essential activities of living. Deficiency in strength (functional ability) will (desire) or knowledge (information and understanding) would mean that an individual's capacity to adapt would be less than optimal, and at this point he or she may be prompted to seek health care.

While it is acknowledged that role delineation amongst health professionals is a somewhat political issue, the curriculum designers proceeded to define those activities of living which they considered appropriate to the roles and functions of nurses. It was acknowledged that some of these activities of living could well fall within the brief of other health professions, but that they *all* fell within the brief of nursing. It is this feature which identifies this conceptual framework as a nursing conceptual framework and not one appropriate to other health professions. For the most part the activities of living evolved out of Roper's[9] thoughts, but with considerable modification as experience in both teaching and clinical practice had shown Roper's list to fall short of the requirements of both students and graduates. The activities of living defined for the curriculum design included:

- those related to *comfort:* maintaining safety and security; maintaining hygiene and body warmth; avoiding pain; achieving rest
- those related to *normal body functions:* breathing; eating and drinking; eliminating wastes; mobilizing; sensing and perceiving
- those related to *personal growth and fulfilment:* expressing sexuality; working, playing and creative expression; communicating; learning; expressing emotions, including grieving.

The ability to perform all these activities unaided was deemed indicative of positive adaptation to ongoing environmental challenges, and therefore indicative of health. The construct of health is represented in Figure 2.

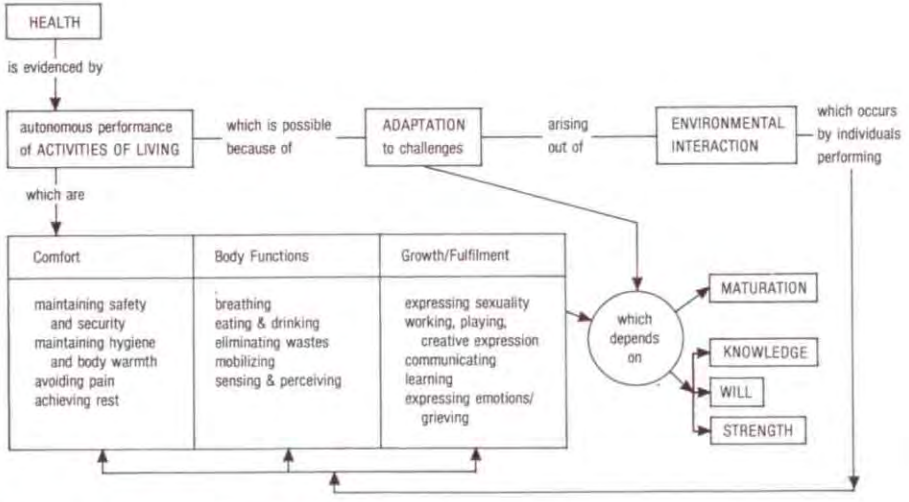

Figure 2: RMIHE construct of health.

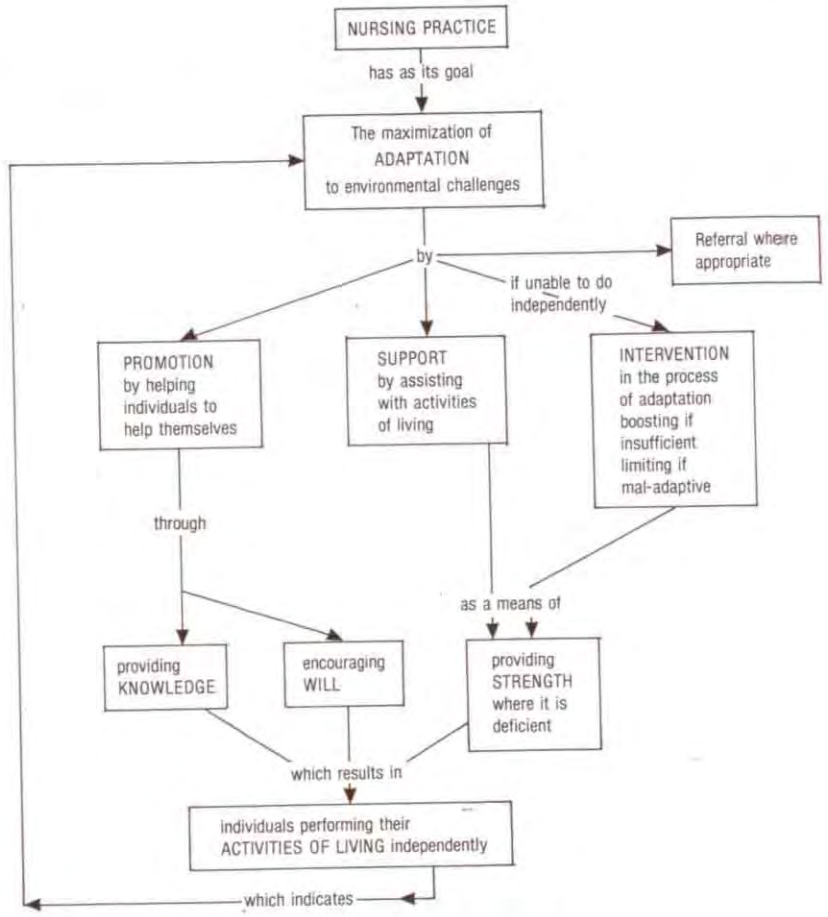

Figure 3: RMIHE construct of nursing practice.

NURSING PRACTICE

The construct of Nursing Practice was derived from the constructs of Humankind and Health. Nursing Practice was construed as a cognitive and empathic process which had as its goal the maximization of human ability to adapt positively to environmental challenges. This means of course to optimize health, or the ability of individuals to perform their activities of living independently. Achievement of this goal required the focus of nursing concern to range from individuals to families and communities.

The exploration of the construct of Nursing Practice was primarily to do with those activities nurses engage in which directly affect their clients. It was concerned with

nursing expertise and consequently did not involve elaboration of issues such as multidisciplinary teamwork or the process of referral. It focused rather on those independent roles within the domain of nursing practice, and as such it represents a model for nursing action which may be somewhat less inclusive than one which considers nursing in its broadest context.

Nursing was seen as occurring over three levels:

> Level 1 (PROMOTION) – nursing action directed towards promoting well-being, allowing individuals to perform activities of living unaided. Such nursing actions are concerned with health promotion, education and illness prevention.
>
> Level 2 (SUPPORTING) – nursing action aimed at supporting an individual's activities of living. Such nursing actions are concerned with assisting individuals with performance of these activities of living, while he or she is adapting to some environmental challenge.
>
> Level 3 (INTERVENING) – nursing action aimed at intervening when the individual's attempts at adaptation are inadequate. It may be aimed at limiting a maladaptation, or boosting an insufficient adaptation to an environmental challenge. This type of nursing action means doing something for individuals that they are unable to do for themselves in respect of a specific environmental challenge, and without which there would be a serious deterioration in the health of the individuals concerned.

It was acknowledged by the curriculum designers that some nursing actions could involve a composite of Levels 1, 2 and 3. Nevertheless, discrete parts of the RMIHE nursing course were based on the separate concepts of promotion, support and intervention. The concept of Nursing Practice is represented in Figure 3:

Conceptual framework and the nursing process

In recent years nurses have adopted the scientific process to direct their actions. It is an approach which offers a systematic way of gathering and dealing with data, is applicable to the context of a therapeutic relationship, and in nursing has been termed the 'nursing process'. Carlson[10] *et al.* traced the development of the nursing process over the last two decades and identified the following five steps as being most descriptive of that process: assessment, nursing diagnosis, planning, intervention and evaluation.

Accepting that this is the process by which nursing functions, to be applicable to nursing practice it must operate within the context of a conceptual framework. Griffith and Christensen[11] make this point when stating that:

> Together, theories, frameworks, models and principles serve to identify and classify phenomena. They are used throughout the nursing process to guide assessment, organize the data for analysis, and direct nursing implementation. Theoretical approaches are the means to justify each step in the nursing process and demonstrate the nurses' accountability to the client.

A number of authors have noted the difficulty nurses have experienced in using problem-solving strategies successfully, transferring classroom learning to practice and being able to conceptualize nursing practice[12,13,14]. The same authors maintain that nursing practice and nursing curricula need to be meshed in a way that causes conceptual frameworks and the process of nursing to become inseparable in the minds of students. This would allow for comprehensive data collection, conceptualization of that data, identification of appropriate and adaptive outcomes, and choice of appropriate modes of action.

It can be argued that the use of a conceptual framework to support and guide the nursing process is a means of providing students with a heuristic approach to problem-solving. The conceptual framework should allow for restructuring of difficult problems, for conceptualizing alternatives and ultimately for making decisions which produce acceptable results. Gagne[15] describes such an approach as the use of 'strategies' in problem-solving:

> . . . when engaged in solving problems, individuals may learn to instruct themselves to adopt strategies which guide their thinking. Presumably these self-instruction rules are learned as much as other rules are. But they do not appear as a part of the

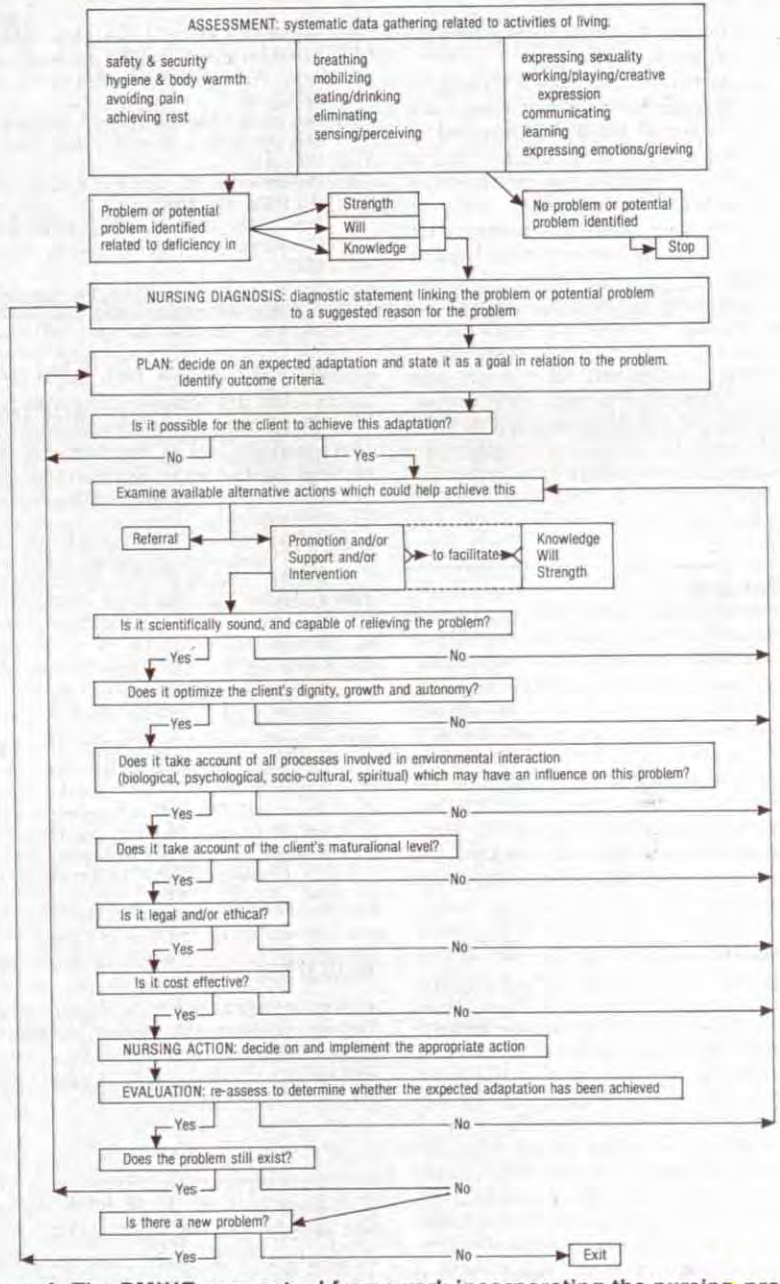

Figure 4: The RMIHE conceptual framework incorporating the nursing process.

problem solution itself; they simply aid the process of problem solving.

He later stated:[16] "A cognitive strategy is an internally organized skill that selects and guides the internal processes involved in defining and solving novel problems." It is in this manner that the nursing process operates within a conceptual framework.

Of the three major constructs underpinning the RMIHE conceptual framework (i.e. Humankind, Health and Nursing Practice), the concepts in each have a particular place in the cognitive strategies of students applying the framework to practice. Concepts which cannot be put into practice are little more than artifacts in a practice discipline like nursing, and students will ignore concepts and ideas which in their opinion serve no tangible purpose. In this respect, Figure 4 demonstrates how the concepts of the RMIHE framework can become functional.

Conclusion

There may be distinct benefits for teachers, learners and clinicians in organizing nursing knowledge into a coherent, conceptual framework but it must be logical, clear and unambiguous. It must also contain concepts which can be clearly used within the nursing process. Basing a nursing curriculum on a conceptual framework is the best way of assuring that students consolidate effective cognitive strategies for clinical practice, and that they are well equipped to transfer knowledge into nursing practice.

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