

Bachelor of Science in Nursing-Post Baccalaureate Program

PROGRAM PHILOSOPHY, WORLD VIEWS, AND CURRICULUM CONCEPTUAL FRAMEWORK

Ontological Statements

Ontological statements describe the nature, scope, and objects of nursing (Kikuchi, 1992 / 2009). Fawcett (2005) suggests the use of meta-paradigms to facilitate this. Meta-paradigms identify the relevant phenomena of nursing and the public articulation of meta-paradigms is important as they are the primary guide for the development of nursing knowledge (Fawcett, 2005). Fawcett initially identified four central units of nursing as person, environment, health, and nursing in 1978. After refinement (2005), she suggests that the meta-paradigm of nursing is made up of four concepts, four non-relational propositions, and four relational propositions.

The four concepts of nursing are human beings, environment, health, and nursing. The non-relational propositions are definitions of the four concepts, and the relational propositions link the concepts together, using the definitions. Specifically, the first relational proposition links human beings and health; stating that nursing is concerned with principles and laws that govern health. Health is defined as human processes of living and dying. The second relational proposition links human beings and environment as nursing is concerned with human health experiences within the context of the environment. The third links nursing and health; stating that nursing is concerned with nursing actions that are beneficial to human beings and the final relational proposition links human beings, health, and environment together as nursing is concerned with health, recognizing that human beings are in a continuous relationship with environments (Fawcett, 2005). Fawcett's meta-paradigm describes the scope, nature and objects of nursing clearly and the four concepts of human being, environment, health, and nursing are commonly accepted as the foundational phenomena on which nursing practice, education, administration, and research are based.

The Bachelor of Nursing program views these four concepts as described below.

Human beings (Client)

Clients include individuals, families, groups, communities, populations and/or the environment. The term, family, is defined broadly to include more traditional families such as the male and female parent plus children family units and less traditional family units such as lesbian, gay and transgendered family units, adolescent street children cohabitating as families, and single people and their pets. The term, community, includes people in geographic proximity and also individuals, families and groups sharing common interests (Andersen, 2003).

Health care environment

The right to health care for all is highly valued by our society and supported by the Canadian nursing profession. It is our belief that, fundamental to this right is equal quality of and access to health care through fairly distributed resources within and among our communities and that people must be full participants in making decisions about their health.

The complex and changing nature of health care has direct consequences for the way in which nursing is practiced. Nurses have a vital role to play in shaping and responding to the challenges of health care in our society. Nurses must strengthen their mandate and their ability to promote health through continuous professional growth (CNPBC, 2005).

Health and health promotion

Human health is the extent to which people are able to realize aspirations, satisfy needs, and change or cope with the environment (World Health Organization & Health and Welfare Canada, 1986). In assessing and determining the state and experience of their health, individuals, families, groups and communities reflect on their state of being, comparing it to criteria of their own choosing, a yardstick honed from past and present interpretations of health, drawing a perception of their present health in terms meaningful to them. This perception changes in accordance with factors such as mood, acute health challenges, losses, and the development of new skills and abilities. It is the lived experience of the client in the narrating of their stories that guides health professionals to an understanding of personal meaning and the health choices of particular individual, families, groups or communities.

The maintenance of the health of the planet is as important to human health as the selection and timely introduction of healing therapeutics. The pollution of air, water and food, and its implication in genetic aberrations, attention-deficit disorders, mood, sleep, motivation, neurological, respiratory and cardiac health challenges, needs to be understood and addressed from the source of the problems. Nursing alone is not responsible for sustaining and rebuilding the environment, but in cooperation with others, the development of social policy based on informed research emerges naturally from a focus on the relationship of environment to health and health promotion.

Health promotion emphasizes maintaining wellness, improving the health determinants and health of the client, working in partnership with other health professionals and the client, and intervening in a way that respects and promotes client empowerment. This includes involving clients in determining the direction of their care.

Nursing

The Registered Nurse (RN) is a professional who focuses on the care of individuals, families, groups, communities, and the environment and on the aim of promoting health and well-being. Practice and Praxis in nursing prepares the RN with knowledge and skills to care for clients of all ages in a variety of facilities including acute and extended care, the community, and private practice.

The RN practices within the legal scope of practice for Registered Nurses, upholds other professional standards of practice, and is prepared to provide safe, competent and ethical nursing care. The focus of the RN is to work with individuals, families, groups, communities, and the environment toward the aim of maintaining and improving health by using caring therapeutics which include the selective application of empirical and other knowledge, praxis, research, storytelling, psychomotor and interpersonal skills, sound reasoning, judgment, creativity, and moral and ethical decision-making. The practice of registered nursing involves partnerships with clients and other health professionals, and a commitment to lifelong learning (Andersen, 2003).

In the BSN-PB program, the concept, professional role, refers to the professional aspects of nursing. This includes attention to the standards and competencies required of a beginning practitioner, scope of practice, fitness to practice, ethics, and enculturation of individual nursing students into the profession. This is enhanced in the BSN-PB program with professional mentorship which is provided to each student by a faculty member and experienced registered nurse.

Epistemological Statements (Ways of Knowing)

Ontological claims are extended by epistemic claims which direct how the knowledge about nursing, human beings, health, and the environment is developed (Fawcett, 2005). Multiple ways of knowing have been identified in nursing since Florence Nightingale published notes in 1859 (Clements & Averill, 2006). Carper (1978 / 2009) presents four patterns, or ways of knowing, distinguished according to logical types of meaning. These are empirics, aesthetics, personal knowledge, and ethics. Empirical knowledge is factual, descriptive, and aimed at developing abstract and theoretical explanations. Aesthetic knowledge involves deep appreciation of situational meaning. Personal knowledge is subjective, concrete and existential, and ethics examines standards, codes, and values for nurses to make decisions that are morally right. White (1995 / 2009) suggests modifications to Carper's model and adds a fifth pattern, socio-political knowing. According to White, socio-political knowledge includes the context of the nurse and client as well as the context of nursing as a profession.

Chinn and Kramer (2008) offer a model of patterns of knowing which includes knowledge that is linked to emancipatory knowing, personal knowing, aesthetics, ethics, and empiric science. Emancipatory knowing critiques society, culture, and politics to identify and address inequities. Chinn and Kramer's model is comprehensive and clearly pulls the focus of knowing away from empirical science, which has been the predominant way of knowing in nursing over that past 50 years. The authors suggest that nursing knowledge requires all patterns of knowing to be

developed. This forms a holistic perspective of integrated knowing which is never-ending, and is consistent with nursing practice and client-centered care.

This model provides direction for research and evidence-based practice which is holistic and client-centered. It also provides a framework for nursing education. For example, nursing curricula may be organized around the patterns of knowing. Empirics, or the science of nursing, may be introduced with first level courses like Biology, and then pulled through to the fourth semester in Pathophysiology. Students also learn to identify ways of knowing and incorporate them into practice as they engage with clients. For example, the moral component of knowledge is introduced in semester one as nursing students explore the concepts of respect and confidentiality. In semester four, they provide knowledge to clients to ensure that they have the capacity to make informed decisions, and in their final preceptorship, students advocate for clients who do not have the resources required to stay healthy in their environments. Nursing leaders may also incorporate patterns of knowing into practice with staffing and workload issues.

While recognizing Chinn and Kramer's model as a guide which may be applied as a foundation to contemporary and future education and practice, the Bachelor of Nursing program has made a few changes to this model in an effort to improve clarity and function. Personal and aesthetic knowing appear to overlap and should be pulled together into a pattern of *relational* knowing. Engagement with clients provides a context for relational knowing and nursing knowledge is generated through nurses' relationships with self and others. In the curriculum, the concept, relational knowing, is addressed first with a Semester One course on relationship with self, in Semester Two, relational knowing in the context of aging and mental health, in Semester Four, relational knowing with families, in Semester Five with communities, and Semester Six, relational engagement in the global context. Related concepts such as empathy, therapeutic use of self, caring, and art are encompassed in this pattern.

The emancipatory pattern, as discussed by Chinn and Kramer (2008), is integral to all other patterns as the context of nursing and should be identified as such. For example, the importance of social determinants of health, culture, and politics in nursing is very relevant to the complex issues in nursing today and needs to be threaded through each of the patterns of knowing. The demands of the workplace and hegemony in the health care systems of today are such that this concept will also be extremely challenging for nurses to address. Chinn and Kramer's model provides direction.

Praxis

The BSN-PB program embraces Chinn and Kramer's (2008) definition of praxis. Praxis is the critical action/reflection dimension of emancipatory knowing; value-grounded, thoughtful reflection and action that occurs in synchrony, integrating ontology and epistemology; a value-motivated process that changes nursing practice and the larger social and political environment to end injustices and inequities; praxis creates conditions where all people can reach maximum well-being and full potential, integrated with all ways of knowing in nursing practice (Chinn & Kramer, 2008).

Critical Inquiry

Critical inquiry is central to praxis. The term, critical inquiry, expands on the meaning of critical thinking to encompass critical reflection on actions. Critical inquiry is a process of purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards (Brunt, 2005).

Relational Engagement

Nurses *engage* with human beings. Assessment without engagement is not nursing. It is only part of the process which becomes nursing. Engagement is a mutual process that may be initiated by the nurse that develops into a relationship of deeper understanding with the recipient of nursing care. Assessment is an important component of engagement as it provides direction for the relationship in terms of goal achievement. Nursing engagement develops over time, and is continuously changing as more information is created and developed in the relationship. It is this relationship that is unique to nursing. It encompasses coming to know and understand all aspects of the individual's life, in the context of their environment and is based on caring, health promotion, and mutuality.

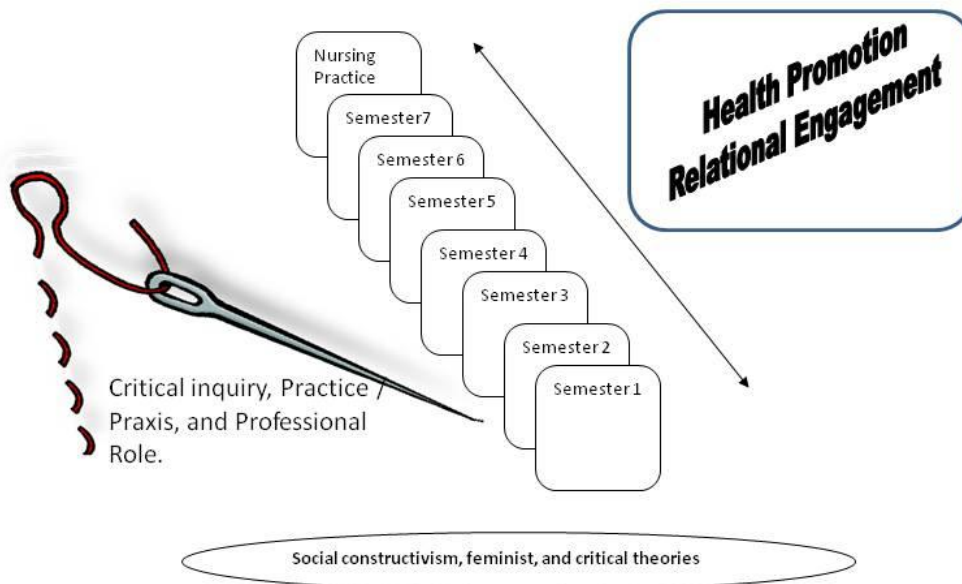
Relational engagement includes **caring** (Andersen, 2003). As a way of being, caring involves making connections with others and the environment. It is the authentic expression of compassion, love, thoughtfulness, empathy, a quest for peaceful co-existence, and nonjudgmental acceptance of the "other" and oneself. The latter of which is enacted in the nurse's learned practice of self-care (Henderson, 1978; Peplau, 1952 in Andersen, 2003). It involves the recognition of spirituality as a value supporting wholeness and acceptance of others' rights to experience and express it in their chosen ways. Empowerment and the practice of partnered decision-making are essential to the caring relationship. In nursing practice, the onus is on the nurse to find creative ways to engage clients in partnered decision-making to the full capacity of their abilities.

Caring in nursing extends beyond the scope and familiarity of caring as known to non-nurses to include relational caring actions. These are repertoires of intentional actions learned by members of a profession, which are based upon a sound base of knowledge, skills, values and attitudes in nursing, all of which can be taught and learned. Intentionality occurs when there is a goal and an action happens because it was intended to occur.

The ability to care for others is mediated by the extent to which self-care is practiced by nurses, and burnout develops in conjunction with a lack of self-care. Therefore, it is the responsibility of the educational program as well as the work place to model and educate students in the practice of self-care and the recognition and treatment of burnout.

Curriculum Conceptual Framework

The BSN-PB curriculum conceptual framework is an interrelated set of concepts drawn from the program philosophy and program goals. It is a vehicle for ensuring the integration of the program philosophy and goals in the curriculum design. The BSN-PB curriculum conceptual framework consists of a series of five concepts: Health promotion, relational engagement, praxis, critical inquiry and professional role. The concepts, health promotion, and relational engagement are considered over-riding concepts since they represent the essence of nursing. The other three concepts are considered core concepts since they are essential elements of nursing practice. In the curriculum, the five concepts are used in course titles as organizing threads and are also threaded through each course in the program. As well as reflecting the nature of nursing, these concepts relate to the process of nursing education. For example, client-centeredness and a focus on strengths, relational engagement, critical inquiry, praxis and professionalism are essential elements in learning to become a nurse. They are thus key features of the learning environment.



World Views or Paradigms

The beliefs, values and assumptions in this program reflect paradigms (or worldviews) of social constructivism, critical social theory and feminism. The major ideas in these worldviews influence and inform the development of the major curriculum concepts as they are presented in the curriculum and applied in nursing practice.

Social Constructivism

According to Creswell (2007) social constructivism is a world-view in which individuals seek understanding of their world. They develop subjective meanings of their experiences where they live and work. These meanings are directed to certain objects or things and are varied and multiple and often negotiated socially and historically. In the BSN-PB curriculum, this world-view is consistent with phenomenology, culture and context. **Phenomenology** in the BSN-PB program is a philosophical perspective. The central tenet of phenomenology is to understand human experience as it is lived. The aim is to gain a greater understanding of the meaning of experience. Rather than focusing on the facts of a situation, phenomenology strives to understand what meaning those facts have for the person. This understanding compels us to raise questions about the nature of human experience in an effort to uncover the deeper meaning within them (CNPBC, 2005). **Culture and context** is described as the environment in which people live and work. Culture includes beliefs, values, assumptions, and personal views as well as ethnicity. People of differing age, socio-economic status, sexual orientation, gender, race, etc. may be considered to have different cultural perspectives (CNPBC, 2005).

Critical Social Theory and Feminism (Andersen, 2003)

Reality is socially constructed (Berger & Luckman, 1967 in Andersen, 2003). There is no such thing as an “objective” viewpoint, or objective research, because the lens through which we see the world and our perceptions of it are always shaped by the belief systems embedded in the myths of dominant social classes (Berger & Luckman, 1967; Dodson Gray, 1982; Kuhn, 1970 in Andersen, 2003). When we become more conscious of the way we interpret our world and the way we live our lives we are then able to change ourselves and our world. This is accomplished through *social praxis*; the process of developing critical consciousness through cycles of dialogue and action to question and change ideologies (Greene, 1978 in Andersen, 2003). Specifically, critical social theory engages people in praxis to liberate them from their unacknowledged circumstance (conceptual traps) of domination such as poverty, and to transform their constraining conditions to create better ways of living (Freire, 1968; Stevens, 1989 in Andersen, 2003).

In critical social theory, the dream is to equalize and re-define power. Power is equalized through the processes of consciousness-raising, praxis and the replacement of *power-over* decision-making with feminist choices including the *power-to* accomplish goals, and *power-with*, meaning collaborative partnerships aimed at the betterment of all (Chinn, 2001 in Andersen, 2003).

It is the combination of feminism and critical social theory that helps us to envision and co-create new and better societies based on caring-egalitarian-empowering philosophies. Feminism concerns itself with the promotion of equal rights for women and men, equality in health care and socio-economics, and the valuing of persons for who they are rather than seeing them in a hierarchical arrangement with one gender at the top and all others at the bottom. Positive change through feminism comes about through the practice of consciousness-raising and critique which de-anesthetize us by engaging us in reflecting and taking action on situations of our daily lives.

Teaching & Learning in Nursing Statements (Andersen, 2003)

Adult learning must be relevant and immediate to sustain the learners' interest in the educational process. Furthermore, the education of adults must actively involve students in the learning process, therefore objectives and learning activities must include student voice and participation in creative activities aimed at attaining certain goals defined in part by the curricular purposes and also guided by the student's interests and readiness to learn. Recognizing that people learn using different intelligences and ways of knowing, activities must be multi-focused to fulfill the needs of student learning styles (sensing, thinking, seeing, hearing, etc.). Psychomotor and interpersonal skills are best learned through demonstration, practice and more practice in reality environments. They are also learned by observation, so the interpersonal relations between instructors and students must model the behaviors we expect students to develop and apply in their practice.

The teacher must be perceived by students as possessing *ethos*, namely character and credibility, to effectively create a milieu that is safe in the eyes of students and thereby capable of fostering meaningful dialectic and dialogue. These are the essentials to critical thinking and meaning-making. Research has proven that ethos plays a significant role in student learning, affecting the learner's feeling of safety, trust, interest, motivation, and valuing of the educational process (Haskins, 2000 in Andersen, 2003).

References

- Andersen, S. (2003). *Kwantlen University College Bachelor of Psychiatric Nursing Program program philosophy: Concept statements*. Surrey: Kwantlen University College.
- Brunt, B.A. (2005). Critical thinking in nursing: An integrated review. *The Journal of Continuing Education in Nursing*, 36(2), 60-67.
- Carper, B. (2009). Fundamental patterns of knowing in nursing. In P. Reed, and N. Shearer (Eds.), *Perspectives on nursing theory*. (5th ed., pp. 377-384). New York: Lippincott William & Wilkins. (Reprinted from *Advances in Nursing Science*, 1978, 1 [1], 13-23).
- Chinn, P. and Kramer, M. (2008). *Integrated theory and knowledge development in nursing*. (7th ed.). St. Louis: Mosby.
- Clements, P. and Averill, J. (2006). Finding patterns of knowing in the work of Florence Nightingale. *Nursing Outlook*, 54(5), 268-274.
- Collaborative Nursing Program of British Columbia. (2005). *CNPBC Curriculum Guide*. Victoria: Author
- Creswell, J. (2007). *Qualitative inquiry & research design: Choosing among five approaches*. (2nd ed.) Thousand Oaks, CA: Sage Publications Inc.
- Fawcett, J. (2005). *Contemporary nursing knowledge: Analysis and evaluation of nursing models and theories*. (2nd ed). Philadelphia: F.A. Davis Company.
- Kikuchi, J. (2009). Nursing questions that science cannot answer. In P. Reed and N. Shearer (Eds.), *Perspectives on nursing theory*. (5th ed., pp. 216-220). New York: Lippincott William & Wilkins. (Reprinted from J. E. Kikuchi and H. Simmons (eds.). *Philosophic inquiry in nursing*, pp 26-37. Copyright 1992 by SAGE Publications).

White, J. (2009). Patterns of knowing: Review, critique, and update. In P. Reed and N. Shearer (Eds.), *Perspectives on nursing theory*. (5th ed., pp. 395-406). New York: Lippincott William & Wilkins. (Reprinted from *Advances in Nursing Science*, 1995, 17, [4], 73-86).