

# **CLEVELAND STATE UNIVERSITY SCHOOL OF NURSING**

## **PHILOSOPHY AND CONCEPTUAL FRAMEWORK**

### **School Purposes**

School of Nursing faculty developed these purposes:

- to offer a community based undergraduate nursing curriculum that fosters health promotion/disease prevention.
- to offer a graduate nursing curriculum that emphasizes care for population groups.
- to provide a curriculum that builds on and integrates theories and concepts gained from course work in liberal arts, humanities, and the natural, physical, and behavioral sciences;
- to provide opportunities for persons to acquire an undergraduate and graduate degree in nursing;
- to provide a cadre of nurses who can function effectively in a variety of professional roles to enhance the health of clients in a multi-cultural society;
- to prepare professional nurses for leadership positions at the local through international levels;
- to prepare graduates to advance the science of nursing through practice, education, and research.

### **Philosophy**

In keeping with the University's mission statement, and missions of the College of Education and Human Services and the School of Nursing, the nursing faculty hold the following beliefs about Person, Environment, Health, Nursing, and Education:

## **Person**

A person is an integrated whole, a biophysical being who is rational, social, emotional, sexual, spiritual, and innately healthy. The person is endowed with inherent dignity and worth. A person possesses potential to discover and impart knowledge and skills to others, and to learn, grow, and change. As a rational being, a person uses mental processes to search for knowledge and truth. As a social being, a person communicates with others and assumes various roles within a family, group, and community. A person adopts values, beliefs, and attitudes which influence life experiences and quality of life. A person is able to differentiate self from others while existing in interdependent relationships in a shared environment with various sociocultural groups. A person has the capacity to form and participate in relationships as best suited to emerging needs. As an emotional being, a person is able to recognize feelings and reacts to changes in the environment. As a sexual being, a person has the capability to express intimacy. As a spiritual being, a person searches for unifying threads that give meaning and value to life. As an innately healthy being, a person seeks to understand, manage, and find meaning and purpose in life through management of adaptive energy.

Nursing care is delivered to all clients recognizing the each individual as an integrated whole. The client of nursing can be in individual, family, group or community of persons.

## **Environment**

Environment encompasses the totality of a person's life experiences. The environment is

viewed as both internal and external in nature. The internal environment is within the person -- body, mind, and spirit. The external environment consists of the society with its attendant ideas, symbols, mores, values, roles, and physical surroundings. The external environment also includes the immediate physical environment as well as the global surroundings. The internal and external environments interact.

The environment is dynamic in nature; its resources are limited. The environment contributes both stressors and resources to the person. As each person attempts to maintain health, he/she must recognize his/her relationship to environment, and understand that this relationship is essential for mutual survival. Openness, respect, and support enhances the environment. Environment includes transactions and relationships between and among the person, family, significant others, places and objects. Diverse cultures in communities provides an environment for learning and practice within the fabric of the nursing profession. The health of the physical environment and the health of the ecosystem are believed to be essential for the continued health of every individual and community.

Of the various environments, the learning environment is of special concern to nurse educators. The learning environment consists of human and material resources and all interactions and experiences students have with others. A significant component of the learning environment is communication between faculty and students that helps students move toward actualizing their potential as professional nurses.

## **Health**

Health is a dynamic state that is personally and culturally defined. Health is the successful

management of tension and stress through the mobilization of resources. Levels of health are achieved, maintained, and restored through person-environment interactions, and are supported by the use of therapeutic nursing interventions. Each individual, family, group, and community has the right and responsibility to engage in preventive health activities. Access to community based settings is important for health promotion and disease prevention. Ability to plan and evaluate care for population groups is important for health planning and policy, and for documenting outcomes of nursing care.

## **Nursing**

Nursing is both an art and science. Nursing is based on the integration of knowledge of theories and concepts from the natural, behavioral and nursing sciences as well as the humanities which provide the foundation for professional nursing practice. Professional nursing practice involves the diagnosis and treatment of human responses to actual or potential health problems/ life processes and includes six essential features: provision of a caring relationship that facilitates health and healing; attention to the range of human experiences and responses to health and illness within the physical and social environments; integration of objective data with knowledge gained from an appreciation of the patient or group's subjective experience; application of scientific knowledge to the processes of diagnosis and treatment through the use of judgment and critical thinking; advancement of professional nursing knowledge through scholarly inquiry; and influence on social and public policy to promote social justice (ANA, Social Policy Statement, 2<sup>nd</sup> edition, 2003, p. 5). Nursing is a profession that uses supportive, nutritive, and generative behaviors. It encompasses scientific, supportive, and nurturant behaviors which facilitate the enhancement of

health of individuals, families, groups, and communities. Nursing is concerned with health and focuses on helping clients use resources to the best of their ability to cope with stressors. Nursing is an evolving profession which builds on the accomplishments of its past. Nursing is sensitive to diverse populations and incorporates the knowledge of cultural differences related to health and health care.

Professional nurses use critical thinking to meet the health needs of clients in generalist, specialist, advanced or independent practice roles. Professional nurses assume the roles of care giver, health teacher, client-advocate, counselor, coordinator, collaborator, change agent,/leader, manager, consultant, or researcher. They collaborate with interdisciplinary team members and others to provide health care. Professional nurses use research findings and/or conduct research to improve nursing. Professional nurses have a strong commitment to ethical behavior and Professional Standards of Practice, and assume responsibility, authority, and accountability for their actions. Professional nurses use primary, secondary, and tertiary preventative strategies.

Primary prevention strategies relate to those activities which promote and maintain health-- that is, health teaching, immunization, early detection, and treatment. Secondary strategies relate to activities which focus on acute and critical care and the limitation of disability. Tertiary preventive strategies relate to those activities related to rehabilitation, long term care, and care of the dying.

## **Education**

Education is a structured process leading to formalized outcomes. Education provides a person with tools contributing to personal development. Education is present and future-oriented; it

is accomplished by facilitative communication, critical thinking, problem-solving, and decision-making. Education provides a firm basis for understanding self and relationships to others and society as a whole. Nursing education contributes to the development of a personal and professional identity. Education enhances a person's ability to confront ambiguities of life and maintain a sense of coherence. Education provides the means for effecting change in a systematized, logical, goal-oriented, and direct manner. During this process of change, a person becomes able to identify and explore alternative perspectives.

Learning is a process of change that continues throughout a person's life. Learning is self-directed inquiry. Faculty and students actively engage in learning experiences.

Teaching is a set of strategies that encourage an individual's initiative and independence of thought while facilitating ability to inquire, analyze, synthesize, correlate, and generalize.

Teaching-learning contributes to the development of professional values, attitudes, and behavior through a partnership of accountability between teacher and learner.

Faculty support students in the educational process by acknowledging that students experience a variety of stressors during the learning process. These stressors can enhance or interfere with achievement of personal and educational goals. Other factors influence mutual learning such as, interests, learning needs, attitudes, past experiences, different learning styles, cultures, and learning environments. The faculty provides opportunities to incorporate life experiences into meaningful mastery of new learning for growth of the personal and professional self.

Baccalaureate nursing education prepares the person to enter into the culture of professional nursing. During the educational process, the student is socialized to values, traditions, and

obligations of the profession. This education provides knowledge and skills needed to fulfill professional roles and functions.

Baccalaureate nursing education consists of two components: liberal arts and a professional nursing major. The liberal arts component provides a foundation of knowledge from natural sciences and behavioral sciences, and humanities. This component is integrated with a professional nursing major helping students learn to use an organizing framework for professional practice.

This education provides an essential foundation for understanding a person's response to the environments, and for promoting self-understanding, personal fulfillment, and motivation for continued learning. Baccalaureate nursing education prepares a student to manage care with individuals, families, groups, and communities.

Graduate nursing education builds upon baccalaureate nursing preparation and is a foundation for doctoral study. Graduate nursing education assists a professional nurse to gain additional knowledge, skills, and specialization to apply to nursing practice.

Graduate nursing education also includes two components: nursing knowledge and the knowledge of cognate disciplines to produce a graduate able to enter a multidisciplinary work group as an equal partner in planning, directing and evaluating health care.

This philosophy provides the fundamental guidelines and a value system for ordering priorities within the program and is the belief construct underlying the organizing framework of both the undergraduate and graduate curricula.

### **Undergraduate Program Organizing Framework**

Whereas the philosophy identifies the basic assumptions or beliefs held by the Nursing faculty concerning the Person, Environment, Health, Nursing, and Education, the organizing framework

provides the vehicle for explication of these beliefs. The baccalaureate nursing framework is based upon the theories of Antonovsky, Selye, and Dubos. The framework identifies and structures the content of the educational process. The content includes the concepts, theories, skills, and values essential for professional nursing practice.

Because of the community-based curriculum, faculty have chosen a framework, based on stress theory, that encompasses the relationship between a person and his/her environment. The faculty acknowledge that numerous theories exist. Theories provide a sense of understanding of phenomena and help predict and control future events. When used in a nursing context they provide a framework for education, research, and practice. The theories of stress and a sense of coherence provide the basis for the organizing framework of the curriculum. The discussion is organized into two major sections: (1) major concepts and constructs of stress and the sense of coherence, and (2) the application of these to the concepts of Person, Environment, Health, and Nursing.

The organizing framework of the Program uses the concepts and theoretical notions of Selye, Antonovsky, and Dubos. The major organizing concepts addressed in the framework are: stress, stressors, sense of coherence, general resistance resources, adaptation, and diseases of adaptation. Selection of the theoretical framework is based on the voluminous research validating the utility and applicability of Antonovsky theory in myriad settings with diverse populations.

## **Concepts and Constructs of Stress and The Sense of Coherence**

Stress: According to Selye (1974, 1978), it is a biological state manifested by a specific syndrome which consists of all the non-specifically induced changes within the organism. Others have expanded Selye's theory of physiologic stress and addressed stress that arises from a psychological or sociocultural origin.

Psychological stress refers to all processes, whether originating in the external environment or within the person, which impose a demand on the organism. Psychological stress is processed mentally before any other system is involved or activated (Engel, 1953).

Sociocultural stress is experienced as a disturbance in the social support or relational networks of the person resulting in social isolation, marginality, and status inconsistency. Although the external environment (physical, social, and cultural) influences the occurrence of this type of stress, the internal environment (intrapsychic and physical-biochemical) also mediates the individual's perceptions and responses.

Stressors are any factors which cause stress and are ubiquitous (Antonovsky, 1978). As individuals move through the life cycle, they constantly experience a large number of different stressors. Therefore, it is incorrect to assume that individuals can successfully adapt to stress by avoiding stressors. The person must experience some degree of stress to sustain life.

Lazarus (1967) and Dubos state that cognition of a stressor will determine the person's response to it. The response is mediated by life experiences. These life experiences include such things as age, gender, culture, education, socioeconomic status, and so forth. Many authors agree

that in developed societies psychosocial stressors are more prevalent than physical-biochemical stressors and thus place an emphasis on lifestyle and its effects on health.

Antonovsky (1978) categorized stressors as physical-biochemical or psychosocial. His categories are labeled as:

- A. Physical-biochemical stressors
  - 1. nutritive agents
  - 2. chemical agents
  - 3. physical agents
  - 4. infectious agents
- B. Psychosocial stressors
  - 1. accidents and survivors
  - 2. untoward experiences of others in our social networks
  - 3. horrors of history
  - 4. intrapsychic conflict and anxieties
  - 5. fear of aggression, mutilation and destruction
  - 6. immediate world changes
  - 7. the events of history brought into our homes
  - 8. phase-specific
  - 9. other normative life crises
  - 10. conflicts inherent in all social relations
  - 11. gaps between culturally inculcated goals and socially structured means.

Sense of Coherence is defined as a "global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can be reasonably expected" (Antonovsky, 1981, p. 123). The sense of coherence influences how persons perceive the world and their place in it. The sense of coherence is influenced by life experiences and successful management of stressors. It is enhanced by the availability of general resistance resources.

General Resistance Resources (GRRs) are mechanisms which are available to individuals, groups, subcultures, or societies to manage stressors. Persons use GRRs to minimize the stress response, to avoid diseases of adaptation, and improve, and maintain their sense of coherence (Antonovsky, 1978). GRRs are available to individuals and groups in varying degrees. Groups, whether primary or secondary, may pool resources to maintain health and respond to whatever stressors confront them. Antonovsky identified the following specific categories of General Resistance Resources:

<b>TYPES OF GRRs</b>	<b>EXAMPLE</b>
1. Physical and Biochemical  (GAS)	Immune response Local Adaptation Syndrome (LAS) General Adaptation Syndrome
2. Artifactual – Material	Money, real estate property, clothing stocks & bonds, furniture Health insurance

3. Cognitive-Emotional	Knowledge Ego-identity
4. Valuative-Attitudinal	Rationality Flexibility Far-sightedness
5. Interpersonal-Relational	Social networks to which person are committed (family, social group, clubs)
6. Macrosociocultural	Community based health care agencies

Adaptation is the process used by persons to respond to stressors. Selye (1974) believed that each person is born with a certain amount of adaptive energy, the magnitude of which is determined by genetic influence. During the life cycle persons use their adaptive energy to respond to stressors.

An intense and stressful life uses up large amounts of adaptive energy and may speed up the aging process. Exposure to excess stressors may also cause diseases of adaptation and/or premature death

Selye discovered that when a stressor impinges on the organism two physiologic responses occur: a local adaptation syndrome (L.A.S.) and a general adaptation syndrome (G.A.S.). The L.A.S. is the response of the tissues directly affected by the stressor and is usually characterized by relative inflammation and/or tissue death. The nature of the L.A.S. is a function of the nature of the organ affected.

The G.A.S. consists of all changes that develop throughout time during continued exposure to a stressor. The strength of the G.A.S. is a function of the extent of tissue damage rather than the degree of damage to a particular body organ. The G.A.S. is characterized by three stages: alarm, resistance, and exhaustion. During the alarm stage large territories of the body are mobilized for

survival in response to signals sent by the stressed organ. During the resistance stage, body responses are restricted to those body areas which can most appropriately resist the stressor. During the exhaustion stage, general body responses are temporarily mobilized to augment the exhausted (i.e., diseased) organs. If general mobilization is not successful, death of the affected part or of the organism ensues.

Successful adaptation to a stressor involves a perception of the stressor, physiologically, cognitively and psychologically. During this process, the body uses adapted energy to decrease the stress response, and the person uses GRRs (coping mechanisms) to respond to stressors.

Illness refers to what the person perceives is wrong, (i.e.,) his/her assessment of health status. According to Antonosky, the core elements of illness are a loss of a feeling of omnipotence, of connectedness, of personal indestructibility, and a sense of loss of power. Persons who perceive themselves as being ill believe that stressors are overwhelming or that their bodies or minds have succumbed to the effects of stress.

Diseases of Adaptation occur when the person is unable to maintain the proper balance throughout the physiological, psychological, spiritual, or sociocultural realms of functioning by the use of available resources. Failure in adaptation may result in a disease whose cause may be related to disturbances in the person's internal or external environments. Failure in adaptation may be related to one or more of the following factors: biological, genetic, intrapsychic, microbial, environmental, or social.

### **The Stress Framework**

The stress framework is used to design the undergraduate curricula nursing curriculum. Its

major theories and concepts are used to develop critical thinking, guide therapeutic interventions, and to foster professional socialization. The nursing curriculum provides learning experiences that offer students opportunities to gain knowledge and to develop organizational skills needed to problem solve and provide therapeutic interventions in a variety of community based settings.

Baccalaureate-prepared nurses manage care through the enactment of generalist role. The nurse assists persons to identify and use general resistance resources to maintain, promote health, prevent disease and enhance the sense of coherence.

The role of caregiver requires the nurse to provide "hands-on" direct care. In this role the nurse provides physical and psychological comfort and assistance, thereby augmenting or developing the individual's physical, bio- chemical, and interpersonal-relational General Resistance Resources. In order to execute the role of care-giver the nurse uses cognitive, affective, and psychomotor skills to maintain and/or enhance the client's sense of coherence.

In the roles of coordinator, collaborator and consultant the nurse works with other health care professionals to assure optimal delivery of client care. For instance, coordination of health care services results in efficient delivery of care which, in turn, results in conservation of physical, biochemical, and emotional General Resistance Resources for the client. Collaboration and consultation with other health care providers may result in clients securing artifactual-material General Resistance Resources necessary to enhance health. To implement the roles of coordinator, collaborator, and consultant the nurse understands the health care system and roles of other professionals, is skillful in communicating and establishing interpersonal relationships, and values

the contributions of the client and other health care personnel.

In the role of health teacher, the nurse shares information and facilitates learning relative to health and illness. Healthy persons may use such information to make choices about behaviors which maintain or improve the healthy state. Ill persons may use such information to understand current therapies and make rational decisions about future therapy. The teaching role of the nurse relates directly to cognitive and evaluative General Resistance Resources. In order to implement the role of health teacher the nurse understands teaching-learning principles, is skilled at sharing information with others both verbally and in writing, and recognizes the role knowledge plays in influencing behavior.

In the role of counselor, the nurse provides emotional support to clients. By using therapeutic communication techniques and being empathetic to clients' situations the nurse helps them make difficult choices regarding health behaviors and explore feelings about health changes in themselves and significant others. In order to execute the role of counselor the nurse uses knowledge of communication and counseling techniques, cultural beliefs and practices, and social role expectations. In this role the nurse is skilled in developing interpersonal relationships and values the rights of others to make their own decisions about health. Enactment of this role requires the nurse to have an awareness of personal values and recognize the effect these values have on the interpersonal process.

In the role of client advocate, the nurse works to encourage the client to assume control and direction in seeking ways and means to make the health care system more responsive to the client's

needs. When working as an advocate for clients, the nurse works to improve access to services.

The nurse supports the clients' rights to make choices regarding the nature and extent of their health care, recognizing that individual cultural beliefs and health care practices impact on clients' choices.

The role of advocate thus requires knowledge of ethics and various cultures in order to improve the clients' macro sociocultural General Resistance Resources.

The nurse' as change agent/leader initiates improvements in nursing and health care and/or supports improvements made by others. The nurse recognizes that change is inevitable and necessary, though difficult, and helps others to make the adjustments required by new practices. In this role the nurse has understanding of principles of decision-making, change, and group dynamics as well as knowledge of past, present, and emerging developments in the nursing profession as well as future possibilities and health care in general. The nurse is skillful in helping others to implement and adjust to change as a method of continually improving nursing care delivery. The complexity of this role requires the mobilization of all General Resistance Resources.

The beginning nurse researcher is skilled at reading and analyzing research literature and at judiciously applying findings to practice. The beginning nurse researcher values the rigor and discipline of the research process, recognizing that the skills and knowledge needed to understand it are distinct from those required to do research. The beginning nurse researcher develops an awareness of the interrelatedness of all of the General Resistance Resources and their impact on the client, the health care system, and the nursing profession.

### **Undergraduate Program Objectives**

The terminal objectives of the Program identify behaviors that are to be demonstrated by

graduates. Derived from the philosophy and organizing framework, they are:

1. Use knowledge and skills from the natural, physical, behavioral, and nursing sciences, the humanities, and the stress framework in nursing practice within community based settings.
2. Use the nursing process to provide therapeutic interventions at each level of preventive care to assist individuals, families, groups, and communities to mobilize General Resistance Resources.
3. Use nursing research findings in the delivery of preventive care.
4. Communicate with members of the interdisciplinary health team to manage the care of clients.
5. Use leadership skills to effect change and in the delivery of health care to clients in community-based settings.
6. Demonstrate responsibility, accountability and ethical behavior when enacting the roles of the professional nurse.
7. Recognize the need for life-long learning and continued professional growth.

These terminal objectives serve as the foundation for the level and course objectives of the curriculum. Table 1 presents the terminal and level objectives of the curriculum.

**TABLE 1. Terminal and Level Objectives**

<b>Terminal Objectives</b>	<b>Freshman Level Objectives</b>	<b>Sophomore Level Objectives</b>	<b>Junior Level Objectives</b>	<b>Senior Level Objectives</b>
1. Use knowledge and skills from	Knows major principles and	Identifies the stress framework	Apply knowledge of major	Synthesize knowledge and

<b>Terminal Objectives</b>	<b>Freshman Level Objectives</b>	<b>Sophomore Level Objectives</b>	<b>Junior Level Objectives</b>	<b>Senior Level Objectives</b>
<p>the natural, physical, behavioral, and nursing sciences, the humanities, and the stress framework in nursing practice within community-based settings.</p>	<p>concepts from the natural, physical, and behavioral sciences.</p>	<p>as a mechanism for organizing nursing practice. Understand how the major scientific principles and concepts from the natural, physical, and behavioral sciences, the humanities, and the stress framework relate to nursing practice.</p>	<p>scientific principles and concepts from natural, physical, behavioral, and nursing sciences, the humanities, and use the stress framework for organizing therapeutic nursing interventions in community-based settings.</p>	<p>skills from the natural, physical, behavioral and nursing sciences and from the humanities.</p>
<p>2. Use the nursing process to provide therapeutic interventions at each level of preventative care to individuals, families, groups, and communities to mobilize General Resistance Resources (GRR).</p>		<p>Recognizes the nursing process as the primary mechanism for organizing nursing practice, and uses the nursing process to provide tertiary care to individuals.</p>	<p>Use the nursing process to provide primary, secondary and tertiary preventative care to individuals and groups.</p>	<p>Use the nursing process to provide primary, secondary, and tertiary preventative care to individuals, families, groups, and communities.</p>

<b>Terminal Objectives</b>	<b>Freshman Level Objectives</b>	<b>Sophomore Level Objectives</b>	<b>Junior Level Objectives</b>	<b>Senior Level Objectives</b>
3. Use nursing research findings in the delivery of preventative care.	Recognizes sources of knowledge, truth, and evidence in basic, social and behavioral sciences.	Recognizes nursing research as important in the delivery of nursing care and the development of the profession. Uses documented findings as a basis for nursing practice.	Use primary sources as a basis for nursing practice.	Apply research findings of others and formulate one's own researchable question for clinical practice
4. Communicate with members of the interdisciplinary team to manage care of clients.		Identify the roles of the members of the interdisciplinary health team and implements the role of interdisciplinary health team member.	Establish collaborative relationship with members of health team to help clients achieve their highest level of health.	Consult with other health professionals to develop multidisciplinary plans to manage care of clients.
5. Use leadership skills to effect change and to improve the delivery of health care to clients in community-based settings.		Recognizes the leadership behaviors that characterize the performance of nursing leaders in the evolution of the profession	Describes leadership theory and relate it to nursing practice Understand the dynamics of leadership and change strategies as they relate to the delivery of nursing care.	Use leadership skills to initiate change in the delivery of care to clients in community-based settings.

<b>Terminal Objectives</b>	<b>Freshman Level Objectives</b>	<b>Sophomore Level Objectives</b>	<b>Junior Level Objectives</b>	<b>Senior Level Objectives</b>
6. Demonstrate responsibility, accountability, and ethical behavior when enacting the roles of professional nurse.	Identify the meaning of components of ethical behavior as they relate to self as a person and as a professional.	Recognize individual responsibility and accountability for the enactment of ethical behavior in nursing practice.	Use ethical principles and assume responsibility for own actions in managing client care.	Assume responsibility and accountability for ethical behavior in all roles of the professional nurse.
7. Recognize the need for life-long learning and continued professional growth.	Develop an awareness of the need for life-long learning in the development of the professional self.	Identify the role of life-long learning in the development of the professional self.	Analyze the relationship between learning and professional growth.	Formulate goals for further personal and professional development.

## **Graduate Program Organizing Framework**

Nursing's metaparadigm is viewed from within the context of the stated program philosophy. Building on that philosophy, the concepts of stress, resources and adaptation are foundational to the graduate curriculum. The focus of the program is population health, therefore these concepts are used as a framework for population-focused care.

### **Population Health**

Population health is the practice of nursing that examines the health status of people in defined groups, taking into account attributes that are thought to influence health (lifestyle, ethnicity, disease, gender, age, geography, environment, and social or economic conditions). Nurses providing population-focused care use aggregate data to guide, design, implement and evaluate nursing services for defined groups. Such nurses understand that every individual client is part of an aggregate and that care directed toward an individual client can be enhanced when the nurse understands and advocates for the needs of the group. A nurse providing population-focused care can function in multiple care-environments, think beyond disease-state management, and apply principles of epidemiology, and health promotion/disease prevention to targeted groups for the purpose of facilitating the health of the aggregate.

## **Stress**

Stress is defined as a physical, psychological, sociocultural, spiritual, or environmental state that disrupts a sense of balance or equilibrium. Stressors are the factors which cause stress. Any unit of concern (individual, family, population group, or community) can be affected by stressors. Stress can be identified by characteristics of excitement, arousal, disruption, distress, disequilibrium, or alteration in physiological function.

Stressors can have an effect that is either positive or negative. Positive stressors can lead to maturation, growth, and development. Negative stressors can lead to despair, impoverishment, depression, exhaustion, or diseases of adaptation. An ability to mobilize appropriate resources to adapt to stress makes the difference between health and disease.

## **Resources**

Resources are mechanisms within the environment that permit adaptation or change to accommodate stressors. Resources can be internal or external to the client, and can be physical, material, cognitive, valuative, spiritual, interpersonal, sociocultural, or political. Nursing interventions are aimed at helping the client to mobilize resources to adapt.

## **Adaptation**

Adaptation is the adjustment of the system to stressors. Health assumes a positive adaptation and is the aim of nursing interventions. Through adaptation, a sense of harmony, balance, coherence or equilibrium is achieved.

## **Population-Focused Care**

Population-focused care is defined by the American Nurses= Association (ANA) as care directed toward defined groups or aggregates. Thus, population-focused care requires use of techniques of population assessment. Further, the population health focus requires assessment of resources available and accessible to the population. Nursing care is aimed at assisting members of a population to access available resources and to take steps necessary to provide additional resources as needed to promote health of the population.

Nurses providing population-focused care work at all levels of prevention: primary, secondary, and tertiary. An assessment of the population needs and level of health determine the level of prevention required.

## **Use of Theory**

The curriculum draws on varied approaches to help nurses understand about the care of groups and individuals within groups. Nursing theories provide a means of operationalizing the concepts of nursing=s metaparadigm. Stress theories (Antonovsky, Selye, Dubos) provide an understanding of systems, stress and adaptation. Nursing theories based on stress theory (Roy=s Adaptation Model and Erickson=s Modeling and Role-Modeling Theory) combine the two in ways unique to Nursing, but have not been applied to aggregates. Nursing theories based on caring (Watson=s theory of Humancare), nurturance (Modeling and Role-Modeling), and cultural sensitivity (Leininger=s Transcultural Nursing Theory) bring an important perspective to work with populations, many of whom are identified client groups facing significant and long-term illness who are very likely not a part of the dominant cultural group of biomedical practitioners and institutions. Critical theory provides insights to working with

groups through processes of education and political action. Theories of health behaviors, such as the Health Belief Model and the Theory of Reasoned Action, assist nurses in understanding client behaviors and planning interventions. Family theory also helps to guide the nurse=s understanding of client behaviors.

The faculty believe that care of populations is a complex nursing activity. Thus, knowledge of several theoretical perspectives is necessary for delivery of such care. Each theory of the theories that inform the curriculum is useful and contributes to practice in a unique way. Knowledge of multiple theories provides the nurse with multiple perspectives from which to view a situation and gives the nurse several alternatives to consider when planning care.

### **The Nursing Process and Population-focused Care**

The nursing process is the means through which nurse-client interaction takes place. Commonly, the nursing process is understood to mean a step-by-step method of assessment, diagnosis, outcomes identification, planning, interventions, and evaluation. This view of the nursing process provides a framework for thinking about nursing care in an organized manner. In recent years, however, this view of the nursing process has been criticized widely as being reductionistic and unhelpful in providing holistic care. The faculty recognize that nurses beyond the stage of novice nurse never really apply the nursing process in a such a step-by-step fashion. A nurse does not assess, then move on to diagnose, devise outcomes, plan, provide an evaluate care *in that order*. A nurse is diagnosing while assessing. As soon as a nurse begins an interaction with a client, the nurse is intervening, because the nurse=s words, actions, and presence serve as an intervention and are part of nursing care. A nurse is constantly evaluating; one

knows that evaluation does not come only at the end of a detailed care plan. The nursing process is a complex process, in reality more circular than linear. Although the linear nursing process can and does assist nurses to reflect, understand, and describe care. The nursing process, as a complex process, can be applied to population-focused care, just as it is applied to individual care.

The Precede-Proceed Model is a model developed in population-focused work that provides an expanded framework for making assessments, diagnoses, and for planning, delivering, and evaluating care. The model parallels the nursing process and provides specific directions for multiple kinds of assessments and factors which must be taken into account to expand care from the individual to the population level. The diagram below illustrates the Precede-Proceed Model and further depicts the parallels between it and the nursing process:

NP	Precede-Proceed Model	Goal
Assessment	5 Domains: Phase 1 – Social Phase 2 – Epidemiological Phase 3 – Behavioral/environmental Phase 4 – Educational/organizational Phase 5 – Administrative	Predisposing Factors Reinforcing Factors Enabling Factors
Analysis/Diagnoses	Across 5 domains	
Plan		
Implementation	Health Education Health Policy	
Evaluation	Process Evaluation Impact Evaluation Outcome	Health Quality of Life

The faculty have selected the nursing process as expanded by the Precede-Proceed Model as the curricular organizing framework for the graduate program. This framework provides a model to be used across the curriculum in applying concepts to client care. The framework is atheoretical such that data obtained through its use may be interpreted according to any of the theories described above.

### Nursing Roles

There are nine nursing roles described in the undergraduate curricular framework. The faculty believe that each of these roles is further developed at the graduate level so that the Master=s prepared nurse obtains skills to practice at a more complex level to provide care to a population or aggregate. The nursing roles and the level of practice expected are presented:

Caregiver	Provides direct care to client aggregates who may be defined groups, communities or identified populations.
Coordinator	Serves as case-manager; Coordinates the care of a group of clients; Coordinates members of the nursing team to provide care to an identified population.
Collaborator	Collaborates with the client groups and members of the health care team to achieve health objectives have impact on communities or throughout agencies..
Consultant	Works with nurses, clients, citizen groups and other health care providers to design, implement, and evaluate nursing services for identified populations.
Health Teacher	Teaches health-related information to client groups, citizen groups and health care professionals.
Counselor	Counsels client populations and citizen groups in health related matters, emphasizing HP/DP.
Client Advocate	Participates with citizen groups, professional groups, and other stakeholders advocating for expanded, directed, comprehensive and/or holistic care for identified populations.
Change agent	Works with citizen groups, professional groups, and other stakeholders using skills of advocacy, change, and political action to achieve health-related goals for populations.
Leader	Demonstrates ability to provide leadership to an indentified community or population group. Demonstrates ability to follow others to accomplish goals.
Researcher	Uses current data to make practice decisions. Accesses population data; generates population data. Understands research methods. May design research projects in area of interests

## **Graduate Program Objectives**

The terminal objectives of the Program identify behaviors that are to be demonstrated by graduates. Building on the competencies of the undergraduate, the graduate program terminal objectives are also based on seven content areas B knowledge, nursing process, research, interdisciplinary work, leadership, accountability and life-long learning:

1. Uses knowledge and skills from the natural, physical, behavioral, and nursing sciences, the humanities, multiple theories, and population-focused research to practice nursing across multiple care environments.
2. Uses the nursing process and population models to provide therapeutic interventions at each level of preventive care to assist population groups to achieve, maintain, or regain health.
3. Generates and uses nursing research findings in the delivery of population-focused care.
4. Participates as an equal member of a multidisciplinary health team to coordinate or manage the care of a population group.
5. Uses leadership and managerial skills to effect change and in the delivery of health care to population groups.
6. Demonstrates responsibility, accountability, and ethical behavior when enacting the roles of a Master=s-prepared nurse.
7. Recognizes the need for life-long learning and continued professional growth.

Course objectives in the Master's program are leveled through Phase I and Phase II courses to build on increasing knowledge, abilities, and competencies. Phase I objectives indicate behaviors that student

should demonstrate at the completion of all courses of that phase; Phase II objectives are the terminal objectives of the program. The following table illustrates the objectives organized by the content areas of the seven terminal objectives.

Content Area	Phase 1 Objectives	Phase II Objectives
Knowledge	Demonstrates a knowledge base in nursing practice, nursing theory, stress and the diseases of adaptation, population theory, and in the ability to seek out evidence applicable to population-focused care.	Uses knowledge and skill from the natural, physical, behavioral and nursing sciences, the humanities, multiple theories and population –focused research to practice nursing across multiple care environment.
Nursing Process	Uses population models and the nursing process to enhance the assessment and planning phases of the nursing process.	Uses the nursing process and population models to provide therapeutic interventions at each level of preventive care to assist population groups to achieve, maintain, or regain health
Research	Synthesizes published research literature on a population health topic. Writes a research proposal to investigate a question related to a specific population group.	Generates and uses nursing research findings in the delivery of care to aggregates.
Interdisciplinary relationships	Identifies the roles a population health nurse expert may take in relation to those from other disciplines in the practice of population health nursing	Participates as an equal member of a multidisciplinary health team to coordinate, manage, plan or evaluate the care of a population group.
Leadership	Identifies leadership techniques and managerial skills that could be used to effect changes in the delivery of health care to population groups.	Uses leadership and managerial skills to effect changes in the delivery of health care to population groups.
Accountability	Demonstrates responsibility, accountability, and ethical behavior in the classroom and preparation of learning assignments.	Demonstrates responsibility, accountability, and ethical behavior when enacting the roles of a Master’s prepared nurse.

Life-Long Learning	Recognizes the need for life-long learning and continued professional growth.	Recognizes the need for life-long learning and continued professional growth.
--------------------	---	---