

NURSING CONCEPTUAL FRAMEWORKS: A CONTENT ANALYSIS  
OF SUBCONCEPTS AND THEMES RELATED TO MAN,  
ENVIRONMENT, HEALTH, AND NURSING USED IN  
BACCALAUREATE, ASSOCIATE DEGREE, AND DIPLOMA  
NURSING EDUCATION

by

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## ABSTRACT

Title of Dissertation:   Nursing Conceptual Frameworks: A  
                                  Content Analysis of Subconcepts and  
                                  Themes Related to Man, Environment,  
                                  Health and Nursing Used in  
                                  Baccalaureate, Associate Degree, and  
                                  Diploma Nursing Education in  
                                  Maryland and Delaware

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In contemporary nursing education, the conceptual framework is the keystone and foundation upon which nursing curricula are built. This study used a content analysis approach to review conceptual framework documents within nursing curricula to identify the extent to how the four major concepts of "Man", "Environment", "Health", and "Nursing" are defined and used.

Data used in this study were gathered from twenty-one conceptual framework documents as well as six program philosophy documents in instances where formal conceptual frameworks had not been developed. This sample included eight Baccalaureate Degree, fifteen Associate Degree, and four diploma programs.

The content analysis consisted of identifying subconcepts and themes provided in the documents which were then categorized as falling into one of the major concepts of "Man", "Environment", "Health" or "Nursing". For

example, the subconcept of illness was categorized under the concept of "Health".

From an examination of the conceptual framework documents, the following conclusions emerged:

1. Content analysis was an effective way to identify the extent to which subconcepts fall into the identified major concepts.
2. The three levels of nursing programs similarly defined and used common subconcepts to describe the four major concepts.
3. There were discernible differences in emphasis found between the three levels. For example, the baccalaureate models emphasized "Man" as an adaptive behavioral system who has freedom of choice and "Nursing" in which research and leadership nursing roles were addressed. On the other hand, associate degree and diploma documents emphasized the needs of "Man" and stressed the provider role of nursing care.

In light of the current controversy over differentiating between the three levels of entry into practice, these findings support the idea that similar subconcepts are used by all three levels of nursing curricula. This study found that baccalaureate, associate degree, and diploma programs borrow from the same theoretical concepts and use these concepts similarly in their conceptual framework documents. Subconcepts and themes identified in this study could be further examined to more clearly specify and define the essential attributes of each concept for theory development and clinical practice.

## DEDICATION

- To my husband, Hal, who has guided and promoted my  
educational endeavors . . .
- To my sons, Dow and Devin, for their love and  
understanding . . .
- To my family, Violet and Harold, for their  
immeasurable support . . .

## ACKNOWLEDGEMENTS

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## CHAPTER I

### INTRODUCTION

#### Purpose

The purpose of this project is to examine conceptual framework documents within the three levels of nursing education curricula in Maryland and Delaware to identify how four major concepts of man, environment, health, and nursing are described and used. This study is an offshoot from a preliminary investigation in which a sample of twelve documents were examined. The data from the initial study were incorporated into the final data of this research project. Following an introduction, the more specific issues and questions which this study deals with will be presented.

#### Background

Throughout the twentieth century, there has existed a belief that nursing does indeed require a distinct body of knowledge (Abdellah, 1969; Hall, 1964; Henderson, 1964; Krueter, 1957) even though there has been resistance or even refusal to acknowledge the value or need for developing nursing as a science. Today, this idea has developed a strong commitment within the nursing profession, as Hardy (1978) observes: "nursing has been in a stage of searching

to determine what entities are of particular concern to the discipline, where to locate these entities, and how to study them. On the most general level of abstraction regarding the nature of nursing, there does appear to be general academic consensus regarding those concepts that are central to the discipline." Even though there has been agreement upon global concepts, there continue to exist alternative views about how these concepts are viewed and used which may serve to either stimulate or inhibit further development of nursing knowledge. Generally, the science of nursing is viewed primarily at the conceptual framework stage in theory development. Williams (1979) and Fawcett (1978a) concur that nursing has many conceptual frameworks but a dearth of theories.

Today, more than ever, the discipline of nursing, in its development as a science, has a great need for theories to guide its practice and for research to establish its scientific base. It has long been accepted in principle that nurses need to understand and apply nursing theory, that nurse researchers need theoretical frameworks for research explorations, and that nurse-educators need to build on some theoretical basis. However, the controversy continues as to what paradigms to use, what theories to implement, and which types of theories are most appropriate for the discipline of nursing.

Within the general area of the conceptual framework

approach in teaching and clinical practice many questions may be posed. Conceptual development was intended to serve primarily as a way of viewing nursing phenomena and of labeling and classifying these phenomena. For example, it is essential in the utility of the models to apply the models in formulating nursing diagnoses in practice, to apply the models in research efforts to the testing of concepts and theoretical formulations as well as to use the frameworks to guide curricula decisions in nursing education.

In nursing education, the conceptual framework is claimed as the keystone and foundation upon which nursing curricula are built. A framework contains "an interrelated system of premises that provide guidelines or ground rules for making all curriculum decisions -- objectives, content, and implementation and evaluation" (Bevis, 1980). A conceptual models for nursing educational programs is not a new idea. Throughout most of nursing's history, programs have derived from some kind of a conceptual framework basis.

Historically, nursing education has guided practice and research, and today nursing knowledge is being influenced by a number of nurse theorists and researchers who have developed various well-publicized conceptual models. As nursing continues to emerge as a distinct discipline, nurses must define and explore semantic and substantive issues surrounding the various conceptual models and their relation

to other forms of knowledge (Neuman, 1982, p. 30). Even though total consensus of major points is probably not realistic at this time, nurses must begin to clarify language usage and terminology as well as identify conceptual commonalities and differences being described within the various models (Neuman, 1982, p. 30).

The term conceptual framework refers to global ideas about the individuals, groups, situations, and events of interest to a science (Fawcett, 1980). These phenomena are classified into concepts which bring forth mental images of the properties of things. Concepts are linked to form interrelationships. Thus, these statements constitute the basic assumption of the science (Bourne, 1966).

A conceptual model may therefore be defined as a set of concepts and those related assumptions that integrate them into a meaningful configuration which describes specific phenomena (Nye & Berardo, 1966). Each model specifies certain phenomena by identifying relevant concepts and by describing the connections among them. By identifying relevant phenomena, a conceptual framework provides a perspective for researchers, telling them what to look at and speculate about. By describing these phenomena and their interrelationships in general and abstract terms, the model represents the first step in developing the theoretical formulations needed for scientific activities.

Although this study does not address all of the

following questions, there are a number of issues concerning conceptual framework usage which raises a number of concerns. One critical question in the discipline of nursing is: Is it possible to place the many and perhaps vastly different languages found within the body of nursing knowledge into a single coherent conceptual framework? What is the underlying unity to the welter of concepts found in nursing education, practice, and research? The nursing discipline in its development toward recognition as a distinct profession and as a science need not be fundamentally fragmented even though educators, practitioners and researchers pursue a host of methodologies and borrow and adapt from a variety of disciplines. With the utilization of a conceptual framework approach to education, practice and research within the broader context of the twentieth century philosophical traditions concerned with the epistemology, environmental conditions, wellness, and nursing knowledge, a holistic universal paradigm may evolve.

In essence, conceptual models can serve to specify the phenomena of interest to nursing science which are encompassed by the four essential global concepts of man, environment, health, and nursing (Yura & Torres, 1975). In the field of nursing, these four concepts have been identified as the most influential determinants in nursing education, practice, and research. Among these four components, the core of nursing practice is man - the

client. Thus, it is from the client/patient relationship that all other concepts evolve.

There are three different educational routes which are available to a person who is interested in becoming a registered nurse. These three educational levels are the baccalaureate degree, associate degree, or diploma. Nursing education in using a conceptual framework approach within curricula has, in turn, influenced nurses in their clinical practice as well as research. As more educators use a conceptual framework to guide education and clinical practice, the need to systematically analyze models within curricula becomes vital.

#### Statement of the Problem

The first scientific conceptualizations about knowledge in nursing appeared in the literature around 1960 by pioneers who sought to develop nursing theories. Figure 1 depicts a time continuum of theorists with their designated themes and major orientation. These theorists are recognized for their contributions to nursing knowledge. Generally speaking, the majority of the theorists have developed conceptual models from which nursing theories can be derived (Chaska, 1983). Some nurse-scholars have worked on refining their conceptual frameworks (Orem, 1980b; Rogers, 1980; Roy, 1980). Others have taken some of the key concepts in their models to test through research. Some new

**Figure 1.1 Continuum of Theorists-Themes-Major Orientation**

1860	Nightingale	"Environment and Nature"	Environment
1952	Peplau	"Interpersonal Relation"	Interaction
1955	Henderson	"Human Needs"	Need
1960	Abdellah	"Typology of Nursing Problems"	Need
1961	Orlando	"Meeting Expressed Needs"	Need
1962	Hall	"Cure, Care, Core"	Interaction
1964	Wiedenbach	"Realists in Nursing"	Need
1966	Levine	"Conservation Principles"	Interaction
1968	Johnson	"Behavioral Systems"	Systems
1970	Rogers	"Unitary Man & Environment"	Systems
1971	Orem	"Self-Care Deficits"	Need
1971	King	"Goal Attainment"	Systems
1971	Travelbee	"Interpersonal and Stress"	Interaction
1972	Neuman	"Open Systems Model: Stress & Reaction"	Systems
1976	Roy	"Adaptation"	Systems
1977	Kinlein	"Self-Care Practices & Health"	Need
1979	Watson	"Humanistic, Altruistic, Interpersonal Process"	Interaction
1981	Parse	"Man-Living-Health"	Systems
1981	Fitzpatrick	"A Life Perspective Rhythm Model"	Systems/ Development

Reference: modified from Torres (1986), p. 4.

conceptual frameworks have been developed by other scholars and are presently in the process of being tested. At the same time, the cadre of nurse-scholars has increased. The development of both old and new conceptual frameworks have fostered research which has been based upon frameworks implemented in the clinical setting as well as in some nursing educational programs (Jopp & Lowry, 1985).

Over the last several years, a number of textbooks have attempted to provide guidelines for analyzing the various nursing conceptual frameworks which have been formulated by approximately seventeen or so nursing theorists ( i.e. Levine, 1971; Johnson, 1980). These proposed guidelines compare the various models which vary in levels of abstractness as well as completeness (Fitzpatrick & Whall, 1983).

A force influencing conceptual framework development is the National League of Nursing which in 1977 mandated that all educational programs must organize nursing curriculum upon a designated conceptual framework. This mandate has had an significant impact upon the direction of curricular development. In fact, nursing educators are still in the process of developing and clarifying the conceptual basis upon which the curricula is built. In addition, educators are attempting to work out how to link the different as well as complex components of knowledge into an unified conceptual scheme. Although educators are still wrestling

over issues surrounding the development of a conceptual framework approach in curricula, faculty have selected to move forward to utilizing a conceptual model approach within curricula. Either the conceptual frameworks used in curricula have been derived from the pioneer nursing theorists mentioned earlier, or faculty have formulated eclectic models which are based on designated concepts and theoretical constructs. Thus, educators in diploma, associate degree, and baccalaureate programs throughout the United States are still in the process of developing, expanding, and refining conceptual frameworks within curricula. However, the general direction in which conceptual frameworks have evolved within nursing curricula remains generally unexamined.

Riehl (1976) did a study to establish if conceptual models were taught in the classroom and implemented in the clinical area by the students, and if the faculty maintained a clinical practice and what nursing model they employed, if any. All three levels of education were included in the sample. A total of 265 schools were contacted; however, only 27 percent of the total accredited programs were included in the study as a result of the researchers selection method for the sample. From the sample of 27 percent, 43 percent (31 schools) of the questionnaires were returned. From the thirty-one questionnaires, it was determined that 91 percent of these schools taught a

conceptual model and 89 percent used the models in the clinical areas.

Kerlinger (1973, p. 533) claims that "education has suffered from a lack of analysis of the educational information people absorb from the press and other media of public communication." This point can be translated into the need for content analysis of conceptual framework documents used in curricula - meaning, a body of knowledge is conveyed to students in which the conceptual model serves as the guiding tool. Thus, the purpose of this project is to examine how the major concepts - man, environment, health, and nursing - are described and used in the conceptual frameworks utilized in the three levels of nursing education: Baccalaureate, Associate Degree, and Diploma. Since the philosophy statement of a program serves as the basis for the conceptual framework, program philosophies were also examined. Data used in this study were gathered from the conceptual framework documents as well as philosophy documents in instances where formal conceptual frameworks had not been developed. Within the conceptual framework documents, commonalities and differences were analyzed to highlight conceptual similarities and differences. An analysis examining conceptual framework documents used in the three levels of nursing curricula has not been previously explored in this manner.

### Research Questions

This project investigated how the three educational levels of nursing curricula describe subconcepts related to the four essential concepts of man, environment, health, and nursing within their conceptual framework document. The following questions were explored:

1. What subconcepts are used to describe man, environment, health, and nursing in the conceptual frameworks used in diploma, associate degree, and baccalaureate nursing programs in Maryland and Delaware?
2. How are these subconcepts described?
3. What subconcept similarities and central themes as well as differences are found in the various conceptual framework documents?

### Limitations of Study

The method used for the data collection to answer the research questions was content analysis. This methodology within this study had its limitations. A goal of the researcher was to maintain objectivity and to diminish subjectivity in the structuring of the content. In this study, four major concepts were used as the methodological framework since these four areas were described within the nursing conceptual framework literature as the most influential determinants in nursing education, clinical practice, and research. Thus, the analysis was limited only to those descriptors relating the four major concepts of

"Man", "Environment", "Health", and "Nursing".

This limitation deals with the categorization or partitioning of the content. The content analysis of the nursing conceptual framework documents provided that appropriate statements be placed in one of the four categories of "Man", "Environment", "Health", and "Nursing". However, in reviewing the documents there were few concepts and subconcepts which could not be suitably be placed in one of the four categories. For example, another major area, teaching and learning, was identified in the data. Because this content was not included within the methodological framework, some areas were not addressed in the study.

### Definition of Terms

1. Conceptual Framework. A conceptual framework, known also as conceptual model or theoretical framework is defined as a set of concepts and those assumptions that integrate them into a meaningful configuration (Nye and Bernardo, 1966). Models serve as a way of viewing phenomena as well as a way of labeling and classifying relevant phenomena. The conceptual framework provides an organized frame of reference that not only guides all other aspects of curriculum development but provides for systematic evaluation as well (Chater, 1978, p. 929). Bevis (1980) claims that the conceptual framework contains "an interrelated system of premises that provides guidelines

or ground rules for making all curriculum decisions - objectives, content, and implementation and evaluation".

2. Concept. Concepts are the products of thought, for they are ideas; ideas that human beings formulate to describe things in the world (Caplovitz, 1983). Concepts are associated with phenomena which bring forth mental images. Concepts are used to designate varying degrees of abstraction. The higher the level of abstraction, the greater the ambiguity about the concept's definition, and consequently, the greater the tendency for misunderstandings to occur (Duldt & Griffin, 1985, p.29 & 46). Concepts have properties that are directly relevant to the measurement process: they are not directly observable and they are complex, consisting of a bundle of dimensions (Caplovitz, 1983, p. 219). The process of measuring concepts involves working with the indicators of the concept. Concepts are linked to form interrelationships. These interrelationships constitute the basic assumptions of a science (Bourne, 1966).

3. U. U is the universe of content that is to be analyzed. Categorization, or the partitioning of U, is perhaps the most important part of content analysis because it is a direct reflection of the problem of the study (Kerlinger, 1973, p. 528). In this study U was partitioned into four major categories: man, health,

environment, and nursing concepts employed in conceptual framework documents used by baccalaureate, associate degree, and diploma nursing education.

4. Units of Analysis. Subconcepts and themes describing the nature of man, environment, health, and nursing in the documents called conceptual frameworks were the units of analysis for this study. A theme is often a phrase or sentence, a proposition about something. Themes are combined into sets of themes (Kerlinger, 1973, p. 528). Berelson claims that if the themes are complex, content analysis using the theme as the unit of analysis is difficult and perhaps unreliable; however, the theme as the unit of analysis is an important and useful unit because it is ordinarily realistic and close to the original content (Berelson, op. cit., p. 508).

## CHAPTER II

In Chapters two, three, four and five there will be a review of the literature, a presentation of the methodology used followed by an analysis of the data. Lastly, implications for further research and practice will be presented.

### REVIEW OF LITERATURE

This chapter is divided into the two sections: (1) a brief overview of the historical evolution of conceptual frameworks in nursing education and (2) a review of selected perspectives dealing with scientific knowledge and professional nursing practice in relation to the major concepts addressed in this study: man, environment, health, and nursing.

#### The Historical Evolution of Conceptual Frameworks in Nursing Education

Nursing curricula historically evolved from a general notion of nursing in the Nightingale era (1850's - 1910) into a period of the medical model influence, and finally into an era of the general use of nursing models which are now used to guide curricula.

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A brief historical review of events in the last several decades that seemingly had a direct impact on the evolution

of nursing conceptual frameworks will be discussed. In the 1940's, nurses' concern for the whole person resulted in the adding of psychosocial studies to the curriculum. This supplemented knowledge of the biological systems which had previously dominated nursing education. With this change, an emphasis on the interpersonal process in nursing intervention soon emerged (J. Murdock, 1983). The focus in the 1940's led to the holistic approach in the 1950's in which the patient emerged as a logical focal point of the content presented in nursing schools. This person-centered approach conceptualized the patient as having common human needs, and the goal of nursing was to identify and meet these needs (J. Murdock, 1983).

By the 1960's, several nursing approaches appeared. According to Murphy (1971) and King (1971) the rapid growth of nursing models in the late 1960's and in the 1970's was based on a number of factors. King attributes this vast accumulation of knowledge to research. Murphy lists the proliferation of new knowledge as a prime motivating force in the search for models and theories to unify existing information. Murphy lists three influencing factors: recognition of the interrelatedness of knowledge from various disciplines, dissatisfaction with compartmentalized knowledge, and finally, expanding roles, which created the need for new insights. Along the same line of thought, King noted the need to differentiate between professional,

technical, and vocational nursing practice by making the explicit the scientific foundations. She has provided also two other influencing factors: the number of nurses with advanced degrees who ask questions about nursing as a discipline, and the fact that disciplines in higher education are expected to have a theoretical body of knowledge that can be taught.

In the 1960's the content was organized around the goal of nursing which related to the person - the client. For example, in some schools it was taught that it was the nurse's role to promote the behavioral stability of the patient (Johnson, 1961). In a second approach, nursing was what nurses did. The process of nursing became the content of the curriculum. The student was taught to be a decision maker and analyst (McDonald and Harms, 1966). A third emerging conceptual emphasis within curricula focused on the human developmental process as applied not only to the growing child but also to three adult age groups - - young adult, middle life, and later years (Smith and Gibbs, 1963). Also, a patient-oriented concept based upon human needs was also delineated (Abdellah, et al., 1960).

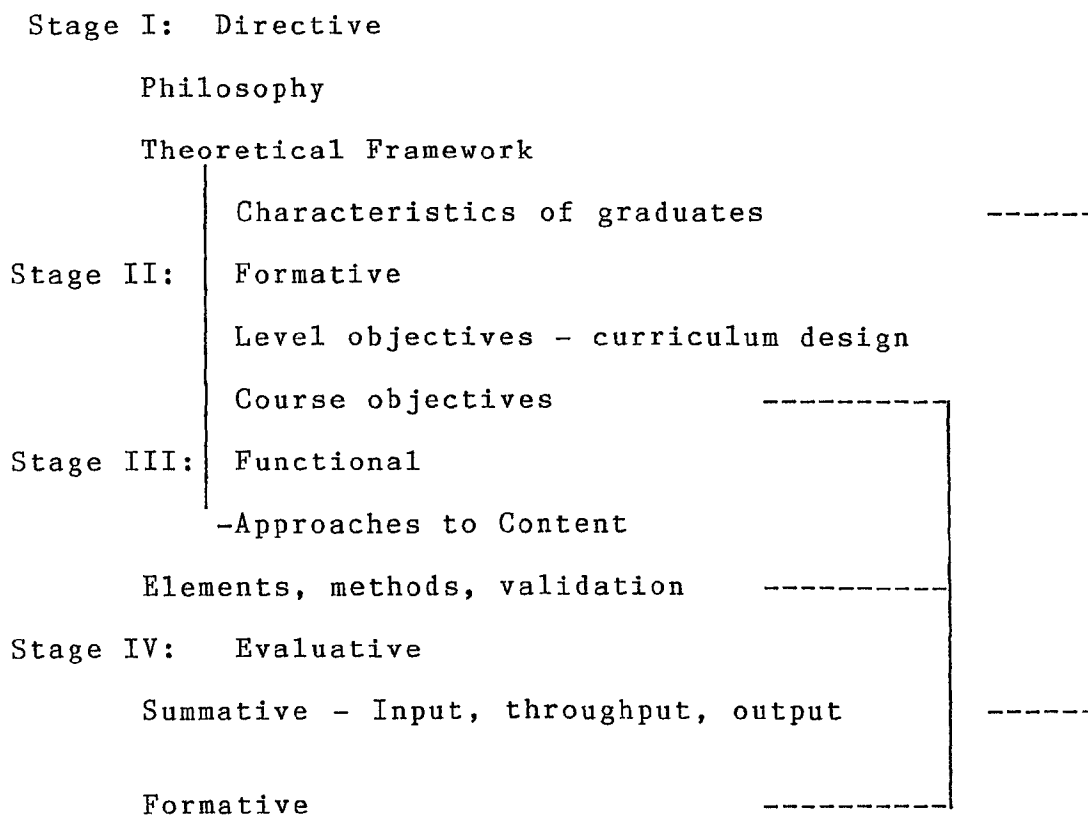
The preceding historical events led to the development of a number of well delineated nursing conceptual frameworks by a number of researchers in the 1970's. These models impacted upon nursing curriculum when the National League for Nursing in 1977 adopted accreditation criteria which

mandated that nursing programs be based upon a conceptual framework.

Certain patterns regarding nursing education have emerged during the mid and late 1970's. Nursing educators have continued with the task of imparting to their students the knowledge and skills necessary to practice nursing. They have fulfilled this challenge through the development and implementation of the nursing curriculum through the use of some form of a conceptual framework as a guiding tool.

In the curriculum development process Torres and Stanton (1982) identified four specific stages or steps that promote forward movement in an educational program. These are the directive, formative, functional, and evaluative stages (see Figure 2.1). The directive stage includes crucial foundational elements which include a philosophy which incorporates basic assumptions about man, environment, health and nursing; a glossary of terms; characteristics of the graduate; and a theoretical framework. Although some authors believe that definitions may be implicit in the conceptual framework, Torres (1975) and Bevis (1982) recommend including a glossary of terms in the model document. In addition, Litwack (1985, p. 35) claims that: "Terms such as health and society are universal and require definition in order to give clear guidance and direction." Furthermore, "the theoretical framework should prescribe the manner in which content and process will intertwine as a

**Figure 2.1 Stages of curriculum-development process**



basis for nursing practice" (Litwack, 1985, p. 34).

The second stage of curriculum development identified by Torres and Stanton is the formative stage. In this stage, which evolves from the directive stage, curriculum design, level and course objectives, and specific content are identified. Depending on the length of the program, the philosophy, the conceptual framework, and program resources, the curricula design may vary considerably. Traditionally, the curricular design usually introduces nursing courses after a foundation of general and supporting pre-nursing courses. These supporting courses should reflect a body of knowledge (content) which is congruent and supportive of the conceptual framework. For example, in using Rogers Model (1970) which focuses upon man, environment, and energy interactions, pre-nursing courses would have a heavy emphasis on physics. Similarly, using Peplau's developmental nursing model (Peplau, 1952), the pre-nursing courses would focus primarily on personality development and interpersonal relations. According to Chater (1975), "A curriculum design must be constructed in order to implement the objectives. Curriculum design is first of all the overall plan or structure of the curriculum, showing the arrangement of the courses and the organization for its operations."

The final stage in curriculum development is the evaluation stage - ascertaining the degree to which the

curriculum is successful in preparing the graduate characterized in the directive stage. This process, according to Torres and Stanton (1982), is the least understood and most frequently ignored stage. Once again, the selected conceptual framework for the curriculum can provide direction for the formative and summative evaluation process. The most severe criticism voiced about nursing education is its casual attitude and haphazard approach toward program evaluation (Bevis, 1982). According to Litwak (1985, p. 210) "a final outcome goal of educational systems is to produce positive changes in society through graduates. These graduates, especially individuals in leadership and professional roles, can influence the values, attitudes, and behavior of society." In determining whether the student/graduate is the kind of nurse implied in the nursing model (Riehl/Roy, p. 12) is a measure of curriculum effectiveness.

Historical Perspectives of Scientific Knowledge Development and Professional Nursing Practice Related to Man, Environment, Health, and Nursing

The term "concept" is not a new phenomenon in nursing education, and is one that has been a part of the discipline's search in delineating its body of knowledge. The main purpose of this section is to present the various meanings given for the four essential global concepts (man, environment, health, and nursing) which have been described

in the nursing literature. Nursing is in its early stages of formulating a scientific knowledge base for the profession as well as for the professional practice of nursing. It might be said that nursing is in an identity formation stage in its development to be recognized as a legitimate science in its own right, a goal prompted by the past and present endeavors of a number of nursing theorists, educators, and researchers.

Since concepts may create different images, the four major concepts mentioned earlier also have varied meanings given to them within the literature. Therefore, different interpretations can lead to not only varied definitions but also misinterpretations and confusion. It has been said that an individual's past learning experiences determines one's conceptual definitions. For example, the concept of man can create an almost endless supply of notions and ideas. It may be used in the generic sense to include persons of all ages and sexes (George, p. x) or it might include individuals, families, communities or society.

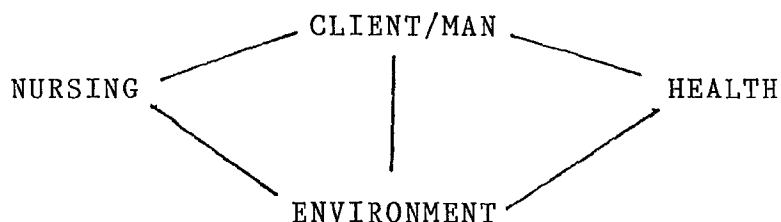
Historically, environmental factors were a prime focus for Nightingale. In the 1950's a shift occurred in the nature of nursing practice which prompted definitions of nursing functions followed, in the 1960's, by a focus on the nature and purpose of the nurse-client relationship. Attention was also directed to the client and one's adjustment to changes in self or environment (Chaska, 1983).

Fawcett (1980) claims that existing nursing models define and describe person and environment and their interactions. She continues to say that most conceptualizations view the person as a biopsychosocial being who interacts with family members, community, and other groups, as well as with the physical environment. However, each scheme presents these essential concepts in unique ways such as adaptive systems, behavioral subsystems, or complementary four-dimensional energy fields.

Currently in the literature the concept of health is being examined as an essential component of all the previous frameworks. The models further provide a definition of health, often describing both the well and ill person and environments conducive or detrimental to health. They also identify the goals of nursing, which usually derive directly from the definition of health. Each model addresses its version of the nursing process usually in great detail (Chaska, 1983).

Newman (1982) asserts that the science of nursing must take into account all the relevant phenomena of the nursing paradigm. She predicts that if shifts continue to develop in the way of viewing the phenomena, a unified model may eventually evolve. Newman (1982) claims that once a particular view of the phenomena prevails, the first scientific stage of nursing's development as a science has occurred. The nursing paradigm today is claimed to depict

the interrelationship and interdependence of the following major concepts:



This nursing paradigm needs to be viewed in the context of how it describes or classifies approaches to education, practice, and research as well as how it describes the interrelationship of the concepts of man, environment, health, and nursing. One way of looking at the similarities and differences of nursing conceptual frameworks is to explore the variety of ways they characterize nursing actions (George, p. 216). For example, a brief summary of a number of conceptual models' nursing actions identifies three different forms: 1.) assuming responsibility for the person until he/she is ready to assume responsibility for self, 2.) changing or manipulating the environment to facilitate health, and 3.) helping the person toward some goal. These actions appear to stem from a definition developed in the 1930's. The concept of nursing was described by the New York League of Nursing Education in which nursing was defined as "using skillfully scientific methods in adapting prescribed therapy and preventive

treatment to the specific physical and psychic needs of the individual" (George, p. 1,2).

Within the literature it is suggested that the conceptual framework be based upon the philosophy of the nursing program. If faculty believe that nursing is a scientific as well as a humanistic discipline and so state in a school's philosophy and conceptual framework, then a curriculum review is important to see how well the generation, dissemination, or utilization of humanistic knowledge and insights as well as scientific knowledge are promoted (Chaska, 1983). According to Clearage (1979), most schools' philosophical statements identify man as a physiological, psychological, social and spiritual being. The holistic approach in viewing man is a central theme in nursing practice. Clearage (1979) states the major role of a nurse identified by most schools is as a 'promoter' of optimal health in man. Although health is referred to throughout the literature, this concept is still vaguely defined and is often described in a nebulous and imprecise manner.

Grady (1984), in the article "In Defense of the Integrated Curriculum", claims that "there should be efforts made to establish consensus and support for the universal concepts and theories of nursing, and how they legitimately can and should be taught" (Corady, 323). Torres and Yura (1974) claim that the major concepts man, society, health,

and nursing are found in the integrated curricula. Under each major concept there are subconcepts which assist the student to identify other components of the concept as they relate to the philosophy of nursing and the role of the nurse. In 1975, in "Today's Conceptual Frameworks in Baccalaureate Nursing Programs," Yura and Torres claim that conceptual models can clearly specify the phenomena of interest to nursing science, encompassed by four essential concepts: person, environment, health, and nursing (Fawcett, p. 10).

Thus, the various conceptual models of nursing represent numerous schools of thought within the discipline of nursing. As such, it is not surprising that each may operationalize the four essential concepts differently and link other subconcepts with diverse assumptions. It seems that a conceptual framework embodies the "world view" of a discipline or school of thought which comprises a set of essential concepts. Waismann states that, "The molding of a system of concepts means nothing less than the creation of a new language," (Rogers, p. 89).

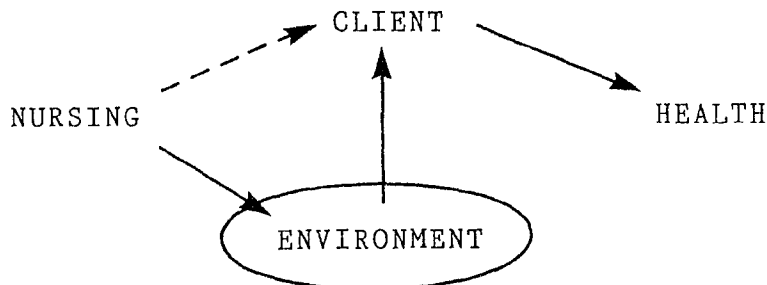
In summary, as we look at the various emphases in the nursing literature through the years, it can be seen that what each theorist chose to examine seemingly reflected the needs of that particular time in society, whether it was the lack of proper sanitation in the late nineteenth century or the increasing numbers of people developing chronic diseases

in the mid-twentieth century. The emphasis on controlling the environment shifted to an emphasis on rehabilitation, which in turn gave way to an emphasis on prevention and, finally, to an emphasis upon facilitation of health. Some theorists looked primarily at the nurse-client interpersonal process, while others concentrated on the complex processes of man as a unit, and others extended thinking to include interaction with the environment.

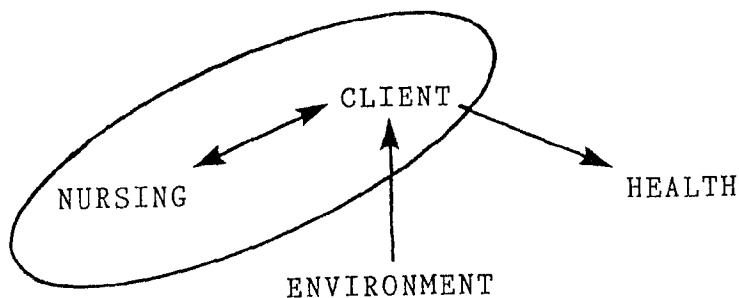
Finally, health, an integral component of all these interactions, is now being examined as a dynamic process fluctuating across the life span. It is evident in the literature that there are commonalities and differences in the way concepts are viewed by the nursing theorists. Overall, the emphasis in describing the nature of the major concepts of man, health, environment, and nursing has changed over the years. Figure 3.1 portrays the changing focus and the development of "Man", "Environment", "Health", and "Nursing" concepts as described in the literature by a number of clinicians, educators, and researchers (Chaska, 1983). Within each of the following schemes, the encircled concepts depict the major focus and arrows relate the direction and influence of one concept/phenomena upon another concept/phenomena.

**Figure 3.1** An illustration of the changing focus and development of the four major concepts found in the body of nursing knowledge

- 
- \* Schematic of Nightingales approach to Nursing at the turn of the century.



- 
- \* Schematic of emphasis during the 1950's and early 1960's.



- 
- \* Schematic showing a shift of emphasis to client in the 1970's.

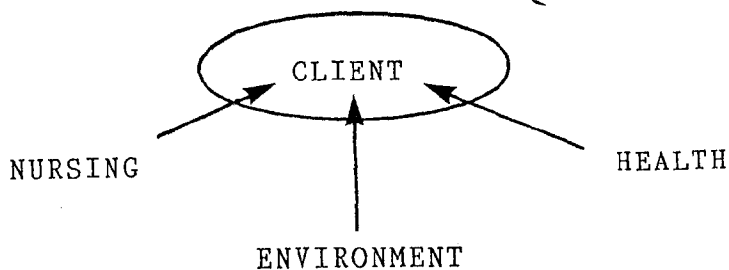
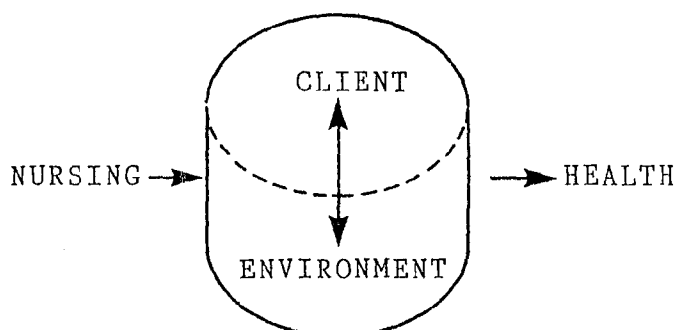
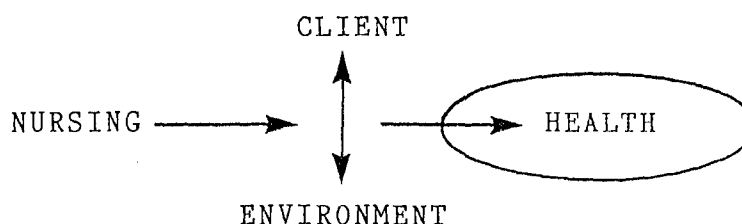


Figure 3.1 continued

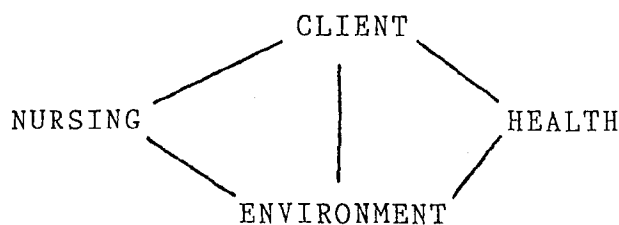
- 
- \* Schematic of Roger's conceptual framework whereby emphasis on the unitary nature of man and the inseparability of man and environment whereby the purpose of nursing is the promotion of symphonic interaction between man environment. Health and illness are expressions of the life process (1970).



- \* Schematic of the Current Emphasis.



- \* Schematic Predicting the Emphasis in the Future.



Reference: Chaska (1983), pp. 388-392.

## CHAPTER III

## METHODOLOGY

In Chapter 1 four major concepts were identified as being the most influential determinants in nursing conceptual frameworks utilized within curricula development. These four concepts are man, environment, health, and nursing. In addition, each conceptual framework model describes subconcept descriptors which relate to the four major concepts previously mentioned.

A crucial question that remains obscure and unexamined is what direction have conceptual frameworks developed and evolved within nursing curricula? By examining the described phenomena related to man, environment, health, and nursing within the various nursing programs' philosophy and conceptual frameworks, this project will answer the following questions:

1. What subconcepts are used to describe man, environment, health, and nursing within various nursing curricula conceptual models?
2. How are the subconcepts described?
3. What commonalities and central themes as well as differences are described in the various conceptual framework documents?

How this study was conducted will now be described.

METHOD

The content analysis method was employed for this study. Content analysis is a method of studying and

analyzing communications to determine the emphasis or frequency of various communication phenomena. The purpose of this study was to identify information conveyed in written data. Content analysis is defined as any technique for making inferences by objectively and systematically identifying specified characteristics of messages (Holsti, 1969, p. 14).

The history of content analysis as a research technique dates from the beginning of the twentieth century although scattered studies date back to 1740's (Dovring, 1954). In the 1950's, applications of the technique appeared in such disciplines as folklore, biography, history, psychoanalysis, linguistics, propaganda, cognitive organization, and psychotherapy (Pool, 1959). Since then content analysis efforts expanded to other areas such as nonlexical materials (children drawings, art, gestures and facial expressions, photographs, music, and vocal tone) (Holsti, 1969, p. 24). This method has also been employed in nursing research.

This method is particularly useful where large bodies of data require analysis such as was the case in the present study. The units of analysis were subconcepts and themes describing the nature of man, environment, health, and nursing within conceptual framework documents used by diploma, associate degree, and baccalaureate nursing programs. The content analysis method allows the researcher

to formulate a descriptive scheme which demonstrates coherent data as well as to cover all the pertinent subconcepts and themes. According to Kerlinger (1973, p. 528) "a theme is often a phrase or sentence; a proposition about something" and may be combined into sets of themes. Berelson (op. cit., p.508) claims that if the themes are complex, content analysis is difficult and perhaps unreliable; however, the "theme" as an unit of analysis is an important and useful unit because it is ordinarily realistic and close to the original content.

According to Stone, et al (1966, p.7) "language is universal - but it is also complex. It offers many alternative ways in which concepts may be expressed." Content analysis serves as a multipurpose research method developed for investigating any problem in which the content of communication serves as the basis of inference (Holsti, 1969, p.2). However, an analysis of qualitative data, as in this study which deals with written documents, is not in any sense a linguistic analysis.

It is acknowledged that any adequate account of written data must inevitably be in terms of complex and interrelated descriptions with a view to sharpening and clarifying them (Bliss et al, 1983). Features which have something in common with each other need to be grouped together with structured summaries to more clearly describe the findings. It is vital to retain the characteristics and features

described in the written data. The frequency with which certain themes occur does not necessarily indicate the weight or value of the specific themes. In addition, the data will provide information as to the existing features or themes which are presently being addressed. However, this does not negate the value of data which is addressed to a lesser degree. There are potential factors which may influence the frequency of themes. These possible factors include philosophical biases of the faculty who wrote the document, the knowledge development of a particular subconcept, themes and/or theoretical trends, research , and societal expectations.

It is suggested by Holsti ( 1969, p. 11) that "before constructing categories he may want to read over a sample of his data to get a 'feel' for the types of relevant symbols or themes." The investigator of this study during an initial investigation read over and documented data in order to familiarize herself with relevant subconcept descriptors and themes.

Another important factor in using content analysis relates to the requirement of objectivity - that only those symbols and combination of symbols actually appearing in the message be recorded. In the coding stage of research, the stage at which specified words (subconcepts) and themes are located in the document and placed into categories, one is limited to recording only those items which actually appear

in the document (Holsti, 1969, p. 12). After the coding and data analysis have been completed, Holsti recommends that one may check the "face validity" of the quantitative results by rereading parts or all of one's documents. The investigator carried out this suggestion by conducting a preliminary study with a sample of twelve programs.

The preliminary investigation examined how the four major concepts (man, environment, health, and nursing) were described in the written philosophies and conceptual framework documents used by the baccalaureate degree, associate degree, and diploma programs in Delaware and Maryland. The rationale for initiating the preliminary study was to ascertain, first, if the four major concepts were addressed within the documents and, secondly, what type of sub-concept descriptors and themes were used to describe the nature of man, health, environment, and nursing.

A central problem in any research design is selection and definition of categories which are called the "pigeonholes" in which content units are to be classified (Holsti, p. 95). Content analysis "stands or falls" by its categories (Holsti, p. 95), therefore, the categories should reflect the purposes of the research. The categories of man, environment, health, and nursing are reflected in the investigator's research questions. The preliminary study served to develop and test the methodology by classifying the content in categories which satisfied two requirements:

(1) that it be a valid representation of the analyst's concepts, and (2) that it be sufficiently precise to guide the coder to produce reliable judgments (Holsti, 1969, p.95).

Familiarity with one's data is an important aspect for developing valid and reliable categories. Holsti claims that "even the most knowledgeable investigator may want to test one's definitions on a small sample of data" in order "to judge whether the content units fall within its boundaries." This strategy was used as mentioned above.

Any set of categories is in some sense a language for describing data. The researcher used a systemic network tool which visually generates network-like structures in which "descriptive categories appear linked in a structure which shows which categories belong within others, which are independent, and which are conditional on the choice of others" (Bliss, 1983, p. 4). The "Systemic Network Analysis" approach works with defined categories allowing the researcher to elaborate upon those categories to the point that enough of the individual essence of data is preserved and represented (Bliss et al, 1983, p. 3). Coding the documentary material systematically transforms and aggregates the data into meaningful units which "permit precise description of relevant content characteristics" (Holsti, p. 94) The networking tool demonstrates category schemes which are useful in describing the data from more

than one point of view. According to Holsti, the rules by which this transformation is accomplished serves as the operational link between the investigator's data and the research questions. Coding and categorizing processes are thus a central part of the research design. In essence, the investigator in carrying out the preliminary study provided an opportunity to refine the classification process through sorting and coding the documentary material from a representative small sample. It was found that the interrelationships between the four major concepts necessitated a descriptive scheme that depicted the data in a coherent and broad manner. The analysis had to be reshaped and attempts to recode were undertaken in order to produce effective formal summaries and at the same time retain the essential characteristics of the data.

### Sample

The sample included Diploma, Associate Degree, and Baccalaureate Degree nursing programs from two states, Delaware and Maryland. The diploma curricula (hospital based) offer a three- year program leading to a diploma which qualifies students to take the State Board Examination for a R.N. licensure. The associate degree curricula (community college based) offer a two year program in which the student receives an Associate in Arts degree and becomes qualified to take the State Board Examination for a R.N.

licensure. Lastly, the baccalaureate degree curricula (four year college based) offer a four-year program leading to a Bachelors of Science which also qualifies graduates to take the same State Board Examination for a R.N. licensure.

Thirty-two diploma, associate degree, and baccalaureate programs in Delaware and Maryland were asked to participate in this study. These programs constitute all the existing nursing programs in Delaware and Maryland. The response rate to the request included a 80% response rate from the diploma programs (four out of five), a 93% response from the associate degree programs (fifteen out of sixteen), and a 73% response rate from the baccalaureate programs (eight out of eleven). The response rate included two associate degree programs and one baccalaureate program from Delaware and four diploma, fifteen associate degree, and seven baccalaureate programs from Maryland. Thus, the total sample size was twenty-seven (see Appendix A).

#### Procedures Used in Data Collection

Nursing administrators from thirty-two programs were asked to participate in this study. The philosophy and conceptual framework documents were requested in letter form (Appendix B). The letter explained the project's purpose. A summary of the project to the participants in the project was offered.

Follow-up telephone calls in two weeks were made to

nonrespondents. If further clarification or input was requested in writing by the potential participant, a telephone call was made in order to clarify the intent of the project. This strategy was employed to enhance a higher participation response.

### Procedures Employed in Analyzing the Data

Beginning with the identification process, a review of the data collected was done in order to see how the four major concepts of man, environment, health, and nursing were described. After this step was accomplished, a coding process was implemented in order to sort subconcept descriptors to man, environment, health, and nursing.

Subconcept descriptors and themes described in the documents were classified as to whether they were depicting "Man", "Environment", "Health", and "Nursing". As each document was assessed and coded, a comparison was made with previous coded data in order to ascertain continuity and fit. The comparison of data coded in the same category is a cardinal rule of the methodology. The next step in the data analysis was a categorization process. Words or phrases having similar meaning were subsumed under broader categories. Clusters of similarly coded data under each of the major concepts comprised the "subconcept categories". If a common thread was seen running through the coded data under a major concept, a category classifying those similar

subconcept descriptors was named. For example, under the major concept, nursing, the following descriptors identified in the preliminary investigation were coded: (1) doing or acting for, guiding, supporting, teaching, and providing a developmental environment; (2) maximizing energy available for health achieved by acting for, controlling, supporting, and teaching; (3) goal-directed interaction process; (4) directs a set of actions; and (5) deliberate action. The common thread identified for all this coded data is the category "Nursing Action/Intervention". All the coded data was subjected to this methodological procedure. All relevant items in the sample of documents under study must be capable of being placed into a category. However, most content analysis do not lend themselves easily to exhaustive definitions if units larger than words or symbols are used (Holsti, 1969, p. 99).

In the analysis process, the researcher must describe the attributes of the documents in order to gain insight into the meaning and value of the data. "Reading between the lines" must be reserved to this interpretation stage, at which time the investigator according to Holsti (1969) may use all of his/her analytical ability to draw meaningful conclusions from the data. An analysis includes a description of the subconcept descriptors identified for each of the three levels of nursing education as well as theme commonalities and differences. In addition, the

following qualitative measures were provided: subconcept frequencies and the means of subconcept categories identified within the three levels of nursing education.

Tables were used to depict the subconcept descriptors found in the documents. The content analysis approach provided a constructive way of identifying what subconcept descriptors are used in nursing education. In addition, the qualitative analysis method allowed the investigator the opportunity to compare similarities and differences in the three levels of nursing education. This investigation should help provide educators with a sense of the direction in which conceptual frameworks within nursing curricula have evolved in comparison to the models developed by the pioneers of the conceptual framework era.

## CHAPTER IV

## FINDINGS OF THE STUDY

The purpose of this study was to examine and analyze conceptual framework documents within the three levels of nursing education curricula in Maryland and Delaware to identify how the four major concepts of man, environment, health, and nursing are described and used. This chapter is divided into two sections: (1) a presentation of observations of the qualitative data examined, and (2) presentation of findings relevant to questions posed in this study.

Presentation of Relevant  
Observations of the Qualitative Data

The documents examined varied in length ranging from a one page diagram to a sixty-two page document. Seven documents contained a glossary of terms, and eleven programs included diagrams of their conceptual framework. Only three programs incorporated "assumptions" with their model.

Generally, the topics of man, society, health/illness, nursing, education and nursing education were addressed in the written philosophies. However, the approach used in addressing the concepts of man, environment, health, and nursing varied greatly within the conceptual framework documents. From them, two particular approaches to

describing major concepts, subconcepts, constructs and their interrelationships emerged. The first approach is the "Curricular Model" whereby unifying themes or major concepts/constructs are defined. In addition, these themes are described as to how they fit into the curricular design and content. The second approach is characterized as a "A Model for Nursing Practice" in which the nature of man's internal and external environment, health, and nursing are described. What concepts, subconcepts, and constructs are depicted in these various models depends upon the program philosophy as well as the focus of the model. It is evident that faculty beliefs and knowledge regarding ideas, concepts, theoretical constructs and their interrelationships are conveyed not only in the written philosophy but also is related in the conceptual framework document. The models formulated by educators have particular relevance to the use and development of a designated body of knowledge within a curricular design which serves as a guide for teaching, clinical practice and research.

#### Presentation of Findings Relevant to Each of the Questions

This section is divided as follows: (1) a presentation of the subconcepts used to describe man, environment, health, and nursing in the conceptual framework documents in

this current sample, (2) a review of how the subconcepts are described, and (3) a presentation of subconcept similarities and differences and central themes found in the various conceptual framework documents.

Subconcepts Used to Describe Man,  
Environment, Health, and Nursing

The purpose of this study was to identify the subconcepts found in conceptual models which describe the four major concepts of man, health, environment, and nursing used by the three educational levels of nursing education. Subconcept descriptors identified in this study for each of the major concepts will be presented in a sequential manner.

There were a total of thirty-eight subconcept categories identified in the data which described the four major concepts of man, environment, health, and nursing; sixteen "Man" subconcept categories, six "Environment" subconcept categories, five "Health" subconcept categories, and eleven "Nursing" subconcept categories. The following presentation will depict how the data related each of the major concepts.

The Major Concept: "MAN"

Man was defined as mankind, human being, person, individual, member of a group, client, patient, family, significant others, small groups, and community. Fourteen models addressed the "individual", eleven documents addressed the "client/patient" role, four models addressed

"families", and eight documents addressed groups/communities. There were a total of sixteen subconcept descriptors identified describing man. Tables 1.1., 1.2, and 1.3 depict the specific "man" subconcept categories identified for each conceptual framework document. In all tables the key "x" indicates the existence of the described subconcept and "-" indicates that the subconcept did not exist in the document. In some tables an "\*" under some subconcept categories indicate specific themes.

Subconcept categories related to the concept of "Man" include: holism; interaction; needs; development/potential; adaptation; unique; behavior: response/patterns; system; stress/stressors; active participant; responsible for own care; freedom of choice/rights; dignity; autonomy; energy; and change. The concept holism was addressed for each conceptual framework in all documents. The construct of "change" was defined the least.

The largest number of "man" related descriptors found were fifteen subconcepts in an associate degree document. The subconcept descriptions of "man" included the following: holism (physical, psychological, social, cognitive development); interaction (interacting member of many groups); needs (basic requirements/needs); development/potential for growth and change); adaptation (adaptive to input to maintain homeostasis); behavior: response/patterns

(when responses lead to sense of comfort in meeting needs/tasks, expectations of others, behavior likely to be repeated which leads to development of a pattern of coping behavior); system (open system); stress/stressors (stress triggers protective and restorative responses); energy (constantly exchanging information and energy with the environment); change (perceives and responds to changes in world with growth and change); unique; dignity/worth; active participant; autonomy/self-determination (ability to exercise control); and responsible to care for self/accountability.

The least number of subconcepts of "man" found were in an associate degree document which identified three subconcepts: holism (dimensions of integrated man); system (biological, sociological, and psychological system with subsystems); and interaction.

The mean for the sixteen subconcept categories identified for each educational level were the following: Baccalaureate (x 10.63), Associate Degree (x 8.60, and Diploma (x 8.75).

Table 1.1

"Man" Subconcept Categories Used in Sample  
Baccalaureate Degree Conceptual Frameworks

Subconcept Category	Baccalaureate							
	A-2	A-3	A-4	A-5	A-6	A-7	A-8	A-9
Holism	x	x	x	x	x	x	x	x
Interaction	x	x	x	x	x	x	x	x
Needs	—	x	x	x	x	x	—	x
Development/Potential	x	x	x	x	x	x	x	x
Adaptation	x	x	x	x	x	x	x	x
Behavior: Response/Patterns	x	x	x	x	x	x	x	x
System	x	x	—	x	x	x	x	x
Stress/Stressors	—	—	—	—	—	x	x	—
Energy	—	—	x	—	—	x	x	x
Change	x	—	—	—	x	x	—	—
Unique	—	—	x	x	—	—	x	—
Dignity/Worth	—	x	x	x	—	—	—	—
Active Participant	—	—	x	—	—	x	x	x
Freedom of Choice/ Rights	—	x	x	—	x	x	x	x
Autonomy/ Self- Determination	x	—	x	—	—	—	—	—
Responsible to Care For Self	—	x	x	x	—	—	x	—
Total	8	10	13	10	9	12	12	11

Table 1.2

"Man" Subconcept Categories Used in Sample

Associate Degree Conceptual Frameworks

Subconcept Category	Associate Degree						
	B-1	B-2	B-3	B-4	B-5	B-7	B-8
Holism	x	x	x	x	x	x	x
Interaction	x	x	x	x	-	x	x
Needs	x	-	x	-	x	x	x
Development/Potential	x	-	x	x	x	x	x
Adaptation	-	-	x	x	-	x	x
Behavior: Response/Patterns	-	-	x	-	-	-	x
System	-	x	x	x	-	-	-
Stress/Stressors	-	-	x	x	-	x	x
Energy	-	-	x	x	-	-	-
Change	-	-	x	-	-	-	-
Unique	x	-	x	x	x	x	-
Dignity/Worth	x	-	x	-	x	-	-
Active Participant	x	-	x	-	x	x	-
Freedom of Choice/ Rights	x	-	-	-	-	x	-
Autonomy/Self- Determination	-	-	x	-	x	x	-
Responsible to Care For Self	-	-	x	-	-	x	-
Total	8	3	15	8	9	11	7

Table 1.2 Continued

Subconcept Category	Associate Degree							
	B-9	B-10	B-11	B-12	B-13	B-14	B-15	B-16
Holism	x	x	x	x	x	x	x	x
Interaction	x	x	x	x	x	x	x	x
Needs	x	x	x	x	x	x	x	x
Development/ Potential	x	x	x	x	x	x	x	x
Adaptation	-	x	x	x	x	-	-	x
Behavior: Response/ Patterns	-	x	x	x	x	-	x	x
System	-	-	-	-	-	-	-	-
Stress/ Stressors	x	x	x	x	x	-	-	-
Energy	-	-	-	-	-	-	-	-
Change	-	-	-	-	-	-	-	-
Unique	x	x	x	-	x	x	-	x
Dignity/Worth	-	-	-	-	-	x	x	-
Active Participation	x	x	-	-	-	-	-	x
Freedom of Choice/ Rights	x	-	-	-	-	-	-	-
Autonomy/ Self-Det.	x	x	-	-	-	x	-	-
Responsible to Care For Self	x	x	-	-	-	x	-	x
Total	11	11	8	7	8	8	6	9

Table 1.3

"Man" Subconcept Categories Used in Sample

Diploma Conceptual Frameworks

Subconcept Category	Diploma			
	C-1	C-2	C-3	C-4
Holism	x	x	x	x
Interaction	x	x	x	x
Needs	x	x	x	x
Development/Potential	x	x	x	x
Adaptation	-	x	x	-
Behavior: Response/Patterns	-	x	-	-
System	-	x	x	-
Stress/Stressors	-	x	-	-
Energy	-	x	x	-
Change	-	-	-	-
Unique	-	x	-	-
Dignity/Worth	x	-	-	x
Active Participant	x	x	x	x
Freedom of Choice/ Right	-	x	-	x
Autonomy/Self- Determination	-	-	-	-
Responsible to Care For Self	-	x	-	x
Total	6	13	8	8

## The Major Concept: "ENVIRONMENT"

"Environment" was addressed within the documents in a number of ways (see Tables 2.1, 2.2, 2.3). There were six subconcept categories identified: (1) interaction between the internal and external environment; (2) internal environment response; (3) stress; (4) stressors; (5) factors/forces/elements/stimuli; and (6) external environment: events/conditions/society/health care system. The following examples illustrate these subconcept categories which were used in the various documents.

### Baccalaureate Documents:

- environment within and around the person, system's adaptive response, health care delivery system, multi-cultural society;
- behavioral patterns develop in response to internal and external environmental factors, stable when man's interactions with environmental factors meet universal needs;
- the quality of biological endowment includes heredity, environment, and nurturance;
- the internal and external environment are in a dynamic state of interaction, social systems exists whereby individuals acquire from others knowledge/skills, and a sense of their own place and purpose in society;
- open system constantly interacts with a changing environment, multicultural society possesses values and

structure which influences man's behavior;

-the subordinate system includes motivating forces that initiate behavior to maintain internal constancy and harmony with the external environment, superordinate systems: the environment any place where clients with health care needs exist;

-system exchanges matter, energy, and information with environment, complex interactions of psychological, biological, social set factors, forces operating with and upon influencing stability in behavior, external forces: social institutions and significant relationships;

-beings interact with environment, society an organization of individuals, groups into communities who function to facilitate need satisfaction of its members and provide opportunities for members to develop their own social roles, identities, and values;

Associate Degree Documents:

-man constantly exchanging information and energy with the environment, environmental factors and forces have impact on man's health status and may precipitate physiologic/psychic stress, illness, trauma, and disruption of man's ability to meet basic needs;

-open system in interaction with the environment, intra-inter-extra stressors influences system stability/equilibrium;

-mankind characteristics influenced by heredity,

environment, past/present experiences, culture influences patient's beliefs, attitudes, reactions, and usual mode of interaction, desires reciprocity of relationships, stressors (severity of stressors) influences or alters ability to satisfy needs, environmental events which affect/alter the health needs of the population (environmental, social, and technological);

-factors influence man's ability to cope with stress; stressors;

-environment in which nursing occurs may be home, health care institutions, and community; social environment includes significant others, families, and multi-cultural groups, "conditions" which require nursing interventions;

#### Diploma Documents:

-man affected by internal and external environment (life experiences), society is democratic, immediate environment and community, and wherever the patient is;

-homeokinetic state; environment describes the sum total of all conditions and elements that make up the client's surroundings; significant others influence client's attainment of highest level of wellness;

-health team system is the client's external environment who contribute to the attainment of optimal level of functioning, societal and environmental setting: society encompasses diversified population who have different needs;

-environmental influences both internal and external, alters

man's state of health constantly; ever-changing needs of community and society, environment of human warmth and understanding - an environment that encourages meaningful interaction between the patient and nurse;

These examples relate that man's behavior, his needs and state of health are directly affected by "internal/external interaction" which was implied by all the documents. Secondly, the "external environment" was addressed by most models addressed environmental events or conditions, society, and the health care system. One baccalaureate and two diploma models addressed all six subconcept categories. The means for the six "environment" subconcept categories for each educational level were the following: Baccalaureate ( $\bar{x}$  4.13), Associate Degree ( $\bar{x}$  3.80), and Diploma (3.50).

Table 2.1

"Environment" Subconcept Categories Used in Sample  
Baccalaureate Degree Conceptual Frameworks

Subconcept Category	Baccalaureate							
	A-2	A-3	A-4	A-5	A-6	A-7	A-8	A-9
interaction between internal/external environment	x	x	x	x	x	x	x	x
internal response	x	x	x	x	x	x	x	x
stress	-	-	-	-	-	x	x	-
stressors	-	-	-	-	-	x	x	-
factors/forces/ elements/stimuli	x	x	x	-	-	-	x	x
external environment: events/conditions/ society/health care system	x	x	x	x	x	x	x	x
Total	4	4	4	3	3	5	6	4

Table 2.2

"Environment" Subconcept Categories Used in Sample  
Associate Degree Conceptual Frameworks

Subconcept Category	Associate Degree							
	B-1	B-2	B-3	B-4	B-5	B-7	B-8	B-9
interaction between internal/external environment	x	x	x	x	x	x	x	x
internal response	-	-	x	x	x	x	x	-
stress	-	-	x	x	-	x	x	x
stressors	-	-	-	x	-	x	x	x
factors/forces/ elements/stimuli	-	-	x	x	-	-	-	x
external environment: events/conditions/ society/health care system	x	-	x	-	-	x	-	x
Total	2	1	5	5	2	5	4	5

Table 2.2 Continued

Subconcept Category	Associate Degree						
	B-10	B-11	B-12	B-13	B-14	B-15	B-16
interaction between internal/external environment	x	x	x	x	x	x	x
internal response	x	x	x	x	-	-	x
stress	x	x	x	x	-	-	-
stressors	-	-	x	x	-	-	-
factors/forces/ elements/stimuli	-	x	x	x	-	-	-
external environment: events/conditions/ society/health care system	x	x	x	x	x	x	x
Total	4	5	6	6	2	2	3

Table 2.3

"Environment" Subconcept Categories Used in  
Sample Diploma Conceptual Frameworks

Subconcept Category	Diploma			
	C-1	C-2	C-3	C-4
interaction between internal/external environment	x	x	x	x
internal response	x	x	x	x
stress	-	-	-	-
stressors	-	x	-	-
factors/forces/ elements/stimuli	-	-	x	-
external environment: events/conditions/ society/health care system	x	x	x	x
Total	3	4	4	3

### The Major Concept: "HEALTH"

The subconcept category, "nature of health", was described in the following ways: optimal wellbeing, highest level of wellbeing, optimal functioning, highest level possible, optimal health, high level wellness, optimal level of wellness, optimum state of wellness, wellness, state of integrated functioning, or a positive adaptive response.

In an attempt to reflect the dynamic nature of health the central idea of "adaptation" or the lack of adaptation was related throughout most documents. For example, the baccalaureate documents conveyed the following ideas: effective coping response/ineffective coping response (lack of health), efficient and effective in fulfillment of universal needs/inefficient and ineffective fulfillment of universal needs, integrity of adaptive systems through effective coping, integrated functioning/absence of optimal health, ability to adapt to situations encountered, dynamic state of equilibrium (achievement of adaptation)/, disequilibrium (state of maladaptation), dynamic equilibrium/state of disequilibrium, adaptation is deployment of energy in a flexible manner by way of assertion, divergence and/or immobilization, and functional adequacy in a steady state/state of dysfunction (disequilibrium). The associate degree conceptual framework documents also reflected the relationship between health and adaptation in the following manner: systems

develop/function to greatest capacity/compensated alteration, functioning/uncompensated alteration in system functioning, adaptive responses/a deviation from adaptive response, system stability (equilibrium)/system instability (disequilibrium), stress/adaptation, adaptation (state of wellness)/state of maladaptation (disharmony, imbalance), and adaptation/maladaptation. In addition to the above,, the diploma models depicted adaptation/disruption in adaptation as well.

Another subconcept category under the major concept of "health" is the "continuum" in which the degree or measurement of health is addressed in the following ways: stability/instability continuum, health/illness continuum, health continuum, or the wellness-illness continuum.

A third subconcept descriptor addressing the concept of health is the "internal/external environmental influences" component. In some cases internal/external factors were mentioned, but not specified, and in other cases further elaboration on the influence of the environment on health was depicted. Ideas used to illuminate the relationship between the environment and health were terms such as stress, stressors, input/output, energy, demands, elements, factors or forces.

The last subconcept category under the major concept of health to be described is "illness". The models dealt with this subconcept in a limited manner. The following examples

will illustrate the descriptions used to depict illness: ineffective coping responses lead to lack of self-determination; lack of integration and lack of health; the relationship of the stability/instability continuum to the health /illness continuum can be visualized as a graph with four quadrants in the following ways: (1) illness is the behavioral responses which are unable to compensate for environmental factors or behavioral responses which have not yet compensated for environmental factors; (2) interactions with environmental factors which are inefficient and ineffective which do not lead to fulfillment of universal needs leads to maladaptive responses which results in nonconstruction and may result in illness/death; (3) there is a limit to the amount of energy the system can tolerate, and (4) if self-regulatory processes fail to maintain/restore a steady state the system may become functionally inadequate and may not develop or survive. Some of the associate degree models tended to address illness from a medical model point of view: ill health is an uncompensated alteration of functioning; illness is a deviation from an adaptive response; illness is a variance from wellness in which if a subsystem(s) does not function at an optimal functioning; and illness is a state of maladaptation which leads disharmony, imbalance, or death. And lastly, the diploma documents described illness in two ways: as a disruption in adaptation may indicate illness-

a greater disruption may lead to a more negative health status; and illness is any distress of any kind resulting in unmet needs.

Tables 3.1, 3.2, and 3.3 provide an overview of the above mentioned discussion of the subconcept categories of the major concept of "Health". The mean for the five subconcept categories were the following for each educational level: Baccalaureate (x 3.875), Associate Degree (x 3.27), and Diploma (x 4.00).

Table 3.1

"Health" Subconcept Categories Used in Sample  
Baccalaureate Conceptual Frameworks

Subconcept Category	Baccalaureate							
	A-2	A-3	A-4	A-5	A-6	A-7	A-8	A-9
Nature of Health:	x	x	x	x	-	x	x	x
-well-being								
-optimal functioning	*						*	
-functional adequacy								*
-state of integrated functioning					*			
-highest level possible							*	
-optimal health						*		
-high level/optimum wellness			*	*				
-wellness						*		
-state of wellness			*					
-achievement of health		*				*		
-positive adaptive response								
-energy state							*	
Adaptation	x	x	x	x	x	x	x	x
Continuum	-	x	-	x	-	x	-	-
Internal/External Environmental Influences	x	x	x	x	x	x	x	x
Illness	x	x	-	-	-	x	-	x
Total	4	5	3	4	3	5	3	4

Table 3.2

## "Health" Subconcept Categories Used in Sample

## Associate Degree Conceptual Frameworks

Subconcept Category	Associate Degree							
	B-1	B-2	B-3	B-4	B-5	B-7	B-8	B-9
Nature of Health:	x	x	x	x	-	-	x	x
-well-being	*		*	*			*	*
-optimal functioning	*	*						
-functional adequacy								
-state of integrated functioning								
-highest level possible							*	
-optimal health		*						
-high level/optimum wellness								
-wellness	*			*				
-state of wellness								
-achievement of health								*
-positive adaptive response			*					
-energy state				*				
Adaptation	-	-	x	x	-	x	x	-
Continuum	x	x	x	x	-	x	x	x
Internal/External Environmental Influences	x	x	x	x	-	x	x	x
Illness	-	x	x	x	-	-	x	-
Total	3	4	5	5	0	3	5	3

Table 3.2 Continued

Subconcept Category	Associate Degree						
	B-10	B-11	B-12	B-13	B-14	B-15	B-16
Nature of Health:	x	-	x	x	x	-	x
-well-being	*		*	*			
-optimal functioning							
-functional adequacy							
-state of integrated functioning							
-highest level possible							
-optimal health							
-high level/optimum wellness				*			*
-wellness							
-state of wellness health			*				
-achievement of							
-positive adaptive response							
-energy state							
Adaptation	x	x	x	x	-	-	x
Continuum	-	x	x	x	-	-	-
Internal/External Environmental Influences	x	x	x	x	x	-	-
Illness	-	x	x	x	-	x	-
Total	3	4	5	5	1	1	2

Table 3.3

"Health" Subconcept Categories Used in  
Sample Diploma Conceptual Frameworks

Subconcept Category	Diploma			
	C-1	C-2	C-3	C-4
Nature of Health:	x	x	x	x
-well-being				*
-optimal functioning		*		
-functional adequacy				
-state of integrated functioning				
-highest level possible				
-optimal health				
-high level/optimum wellness	*	*	*	
-wellness				
-state of wellness				
-achievement of health	*			
-positive adaptive response				
-energy state		*	*	
Adaptation	-	x	x	-
Continuum	x	x	x	-
Internal/External Environmental Influences	x	x	x	x
Illness	x	x	-	x
Total	4	5	4	3

The Major Concept : "NURSING"

There were eleven main areas identified in the documents describing the concept of nursing: scientific discipline: applied/practice oriented; knowledge base; skills/abilities; nursing process; roles; role function; action/intervention; level of care; recipient of care; goal of nursing; and accountability. The "nursing process" and the "goal of nursing" were addressed consistently in the documents. There were twelve roles identified. See Tables 5.1, 5.2, and 5.2 for an overview of a description of the subconcept categories identified. The mean for the eleven subconcept categories identified were the following for each educational level: Baccalaureate (x 7.375), Associate Degree (x 7.13), and Diploma (x 5.75).

Table 4.1

"Nursing" Subconcept Categories Used in Sample  
Baccalaureate Conceptual Frameworks

Subconcept Category	Baccalaureate							
	A-2	A-3	A-4	A-5	A-6	A-7	A-8	A-9
Scientific Discipline: Applied/Practice Oriented/Service	x	-	-	x	x	x	-	x
Knowledge Base	x	-	x	-	x	-	-	x
Skills/Abilities	-	-	x	x	x	x	-	x
Nursing Process	x	x	x	-	x	x	x	x
Roles:	x	x	x	x	x	x	x	x
-Leadership	*					*	*	*
-Research	*			*	*	*		*
-Teaching		*	*					
-Counselor								
-Collaborator	*				*	*	*	
-Communicator/IPR	*	*	*		*	*	*	*
-Advocate								
-Caring/Helping								
-Provider of Care	*	*		*				
-Manager of Care			*	*				
-Member of Profession	*							*
-Change agent						*		*
Role Function:	x	x	-	x	x	x	x	x
-Dependent		*		*				
-Independent	*		*	*				
-Interdependent	*			*	*	*	*	*
Action/Intervention	x	x	x	-	-	x	x	-
Level of Care	-	x	-	x	x	-	-	-

Table 4.1 Continued

Subconcept Category	Baccalaureate							
	A-2	A-3	A-4	A-5	A-6	A-7	A-8	A-9
Recipient of Care:	x	x	x	x	x	x	x	x
-individual	*	*	*	*	*	*	*	*
-family	*	*	*	*	*	*	*	*
-groups			*	*				
-community	*	*	*	*	*	*	*	*
-organization					*			
-society						*		
Goal of Nursing	x	x	x	x	x	x	x	x
Accountability	x	-	-	-	x	-	-	x
Total	8	6	7	7	9	8	5	9

Table 4.2

## "Nursing" Subconcept Categories Used in Sample

## Associate Degree Conceptual Frameworks

Subconcept Category	Associate Degree							
	B-1	B-2	B-3	B-4	B-5	B-7	B-8	B-9
Scientific Discipline: Applied/Practice Oriented/Service	x	-	x	-	x	x	x	x
Knowledge Base	x	-	x	-	x	-	x	x
Skills/Activities	x	-	-	-	x	-	-	x
Nursing Process	x	x	x	x	x	x	x	x
Roles:	x	x	x	x	x	x	x	x
-Leadership								
-Research								
-Teaching		*		*		*		*
-Counselor			*					
-Collaborator		*	*		*	*		*
-Communicator/IPR		*	*	*	*	*		*
-Advocate								*
-Caring/Helping			*		*		*	
-Provider of Care	*	*	*	*		*	*	*
-Manager of Care		*	*	*				*
-Member of Profession		*	*	*				
-Change Agent								
Role Function:	-	x	x	-	x	x	-	x
-Dependent								
-Independent								*
-Interdependent		*	*		*	*		*
Action/Intervention	-	-	x	x	-	-	-	x
Level of Care	-	x	x	x	-	-	x	-

Table 4.2 Continued

Subconcept Category	Associate Degree							
	B-1	B-2	B-3	B-4	B-5	B-7	B-8	B-9
Recipient of Care:	x	x	x	x	x	x	x	x
-individual	*	*	*	*	*	*	*	*
-family	*		*				*	
-groups				*		*	*	
-community	*			*				
-organization								
-society								
Goal of Nursing	x	x	x	x	x	x	x	x
Accountability	-	x	-	-	x	-	-	x
Total	7	7	9	6	9	6	7	10

Table 4.2 Continued

Subconcept Category	Associate Degree						
	B-10	B-11	B-12	B-13	B-14	B-15	B-16
Scientific Discipline: Applied/Practice Oriented/Service	x	-	-	-	-	-	-
Knowledge Base	x	-	x	-	x	x	x
Skills/Activities	-	-	x	-	-	-	-
Nursing Process	x	x	x	x	x	x	x
Roles:	x	-	x	-	x	x	x
-Leadership							
-Research							
-Teaching					*	*	
-Counselor							
-Collaborator	*				*	*	*
-Communicator/IPR	*		*		*	*	
-Advocate							
-Caring/Helping					*	*	
-Provider of Care							
-Manager of Care					*	*	
-Member of Profession					*	*	
-Change Agent							
Role Function:	x	-	-	-	x	x	x
-Dependent							
-Independent							
-Interdependent	x		-		*	*	*
Action/ Intervention	-	-	x	-	-	-	x
Level of Care	-	x	-	-	-	x	x

Table 4.2 Continued

Subconcept Category	Associate Degree						
	B-10	B-11	B-12	B-13	B-14	B-15	B-16
Recipient of Care:	x	x	x	x	x	x	x
-individual	*	*	*	*	*	*	*
-family							
-groups							
-community							
-organization							
-society							
Goal of Nursing	x	x	x	x	-	x	x
Accountability	-	-	-	-	-	x	-
Total	8	4	7	3	5	8	8

Table 4.3

"Nursing" Subconcept Categories Used in  
Sample Diploma Conceptual Frameworks

Subconcept Category	Diploma			
	C-1	C-2	C-3	C-4
Scientific Discipline: Applied/Practice Oriented/Service	-	-	-	-
Knowledge Base	x	-	-	-
Skills/Activities	-	-	-	-
Nursing Process	x	x	x	x
Roles:	x	x	x	x
-Leadership				
-Research				
-Teaching	*		*	
-Counselor				
-Collaborator	*	*	*	*
-Communicator/IPR	*	*	*	*
-Advocate			*	
-Caring/Helping	*			*
-Provider of Care				
-Manager of Care				
-Member of Profession				
-Change Agent				
Role Function:	x	x	x	x
-Dependent				
-Independent		*	*	
-Interdependent	*	*	*	*
Action/Intervention	-	x	-	-
Level of Care	-	-	-	-

Table 4.3 Continued

Subconcept Category	Diploma			
	C-1	C-2	C-3	C-4
Recipient of Care:	x	x	x	x
-individual	*	*	*	*
-family	*	*	*	
-groups	*			
-community	*			
-organization				
-society				
Goal of Nursing	x	x	x	x
Accountability	x	-	-	-
Total	7	6	5	5

Central Themes and Differences in  
Subconcept Categories in This Sample

Central themes were defined as any subconcept category that was used in seventy percent or more programs in a given level of education as determined from the "All" column in Table 5.1, 5.2, 5.3, and 5.4. The subconcept categories are listed in rank order according to percent. In essence, the main subconcepts describing "man" were holism (100%), interaction (96%), development/potential (96%), needs (85.18%), and adaptation (70%). The differences between the three levels were noted in the following ways: the baccalaureate models emphasized the behavior: response/pattern (100%), man as a "system" (88%) who has

"freedom of choice/rights" (75%); the associate degree documents focused upon man as being "unique" (73%); and the diploma programs related the importance of the role of "active participant" (100%) in decision-making and health care matters. From the six "environment" subconcept categories, three categories were similarly addressed: interaction between internal and external environment (100%); external environment: events, conditions, society, and the health care system (85.18%); and the internal response (81.48%). In contrast, the baccalaureate documents depicted the subconcept category of "factors, forces, elements and stimuli" (62.5%) which is consistent with the system approach taken by the baccalaureate models whereas, the associate degree documents addressed the subconcept category "stress" (60%).

Central themes depicted from the "health" subconcept categories included the following: internal/external environmental influences (89%); the nature of health (81%); and adaptation (70%). The varied descriptors relating the "nature of health" have been described earlier in Tables 3.1, 3.2, and 3.3. One particular difference is that the baccalaureate models (38%) did not address the concept of "continuum" as did the associate degree (67%) and diploma documents (75%).

The fourth major concept "Nursing" had several subconcept similarities which included the following

categories: nursing process (100%), roles (100%), recipient of care (100%), and the goal of nursing (93%). The nursing process is variously defined as: a methodology; problem-solving process which is continuous in nature; a deliberative process which facilitates interaction, decision-making, and actions; an interpersonal transaction; a systematic, sequential methodology; a vehicle to effect harmonious relationships and mutuality of the major entities in nursing and an analytical structure; scientific method - composed of data gathering and assessment, planning nursing care, implementing nursing care, and evaluation.

The "goal of intervention" subconcept category described by the various models used terms such as: assist, restore, maintain, enhance or promote. These terms are linked to the theoretical focus of each model - i.e. developmental, systems, and needs. The following descriptions selected from the documents demonstrates this point: to enhance the effectiveness of regulator (innate) and cognate (acquired) coping mechanisms, and/or modify environmental stimuli, so that system integrity can be regained, maintained and/or attained; to make available conditions and resources essential to restore, maintain, or promote stability and aid man in assuming responsibility for meeting own needs; maximize energy available for health; to promote and improve the quality of health and the delivery of health care; to assist man to meet basic human needs and

adapt to life situations wherever he is encountered along the health care continuum; to keep the system in balance as the client moves along the wellness-illness continuum to maximize the health potential of the client; the promotion of client behaviors which will lead to the highest level of functioning which is possible for the client and which is within the parameters of dynamic equilibrium when possible; promoting the maintenance and achievement of a steady state; to attain and maintain stability and integrity of the client system; assist the individual to obtain gratification of needs, developmental aspects, and the highest level of well-being possible; assist man to achieve his optimum level of well-being by helping him to adapt to or eliminate stresses which interfere with meeting his needs; assist individuals with major health problems to meet their basic human needs; and assist the patient, family, and the community in the development of their potentials by helping each to gain, maintain, or achieve an optimal level of wellness or to experience a peaceful and dignified death.

Even though the conceptual frameworks addressed the role(s) of the nurse, there were differences noted as to specific roles addressed by the three educational levels. First, baccalaureate models focused upon leadership and research; however, the associate and diploma models did not address leadership and research at all. Whereas, all three educational levels consistently addressed communication and

collaboration roles.

Lastly, there were similarities and differences in how the "recipient of care" was described. All documents addressed the "individual" (100%) as the recipient of care whereas the baccalaureate (100%) and diploma (100%) models addressed the "family" as a recipient of care. While the baccalaureate conceptual frameworks also described the "community" (100%) as a recipient of care, some documents addressed organizations and society to a lesser degree.

Table 5.1

"Man" Subconcept Categories:  
Percent by Program Type

Subconcepts	Baccalaureate	Associate	Diploma	All
Holism	100	100	100	100
Interaction	100	93	100	96
Development/ Potential	100	93	100	96
Needs	75	87	100	85
Adaptation	100	60	50	70
Behavior: Response/Pattern	100	60	25	66
Unique	38	73	25	55
Active Participant	50	47	100	55
System	88	20	50	44
Stress/Stressors	25	60	25	44
Responsible to Care for Self/ Accountability	50	40	50	44
Freedom of Choice/ Rights	75	20	50	41
Dignity/Worth	38	33	50	37
Autonomy/Self- Determination	38	7	0	33
Energy	50	13	50	30
Change	38	7	0	15

\* Subconcepts are presented in rank order  
as used in all programs.

Table 5.2

"Environment" Subconcept Categories:  
Percent by Program Type

Subconcepts	Baccalaureate	Associate	Diploma	All
Interaction between internal/external environment	100	100	100	100
External environment: events, conditions, society, health care system	100	73	100	85
Internal response	100	67	100	81
Factors; Forces; Elements; Stimuli	63	40	25	44
Stress	25	60	0	41
Stressors	25	40	25	33

Table 5.3

"Health" Subconcept Categories:  
Percent by Program Type

Subconcepts	Baccalaureate	Associate	Diploma	All
Internal/External Environmental Influences	100	80	100	89
Nature of Health	88	73	100	81
Adaptation	100	60	50	70
Continuum	38	67	75	59
Illness	50	53	75	56

Table 5.4

"Nursing" Subconcept Categories:  
Percent by Program Type

Subconcepts	Baccalaureate	Associate	Diploma	All
Nursing Process	100	100	100	100
Roles	100	100	100	100
Recipient of Care	100	100	100	100
Goal of Nursing	100	93	75	93
Role Function	50	67	100	63
Knowledge Base	50	67	25	55
Scientific/Practice Discipline	63	47	0	44
Action/Intervention	63	40	25	41
Level of Care	38	53	0	37
Skills/Abilities	63	27	0	33
Accountability	50	27	25	33

### Overview of Findings

In this study, there were a total of thirty-eight subconcept categories identified in the conceptual framework documents which described the major concepts of "Man", "Environment", "Health" and "Nursing". The total number of subconcepts in the sample ranged from 11-35. A summary of the breakdown of the subconcept ranges for each major concept according to educational level is found in Table 6.1 & 6.2. In addition, subconcept means for each major concept according to educational level is found in Table 6.3.

Sixteen of the thirty-eight subconcepts were used to describe the major concept "Man". These categories were holism, interaction, needs, development/potential, adaptation, behavior: response/pattern, system, stress/stressors, energy, change, unique dignity/worth, active participant, freedom of choice/rights, autonomy/self-determination, and responsible to care for self/accountability. Holism, interaction, development/potential, needs, and adaptation were the central themes identified for the baccalaureate, associate degree, and diploma documents.

There were six subconcepts identified which described the concept of "Environment": interaction between internal/external environment; internal response; the external environment: events, conditions, society, and health care system; stress; stressors; and factors, forces,

elements, and stimuli. The first three of these subconcepts were consistently used by most of the documents examined.

There were five subconcept categories that were used to illustrate the concept of "Health". The subconcept categories were the following: the nature of health; internal/external environmental influences; adaptation; continuum; and illness. The first three of these categories were determined as the central themes throughout the models examined.

And finally, the concept of "Nursing" in the data was related in eleven subconcept categories: scientific discipline; applied/practice oriented/service; knowledge base; skills/abilities; nursing process; roles; role function; goal of nursing; and accountability. The nursing process, roles, and recipient of care categories were addressed by all models, and the goal of nursing category was depicted by most of the sample in all three levels of education.

Table 6.1

Range of Subconcept Categories for Each  
Major Concept: Each Educational Level  
and All Combined

Educational Level - Man    Environment    Health    Nursing				
Baccalaureate	8-13	3-6	3-5	5-9
Associate Degree	6-15	1-5	0-5	4-10
Diploma	6-13	2-6	3-5	4-7
All	6-15	1-6	0-5	4-10

Table 6.2

Combined Range of All Subconcept Categories  
According to Educational Level

Level of Education -	Range
Baccalaureate	19-33
Associate Degree	11-35
Diploma	15-31

Table 6.3

Subconcept Category Means for Each Major  
Concept For Each Educational Level

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Educational Level - Man   Environment   Health   Nursing				
<hr/>				
Baccalaureate	10.63	4.13	3.875	7.375
Associate Degree	8.60	3.80	3.27	7.13
Diploma	8.75	3.50	4.00	5.75

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## CHAPTER V

## SUMMARY, CONCLUSIONS AND IMPLICATIONS

This chapter addresses the following: (1) summary of the study, (2) conclusions and discussion of the findings, (3) implications for future research, and (4) implications for practice.

Summary

The purpose of this study was to identify and analyze subconcept categories describing the four major concepts of man, environment, health, and nursing which were found in conceptual framework documents used in the three levels of nursing education in Delaware and Maryland. Commonalities and central themes as well as differences among the various models were examined.

This study was inspired by the researcher's interest in the nature of conceptual framework development in nursing curricula and clinical practice. Having been intimately involved in the development and implementation of conceptual frameworks in two different nursing programs, the goal in carrying out this study was to learn if other programs used similar conceptual dimensions.

In this study a content method approach was used to review conceptual framework documents to identify the extent to how the four major concepts of "Man", "Environment", "Health", and "Nursing" are defined and used. Data used in

this study were gathered from twenty-one conceptual framework documents as well as six program philosophy documents in instances where formal conceptual models had not been developed. This sample included eight baccalaureate degree, fifteen associate degree, and four diploma nursing programs in Maryland and Delaware.

The content analysis consisted of identifying subconcepts provided in the documents which were then categorized as falling into one of the four major concepts. A total of thirty-eight subconcept categories were found which were used and defined in varying degrees. From these subconcepts, fifteen themes were identified. This process enabled the researcher to visualize the scope and nature of each conceptual framework which exemplified varied ideas, concepts, and theoretical constructs.

### Conclusions and Discussion of Findings

From an examination of the conceptual framework documents, the following conclusions emerged:

1. Content analysis was an effective way to identify the extent to which subconcepts fall into the identified major concepts.
2. The three levels of nursing programs similarly defined and used common subconcepts to describe the four major concepts of "Man", "Environment", "Health", and "Nursing".
3. There were discernible differences in emphasis found between the three levels. For example, the baccalaureate models emphasized "Man" as an adaptive behavioral system who has freedom of

choice and "Nursing" in which research and leadership nursing roles were addressed. On the other hand, associate degree and diploma models focused on the needs of "Man" and stressed the provider role of nursing care.

This study has provided information which has not been previously available to educators. In light of the current controversy over differentiating between the three levels of entry into practice, these findings support the idea that similar subconcepts are used in conceptual frameworks by all three levels of nursing curricula. This study found that baccalaureate, associate degree, and diploma programs borrow from the same theoretical concepts and use these concepts similarly in their conceptual model documents.

Forty-two percent of the total number of subconcept categories found described the concept of "Man". The terms mankind, human being, person, individual, member of a group, client, patient, family, small groups, and community were used to define who "Man" is - Within the philosophy and/or conceptual framework document all programs depicted man as a holistic interactive being. The concept of holism implies a organismic viewpoint whereby the person is an active organism in continuous interaction with the environment. At the same time, some documents emphasize a mechanistic view in which man is a behavioral system. This focus within a model depicts the person as a reactive organism. The concept of holism and interaction may have its roots in de Chardin's (1955) philosophical beliefs about the wholeness of

life, Marxist philosophical views of the oneness of man and nature (Conru, 1957), or Gestalt and field theories conveying the interaction between person and environment (Edelson, 1970). The origin of these concepts is only speculative since they were not identified within the examined documents. Many of the nursing theorists whose models are presented in Conceptual Models for Nursing Practice (Riehl & Roy, 1980, p.398)) view "Man" similarly in that man is a system in interaction with his environment. In the documents examined in this study, four nursing theorists models were cited as being the basis for the designated conceptual framework. The cited models included "The Roy Adaptation Model", "Neuman Systems Model" , D.Orem's "Self-Care Nursing Model", and I. Orlando's "Meeting Expressed Needs".

The baccalaureate programs in this study focused upon "Man" having many different conceptual dimensions which include development/potential, needs, adaptation, behavioral response/patterns and a system. Among the first to write extensively on systems theory was Bertalanffy (1968). His book, General System Theory, defines and compares such key terms as the following - equilibrium, homeostasis, steady state, adaptation, adjustment, regulating and control mechanisms, the phenomena of change, differentiation, evolution, entropy and negentropy, models and reality, open and closed systems, the processes of growth, development,

creation and cybernetics. Based on what terms were used in the baccalaureate models, systems theory seems to have been drawn upon heavily to describe "Man" and the "Environment".

At the same time developmental theory was evident throughout the documents. The concepts of direction, states, forces, form of progression and potentiality were conveyed in the data which related man as a developing system. In addition, man was described as a developing system who has basic needs. At times the term "needs" or "basic needs" were depicted as an essential aspect of the developing system while other programs used need theory (Maslow) and "developmental" as the central themes of the conceptual model with adaptation and behavioral response/patterns as a consequence of mans needs. Need theory, development and adaptation descriptions were used in diploma models. Most associate degree programs also depicted a similar perspective; however, those models in the associate degree programs which did describe adaptation included stress/stressors as a central aspect within the model. In comparison, the baccalaureate programs depicted man as an adaptive system but did not emphasize the terms stress/stressors with the exception of one model.

Behavioral responses or patterns were depicted to a much greater degree in baccalaureate conceptual frameworks. These models describe "man" as a behavioral interactive adaptive system, whereas the associate degree models convey

man as a developing interacting being who has basic needs.

In Riehl's (1976) study, it was found that systems theory, developmental theory, and adaptation theory were addressed by all three levels of education. However, need theory was not addressed at all. Therefore, one may speculate that need theory had not been the focus or even developed within conceptual models at that time. Thus, need theory has apparently developed within nursing conceptual frameworks within curricula over the last ten years in all three levels of nursing education as evidenced by the term being addressed in most documents.

For the major concept "environment" there were six subconcept categories identified which included the following: interaction between internal/external environment; external environment: events, conditions, society, and health care system; internal response; factors, forces, and stimuli; stress; and stressors. All documents depicted in some manner "interaction between the internal and external environment". The "external environment" subconcept was described in varied ways--depicting the external environment in the following manner: a sum of all conditions and elements that make up the client surroundings; and/or relating society as families and multicultural groups; and/or incorporating the health care system as a dimension of "Mans" external environment. Generally, the message communicated throughout the documents

is that there exists an internal response to man's interaction with the external environment. The subconcept of "internal response" was conveyed in terms of man's "dynamic adaptive responses or processes to maintain a state of equilibrium." The baccalaureate and diploma models employed a more in-depth description of the "external environment" while the baccalaureate and associate degree documents focused upon the "internal response" of man. Stress and stressors were addressed for the most part by associate degree documents. Overall, stress and stressors were not clearly defined with the exception of one document. In one instance stress was defined as "a nonspecific reaction of the body to any demand made upon it"; in another document stress was defined as "a force elicited by adverse external influences"; and in another model stress was defined as the "energy state of a system at a point in time" which is "necessary for the viability of the system."

Stressors were described by nine documents using terms such as: "demand inputs requiring an increased expenditure of energy," "intensity", "severity", and "duration." In addition, the location of stressors was described as "intra-inter-extrapersonal," and in a few instances stress or stressors were related as having either a positive, neutral or negative effect on mans functioning.

There were five subconcept categories identified describing the major concept of "health". These subconcepts

include "the nature of health", "adaptation", "continuum", "internal/external influences", and "illness". The nature of health was described by twenty-one models which related "health" as a state of wellness or optimal functioning. Once again, internal/external environmental influences were seen as the primary determinants of man's health state. To reflect the dynamic nature of health, the themes of adaptation and health continuum were used. The baccalaureate models used adaptation the most frequently, whereas the diploma and associate degree documents used the term "continuum" to depict the degree or measurement of health. The term "illness" appeared to be least described in all three levels of education. It is interesting that the practice of nursing, which deals with the ill client, describes the subconcept category of "illness" much less clearly than it does the subconcept category of "nature of health." Another way of looking at this is that there may be a conscious choice by educators in the development of conceptual frameworks for nursing education to focus more on "the nature of health" or wellness rather than on "illness". A major focus upon an illness perspective would be the main theme in the traditional medical model.

The last major concept, "Nursing", was described the second most frequently following the major concept of "Man". There were eleven subconcept categories identified. Three of the eleven descriptors were used by all models, including

the "nursing process", "roles" in nursing, and the "recipient of care". Also, the "goal of nursing" was described by most documents.

It was quite clear as to the purpose and components of the "nursing process" throughout all documents examined. Generally, the nursing process was defined as a four-step problem-solving process which facilitates interaction, decision-making, as well as directs nursing action. According to Riehl & Roy (1980), all proponents of nursing models seem to agree that the nursing process is primarily a problem-solving process which includes assessment, diagnosis, intervention, and evaluation. Even though all models depicted the "individual" as the recipient of care, only the baccalaureate programs included the community as the "recipient of care". The diploma and baccalaureate models also focused upon the family.

"Roles" in nursing were addressed by each document which included leadership, research, teaching, counselor, collaborator, communication, advocate, caring/helping, provider of care, manager of care, member of profession and change agent. All the models emphasized communication and interpersonal interactions as well as collaboration. However, there were differences among the three levels in what role(s) were emphasized. One difference noted was that the baccalaureate models addressed leadership and research. This finding is not surprising since in higher education it

would be expected that the graduates would assume a leadership and research role within the profession at an earlier stage in their career because of the curricular focus.

The last major theme addressed by the documents depicting the major concept of "Nursing" was the category "goal of nursing". The goal of nursing intervention was clearly described by all three levels of education. Depending upon the theoretical construct of the model, the nurse is said to assist, restore, maintain, enhance or promote: system integrity, meeting mans needs, achieving mans optimal health state or adaptation by diminishing or eliminating stressors.

An analysis of the nursing models examined in this study indicates that there are more similarities than differences. Though details within the models vary with major themes or theoretical emphases within the models which may indicate the stage of development of the document itself, it is possible to sketch a broad outline of a unified metaparadigm. This sample conveys that within nursing education the conceptual framework approach conveys four major concepts within a universal metaparadigm. These global concepts are "Man", "Environment", "Health", and "Nursing". Within this metaparadigm there are different dimensions and structures which in turn affects the theoretical development of nursing as a science.

### Implications for Further Research

The subconcepts and themes identified in this study could be further examined to more clearly specify and define the essential attributes of each concept for theory development and clinical practice. This study was conducted with nursing programs from a two-state region. A comparison of curricula documents in other geographical areas could add to the existing data in this study to enhance generalizability. Other studies in using the methodological framework used in this study may serve to be useful to further clarify to what extent and how specific subconcepts are used in conceptual framework documents within nursing curricula.

In this study, four major concepts were used as the methodological framework for content analysis since these four areas were described within the nursing literature as the global concepts in the discipline of nursing that take into account all the relevant phenomena of the nursing paradigm. Thus, the analysis was limited only to those descriptors relating the four major concepts of "Man", "Environment", "Health", and "Nursing". The categorization of written content into a structure (categories) may not comprehensively address all of the data. Some major concepts or subcategories did not fit the "U" (universe of content) which was defined as a part of the study. One major concept found in the data which was not included in

this study was the concept of education (teaching/learning). Since this concept was not included into the methodological framework, further studies could examine how and to what extent the concept of "Education" is addressed by nursing models.

This study has raised a number of other questions. How are conceptual frameworks used in nursing curricula and what impact and usefulness do models serve educators and students within the clinical setting? Do the models serve to assist students and/or clinicians in formulating nursing diagnoses in the clinical setting? Does the conceptual framework approach within nursing curricula serve to assist the student performance within the clinical setting? Whether the use of nursing models in education have rendered nursing care more effective and efficient is a matter that has been left to speculation. It is hoped that this study will promote interest in educators to further examine the utility of conceptual frameworks within nursing curricula and to determine the extent to which conceptual frameworks guide curricular development, influence teaching strategies, improve clinical performance of the student and/or graduate and lead to theory development.

#### Implications for Practice

The value of identifying and analyzing what body of knowledge is being portrayed in written documents provides

educators with a sense of what and how information is being used in education. This study has provided a description of the concepts, subconcepts, and central themes which are conveyed in the written conceptual framework documents used in the three levels of nursing education in Maryland and Delaware. This study has provided information which should assist educators in the development of conceptual definitions within nursing models and further the translation of these ideas into clinical teaching. How clearly the theoretical basis of the nursing model is being conveyed to both the educator and student has a vital bearing on curriculum development, teaching strategies, and student performance within the clinical setting. Because no single conceptual framework is all-inclusive, many nursing educators tend to become dissatisfied with a given model and avoid using it to its full potential in guiding student practice in the clinical setting. According to Meleis (1985, p. 12) three things need to occur before a universal science of nursing can be developed and accepted: (1) acceptance of the complexity of nursing and the inevitability of multiple paradigms, (2) acceptance of the need to test and corroborate major propositions of differing theories before dismissing any of them, and (3) the idea that concepts or theories in the field, through a cumulative effect, become the basis of the development of perspective. In reaching this end, progress has been made to the extent

that concepts central to nursing have been identified. Complementary conceptual frameworks provide conceptualizations of the domain which addresses many aspects of nursing. However, some of these are vague and poorly defined descriptions of man, environment, health, and nursing and continue to cause confusion in articulating co-existing conceptualizations. This conceptual confusion does affect both curricula development as well as clinical practice.

The data in this study may provide information for educators to use in their teaching strategies. For example, in order for models to be useful in clinical practice, students must be socialized to experiment with and explore the varied conceptual themes which must be tested within the clinical setting. By using a conceptual framework in a variety of clinical situations, the student can learn more about the clinical conceptual representation of the model as well as the usefulness of the framework in representing the phenomena most often encountered in each patient/client situation (Gudmundsen, 1982).

This socialization process might be incorporated more fully by enhancing faculty and student exchange. This goal could be achieved through the development of faculty/student seminars which would allow time for free exchange of ideas and discussions surrounding conceptual phenomena observed in clients in a health care setting. At the same time clinical

application of the model would be examined with regard to the intervention strategies used as well as their outcomes or findings. This interchange should increase conceptual awareness for both faculty and student as well as serve as a potential motivator to increase personal commitment on the part of faculty and student for promoting conceptual delineation and refinement of nursing knowledge. Along with the generation of scientific activities by faculty and students, it is necessary to improve not only the conceptual framework development within the curricula, but also to more clearly define the conceptualizations within nursing education. At this time, nursing educators need to place greater emphasis on revising and refining existing models within curricula rather than on multiplying new terms and definitions.

Conceptual models lend themselves to nursing theory development. Chinn and Jacobs (1978) claim that "a conceptual framework designates descriptive or exploratory statements which have potential for testing". The time has come for educators to make a commitment to using a conceptual framework as a coherent guide to education, clinical practice and research. At the same time there is a critical need to systematically evaluate the impact of conceptual frameworks in all three of these dimensions. This study has taken a step toward this goal. In summary, at this stage of the development of the body of knowledge

known as "nursing science," the validation of the concepts and themes within nursing models remains an indispensable requirement.

## APPENDIX A

## Sample With Code Numbers

Delaware:

Code Number: Associate Degree Programs

- B-15 - Delaware Technical and Community  
College; Georgetown Campus
- B-16 - Delaware Technical and Community  
College; Stanton Campus

Code Number: Baccalaureate Degree Programs

- A-9 - University of Delaware

Maryland:

Code Number: Diploma Programs

- C-1 - Macqueen Gibbs Willis School of Nursing
- C-2 - Maryland General Hospital
- C-3 - St Joseph Hospital School of Nursing
- C-4 - South Baltimore General Hospital

Code Number: Associate Degree Programs

- B-1 - Allegany Community College
- B-2 - Anne Arundel Community College
- B-3 - Catonsville Community College
- B-4 - Cecil Community College
- B-5 - Charles County Community College
- B-7 - Essex Community College
- B-8 - Frederick Community College
- B-9 - Hagerstown Junior College
- B-10 - Harford Community College
- B-11 - Howard Community College
- B-12 - Montgomery College
- B-13 - Prince George's Community College
- B-14 - Wor-Wic Tech Community College

Code Number: Baccalaureate Degree Programs

- A-2 - College of Notre Dame of Maryland
- A-3 - Columbia Union College
- A-4 - Coppin State College
- A-5 - The Johns Hopkins University
- A-6 - Salisbury State College
- A-7 - Towson State University
- A-8 - University of Maryland

APPENDIX B  
LETTER SENT TO SAMPLE

Dear

I am an assistant professor at the University of Delaware College of Nursing and am presently a doctoral student in the Human Development Program at University of Maryland. As a part of my doctoral studies, I am investigating the conceptual frameworks being used by diploma, associate degree, and baccalaureate programs in Delaware and Maryland.

I plan to examine and analyze subconcept categories found in the documents which describe the major concepts of man, environment, health, and nursing. I am requesting your participation in this study and I would appreciate it if you would send me your program philosophy and conceptual framework. If you could send me your materials within two weeks, it would be very much appreciated. If you have any questions with regard to the purpose of the study, I will be calling you in two weeks as a follow up to this letter.

When the study is completed, I will provide you with the findings of the study. In the meantime, I want to thank you for your time and assistance.

Sincerely,

## APPENDIX C

## A SAMPLE OF THE CODING PROCESS:

## CLASSIFYING "MAN" SUBCONCEPT CATEGORIES

<u>SUBCONCEPT CATEGORIES:</u>	Baccalaureate Programs		
	A-3	A-4	A-6
needs	x (10)	x	x
rights/freedom of choice/participation	x	x	x
behavioral response	x	x	x
system	x		x
development/potential	x	x	x
constant interaction with multi-faceted environment	x	x	x
responsible for self/ accountability	x	x	-
holism	x	x	x
unique	-	x	-
dignity/worth	x	x	-

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## CURRICULUM VITAE

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Secondary education: St. Michaels High School  
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Collegiate institutions attended:	Dates	Degree/Date
McQueen-Gibbs Willis School of Nursing	1964-67	Diploma 1967
Chesapeake College	1976-77	A.A. 1977
Salisbury State College	1977-79	B.S. 1979
University of Maryland	1979-82	M.S. 1982
Central Michigan University	1983-84	M.A. 1984
University of Maryland	1982-87	Ed.D. 1987

Major: Human Development

Professional publications:

Jopp, M., & Lowry, L. (to be published Summer 1987).  
Strategies: Evaluation of an associate degree  
nursing curriculum based on the neuman systems  
model. in J. P. Riehl and C. Roy (eds.), Conceptual  
models for nursing practice (3rd ed.). New York:  
Appleton-Century-Crofts.

Professional presentations:

Educators Use of Theory: A Description of Subconcepts  
Related to Man, Environment, Health, and Nursing  
Concepts Utilized in Baccalaureate, Associate Degree  
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Approach

Soviet-American Nurse Educators Seminar  
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Professional positions held:

Assistant Professor, 1984 - Present,  
University of Delaware  
Newark, Delaware

Associate Professor, 1981 - 1984  
Cecil Community College  
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Instructor of Staff Development, 1980 - 1981  
Easton Memorial Hospital  
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Adjunct Faculty, 1980  
Chesapeake College  
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School Nurse, 1973-74  
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Geriatric Staff Nurse, 1971-74  
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School Nurse, 1968-70  
The Benedictine School for Exceptional Children  
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Pediatric Charge Nurse, 1967-68  
Kent-Queen Annes Hospital  
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