

Collaborative Bachelor of Science in Nursing Program

(University of Windsor, Lambton College, St. Clair College)

Basic Concepts of the Bevis Curriculum Process: Building the Framework and Applying the System to Nursing Education and Practice

Philosophy, Purpose, Organization, Process and Key Theoretical Concepts

First Compiled by Dr. D. Foley, 2003

Adapted by Dr. S. McMahon, 2009

Revised by Dr. K Pfaff, 2015

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Introduction

The University of Windsor, St. Clair and Lambton Colleges use the process and key concepts from Dr. Em Olivia Bevis' Curriculum Building Framework (1973, 1982 & 1989) as a guide to support curriculum design and development within the Collaborative Baccalaureate Nursing Program. This outline provides the philosophical and theoretical underpinnings of the curricular process and system of the collaborative nursing program. The brief discussion following each heading is supported by expanded theoretical content and analysis with explanations and rationale from supporting documents. Additional resources can be found on the University of Windsor, Faculty of Nursing homepage website www.uwindsor.ca/nursing on the link "Bevis Comes Alive". This document is a basic overview of the major elements of the curriculum framework and provides for preliminary understanding of the framework as it relates to nursing education and as to how it relates to nursing practice.

Philosophical Foundation

The philosophical underpinnings of the curriculum are important in that they provide insight into beliefs about persons, environment, health and nursing. Philosophical thought informs values, attitudes, choice and behaviours as well as the knowledge and ethics that underlie nursing practice. The theoretical foundation for Bevis' concepts and curriculum is based on a humanistic existentialism philosophy.

Humanism

Humanism emphasizes the value, beauty and importance of being human and is a concerned action geared to human ideals, human existence and quality of life. Humanism is characterized by a value system that places great importance and high priority on caring about people.

Existentialism

Existentialism holds that each person is unique and inexplicable by science or philosophy. It is a natural part of holistic philosophy and proposes that the whole of a human being is different from his/her parts. Existentialism proposes that humans are thinking beings who can make choices.

The tenet that a human is free and possesses the freedom to choose is the most basic of all freedoms. Two other attributes spring from this freedom. Freedom of choice makes a human being a suffering individual and therefore unpredictable. Possessing the freedom to choose and being a thinking being imply accountability. If one makes ones own choices, then one is accountable to self and to other human beings.

Theoretical Basis: System and Process

The theoretical basis for Bevis' concepts is the 'General Systems Theory'. A system functions as a unit with separate and distinct parts or 'wholes' that can stand alone or be organized in an interdependent fashion to create the essence of "oneness". The characteristic of the whole system is greater than the mere collection of or sum of the parts. *There are many levels and complexities of system organization and process. In nursing, there is a valuing of the uniqueness and complexity of all systems, from the sub-particle level to the universe with the understanding that one system may be open and can influence or be influenced by other systems without changing itself, much like a catalyst.* While systems may be mutually responsive and gain or lose energy from other systems, the system is never static and, given the philosophical understanding of "being", is never the same over time and space.

As nursing is a human-centred process, the major focus of the Bevis curriculum system is on the person as a system. Individuals are open systems in that energy and matter are imported from other systems and free exchange causes the system to achieve more complexity and heterogeneity. All open systems, such as the human and the world or the environment, have subsystems and all but the largest have supra systems.

Systems have inputs (energy and information going into the system), throughputs (processes and interactions) and outputs (energy and information going out of the system).

Bevis describes the nursing activities that are implemented in her Nursing System Framework to be of three major categories: *Protective/preventive, Nurturative (nurtrative), and Generative (Rehabilitative, Restorative, and Palliative)*. These activities are carried out in all levels of the client system which for the person are: *Intrapersonal (within the personal system), Interpersonal (between personal systems,) and Extrapersonal or community levels (outside the personal system and into the environment with collective clusters of similar client systems/groups or families, in single places like a community or in multiple sites as in populations)*. *Each system level becomes more complex as does the nursing activity.*

All systems have a purpose, organization and creativity/innovation.

Nursing is a process. Its purpose is to promote optimal holistic health, including self-actualization and well-being, for a diversity of clients. This is accomplished through knowledge generation, dissemination, utilization, and application. This is accomplished through a series of cognitive, affective, psychomotor, and core professional competencies, skills, tools, strategies, processes and activities specifically organized to optimize each client system.

An understanding of the client system is gained by the application of an orderly process called the *Nursing Process*. This structured process energizes the organizational thinking/acting flow of thought and behaviour aimed at achieving the purposes, outcomes, or goals of the client system. It consists of Assessment, Data Analysis/Clustering and Diagnosis, Planning, Implementation, Evaluation, and Feedback steps.

The processes of nursing practice and nursing education have parallel stages, *Input, Throughput/Thruput, and Output Stages*. These stages are *independent, interdependent and co-dependent* and rely on accurate measurable data for feedback to create the optimal organization and flow of the full combined system and its component stages and units. (See the notes later in the document for a more in depth description.)

The role of the nurse is to facilitate the client to attain what Bevis calls Life Processes (Maturation and Adaptation) in which any client system strives through processes, such as the health promotion process and various learning processes, to complete the client-centred outcome or goals. The intent of nursing is namely to support the client system through specified processes, tools and strategies focused on the end-goal of attaining, maintaining and sustaining desired optimal holistic health, well-being, and self-actualization outcomes or end-states.

Nurses function within the state of the client system by applying the Nursing Process to gain a unique profile of the client's needs, goals, desires, *Life Processes (Maturation and Adaptation) and Subprocesses (Stress/Strain, Change, Critical thinking, Communication, Learning, Human development & growth, Management/Leadership, Caring, Self-responsibility, Lifestyling, Lifespaces, and Lifeway)*. *This unique profile is reflected upon and validated with the client system when planning for nursing tools and strategies (Caring, Communication, Teaching, Problem-solving/Decision-making, Leadership/Management/Planned Change, Research,*

Empowerment for self-responsibility and Advocacy) that are to be implemented to foster desired outcomes for client systems.

Purpose of Nursing

The outcome of the process of nursing is to facilitate the client to reach the highest possible level of holistic health, self-actualization, and optimal well-being. Nursing behaviours are integral to various steps of the Nursing process.

A nurse, through:

- a. *Preventative/preventive/protective (P),*
- b. *Therapeutic(nurturative/Nurtrative(N),*
- c. *Reproductive, rehabilitative, restorative, palliative, innovative (generative) (G),*
categories of nursing behaviours and measures carry out the nursing process.

PNG refers to the collective representation of the variety and broad sweep of nursing behaviours and actions that may be implemented in the care of the client system.

All categories are implemented or practiced in collaboration with individuals, families, groups, communities, and populations as the systems and processes intermingle with shared goals and outputs to achieve, maintain and restore health and well-being.

Health or high-level wellness is central to the whole system and is the purpose of the nursing process.

Organization

The organization of nursing as a process according to Bevis follows the General Systems Theory principles and characteristics, and consists of three interrelated and interdependent stages (components): *Input, Throughput/Thruput, and Output.*

Input

The nursing system according to Bevis derives its input from the assessment data (common and distinct manifestations) and information concerning the needs, goals, problems, and desires of the client/target system. There are four (4) *client systems- Intrapersonal, Interpersonal, Extrapersonal – Community and Population systems.*

The Intrapersonal System – (Within a personal space) is the target of PNG nursing behaviours that promote optimal functioning of all personal Life Processes contributing to Maturation (including growth, individual personality formation, learning, and anything that is the expression of the individual person) and Adaptation (any adjustment or change that moves the client toward the state of optimal holistic health, well-being and self-actualization).

The Interpersonal System – (Between people) is the target of PNG nursing behaviours that promote optimal functioning of families, groups, communities and populations.

The Community System – (Collections of people e.g. groups, families, communities, and populations) is the target of PNG nursing behaviours that facilitates optimal functioning of a “group of people having common organization and mutual interest.” The common organization facilitates the creation of institutions and agencies for a common good and mutual interest which enables the enactment and enforcement of rules that foster these interests. These are independent of the Intrapersonal and Interpersonal systems and so are said to be Extrapersonal.

Nurses engage in activities in communities, considering upstream or downstream variables and environmental considerations for PNG activities, based on assessments of the

community health findings of the environments, not just the people. Nurses engage in activities in communities, whether urban, rural, cosmopolitan or isolated, in places such as a town, village or city, or reserve, worldwide. Nurses work in health care systems, governmental agencies, citizen groups, proprietary agencies and industry. Any nursing activity that promotes the safety, health and longevity, and quality of life and/or reduces the risks and threats to the health of communities is a Community Health Nursing activity. Any activity that a nurse engages in that fosters and promotes community safety, sustainability, advocacy, social justice, coping, and maturation of the Interpersonal and Intrapersonal systems within it, qualifies as a community activity.

The Population System – (collections of communities or groups with an identifiable geographic, ethnic, or health variable indicator that forms a significant target for concern [indigenous, endangered, threatened, at risk]) is the target of PNG Nursing behaviours on a grand scale designed to provide nursing measures that will foster and promote health and well-being for demographic and geographic collections of people, whether or not they are considered to be a community. The size of the population is measurable and identifiable for a related/common (or distinct) characteristic or purpose such as age, risk, lifestyle change, marginalization, or vulnerability and has identifiable variables in the Determinants of Health and other Measures and Indices of Population Health. PNG activities may be on a global scale such as in disaster planning or intervention in disaster relief. International agencies with global outreach are concerned with population health. The World Health Organization and its various departments, such as UNICEF and the Nursing Directorate within the United Nations, apply the nursing process to the world system. Risks may cross communities and be identified by specific variables such as gender or age or health risk or state (such as a pandemic) for which nursing measures would be developed and implemented to meet identified needs or concerns.

Thruput/Throughput

Throughput consists of the theories, processes, concepts, constructs, paradigms, selected nursing knowledge and information, from sciences and the arts, related to humanity. These are synthesized into useful content to inform nursing measures, thought, action, affect, decision-making, Life processes and Subprocesses, nursing strategies, and tools.

Life Processes (see later in the document for a full description) – There are two Life Processes.

Adaptation and Maturation

Subprocesses – There are nine Subprocesses which relate to the client system and processes. All the Subprocesses contribute to the fulfilment of the Life Processes: Adaptation and Maturation. The Sub processes are (in no particular order):

1. Stress /strain
2. Critical thinking
3. Communication
4. Learning
5. Human growth and development needs and maturation
6. Change/leadership
7. Self-responsibility
8. Caring
9. Lifeways and lifestyling elements (stress control/change, physical fitness/exercise, nutrition/diet/healthy weights, self-responsibility for healthy life choices etc.) and lifespaces.

Nursing Resources, Strategies and Tools – The designation of nursing strategies and tools does not eliminate or preclude the use of nursing theories from which to draw other tools and strategies or processes by which to foster PNG behaviours.

In the Bevis framework, the Planning and Implementation stages of the Nursing Process are applied to facilitate the client-focused outcomes. For Bevis, nursing behaviours, tools, resources and strategies are:

1. Caring
2. Communication
3. Teaching
4. Problem-solving/Decision-making
5. Leadership/Management/Planned change
6. Research
7. Empowerment for Self-responsibility & Advocacy

The nursing resources, strategies and tools may be:

applied to assessment of client systems for particular Life Process or Subprocesses and selecting the nursing strategies or tools from the assessment findings (via the nursing process)

OR

applied to the client system as a framework of care using all of the seven tools/strategies

OR

used to form the basis of caregiving across the lifespan with innovative modifications and processes which highlight and assist in fulfilment of Life Processes and dimensions for the person, family, community and population systems.

Output

Nursing behaviours (actions, skills, roles, services, functions, knowledge, and resources) result from the synthesis of the thrupt/throughput stage which benefit the client system and effect the change toward achievement and sustainability of holistic health, optimal well-being and self actualization through PNG behaviours. The unique creative plan designed as part of the thrupt stage is implemented and reflected upon in the Output stage. *Feedback* from the summative evaluation is recycled if the goals were unmet. If priority goals were met, subsequent goals are planned for, then implemented and evaluated.

Protective/Preventive/Preventative Behaviours are called “primary” as they prevent disease or diminishing health, or they maintain and promote health, protective activities and prevention strategies.

Nurturative/Nurtrative Behaviours are called ‘secondary’ care as they relate to the therapeutic measures, and curative and comforting supportive care, for self and others.

Generative behaviours (Rehabilitative, Restorative, Innovative and Reproductive Care) are called “tertiary” care as they are productive and seek to restore health in creative ways once a health variation, problem or crisis has occurred.

All Output fosters the Life Processes. Many elements come together in a diverse way to form unique, creative, innovative plans designed to help individualized or collective client

systems find meaning in the experiences while promoting adaptation and maturation to variations in health state.

Creativity

The creativity of nursing in the open system is infinite. Although some nursing actions may be, or appear to be, essentially the same, there is always a unique variation or consideration that must be made. Every nursing situation is unique, as every human being or system composition is unique. Creativity can be found in the questions asked, processing of data, research sources, resources collected and integrated to facilitate healthy lifestyles, lifeways and lifespaces. Nursing thought and action can blend and interact in different ways from one day to the next with the same client system, adding to the creativity required to match the dynamic changes and openness of client systems. Even as a nurse implements a tool or strategy to achieve a client-centred goal, the variables will be changed.

The key concepts that build an understanding of nursing are also the same vital concepts for the collaborative nursing program as outlined below

Person

Individuals are unique holistic persons with inherent dignity and are worthy of respect and care. Individuals are capable of entering reciprocal relationships that foster health, growth, and self-actualization. Individual responsibility for self and others increases over time and with maturity. Individuals are open systems with subsystems that are united, interconnected and interdependent, adaptive, and seek to foster survival of the whole and correct variations to the state of balance, homeostasis, and harmony with the environment. All systems inherently possess energy. Individuals experience the world as it relates to their own lived experiences. Individuals can make decisions and take actions that benefit self and others and can learn to be caring and empathetic toward others. Individuals in a collective create humanity: Individuals in isolation seek to understand who they are, their purpose, and their place across the dimensions of time and space.

Environment

The milieu within which individuals, families and communities strive to achieve optimal holistic health and well-being is an environment. As persons attempt to mature and adapt, there are dynamic interactions that can serve as a source of growth. Internal physiological environments may be measured, observed, and impacted by external and other internal states and activities. Scientific evidence of external environments demonstrates the health impacts on the human and the web of life, or mega and supra systems. As humans have an impact on the pace of environmental change and cycles of life and processes in the environmental systems, plans and actions for human survival, optimal holistic health and well-being must be considered in any nursing care plan for the client system.

Health

Health is a dynamic process whereby the individual, family or community is able to realize aspirations, satisfy needs, and change or cope with the environment. Health is a resource for everyday life. It is a positive concept emphasizing social and personal resources as well as physical capacity. Health is a goal of all nursing behaviours. The concept of, and state of, health may be influenced by culture, life choices, resources, power, place and time, plus other variables. Health can be a community resource, commodity and goal. Health can be impacted by the determinants of health together with economics, quality of air, water, geography, climate, and distance. Health can be enhanced by the utilization of enabling factors.

Nursing

Nursing is a process. Its purpose is to promote optimal health through nursing activities. These activities are carried out with all client systems – individuals, families, groups, communities, and

populations. Nursing's role is to facilitate Life Processes (Maturation and Adaptation) and Subprocesses in these client systems. The tools and strategies that nurses can use are: communication, caring, problem-solving/decision-making, leadership/management/change, teaching, research, empowerment for self-responsibility and advocacy.

Nurses are regulated health professionals who can provide independent care, as well as interdependent care, such as consultation, partnership, and collaboration with other members of the health care team, with the client for the benefit of client goals/outcomes. Nurses are accountable for their activities; they monitor and regulate the quality of nursing care given and provide each other with mutual protection, nurturing and facilitation of growth. The purpose of nursing is 'the highest possible level of health or self-actualization for clients/patients' (Bevis, 1982, pp.16-17).

Nurses are professionals who are accountable and work within legislated parameters of practice and under the contractual parameters of employment. Nurses are accountable for their activities through ongoing monitoring of self and others, and through self-analysis, personal reflection, self-evaluation, and self-regulation. Nurses are vigilant and watchful of the quality and integrity of the nursing process, client outcomes, professional activity, resources, and safe care environments within and around the client system and larger interacting systems such as the healthcare delivery system. Nurses give continuous feedback and input into the organizational flow and process of care with the shared goals of quality, excellence, effectiveness and efficiency.

Nurses are activists and advocates for health promotion, prevention, and safety activities who strive to assure continuity of care and excellence in nursing practice. They take timely action to gather data, search for answers, conduct research, make corrections, and plan change to assure safety, quality care, and integrity of the health-focused system.

Nurses maintain themselves as a community system through professional activities and affiliations, mentoring, personal and professional support, nurturing and facilitation of personal and professional growth, and upholding the common purpose and goals of the profession. Their role descriptions and functions may be variable and there are new and emerging legislated and regulated scopes of practice and aspects of autonomous responsibilities (such as Nurse Practitioners and Nurse Anaesthetists) associated with the management of the client system and resources, yet remain within the legislated parameters of nursing practice as set out by the federal government, the Canadian Nurses' Association and provincial licensing bodies. Nurses are monitored by government agencies in each province and jurisdiction to assure the protection of the public (personal and community client systems). Sanctions can be placed on nurses who fail to provide safe, honest, appropriate, competent, and client-centred care. Curricular content and learning activities are developed to address the expectations of the national examination content and provincial licensing body as well as the accreditation process through the Canadian Association of Schools of Nursing.

Nurses must be self-regulating in their management of a client system and in the operationalization of knowledge, skills, and judgement within client systems. Nurses must be skilled in the application of various tools and strategies to assist in achieving the goals and holistic health outcomes of the client system. The common *tools and strategies* nurses can implement are: Caring, Communication, Teaching, Problem-Solving/Decision-Making, Leadership/Management/Planned Change, Research, Self-responsibility for Empowerment and Advocacy.

In some systems, nurses may apply other strategies, such as philanthropy, economics, innovation, policy development, interdisciplinary health promotion and injury prevention activities, and legislative governance or ethical reviews, to assist in moving toward system goals that are associated with particular system characteristics which have been assessed and identified through the cluster analysis procedure of the Nursing Process. The presence of and integration of *Enabling Factors* (later in the document) will assist in the energization and momentum of the systematic progress toward the goals, end products, and outcomes of the education and practice domains.

Nurses can delegate, collaborate, consult, and communicate with other members of the healthcare team for the purpose of maximizing the health outcomes of the client system.

Life Processes

Bevis has identified two Life Processes. These capture all the aspects of human Maturation and Adaptation which produce and contribute to holistic health of the various levels of the client system.

Maturation

Humans are developing and maturing beings who move through life from one changing level of system maturity to another with more and changing interrelationships. Each level becomes progressively differentiated from the other and each is integrated with the other at more advanced levels. Nurses must provide care with the full awareness and understanding of the maturational level and capabilities, and the intricacies and potentials of each growing and developing system in every individual human being. Clients are involved in providing and interacting with resources and other systems to meet maturational tasks that influence holistic health. Individuals, families and communities have tasks to achieve in order to continue to grow and increase in their complexity. There are theoretical principles and guidelines associated with growth and development that must be integrated into the nursing decision-making and subsequent activities that mesh with the appropriate care. Clients, as developing beings, move through life from one level to another, each level progressively differentiated from the other and integrated with the

other at more advanced levels. Nurses must come to appreciate the meaning and status of the client within their multiple systems. Developmental status is one of the variables that influences nursing care because health and consequently nursing care build on, encourage or inhibit optimal development and growth – Maturation – as it moves outwardly with increasing differentiation across the lifespan with an ever-expanding complexity of systems from intrapersonal to global populations, from pre-conception to death.

Adaptation

Adaptation is a process. It is the outcome of the interaction of variables with the dynamics of stress and strain as it influences various target systems – persons, families and/or communities/populations.

Stress refers to those forces or stimuli that press in upon or stimulate a system. Stress can create a physical, behavioural, and emotional response in a person. Some stimuli or stressors are noxious while others are enjoyable and healthful. One can be influenced by a variety of internal, external, environmental, psychological, and social stimuli. Stress responses are uniquely perceived by each person and the responses can become intensified when environmental change or threats occur internally or externally.

Strain is the human response to stimuli that attempts to foster health adaptation and promotes coping to individual stress stimuli or clusters of stressors. The stress response is always an attempt at survival; preserving life and adaptation. For example, eustress is the stress that comes with successful adaptation and that is beneficial or promotes development and self-actualization. Distress is negative, noxious, unpleasant, damaging stress that results when adaptive capacity is decreased or exhausted.

Maladaptation is a matter of perception, not the intent of the systemic response. The input, thrupt and output of stress can pile up, become overwhelming and create maladaptation due to a general response and exhaustion. Distress is health depleting.

Bonadaptation refers to the healthy response and coping to stimuli and stressors. Eustress is health promoting.

Bevis was interested in the expression of stress on systems. Strain is seen as protective and a helpful cue to remediate the distress or noxious nature of the stimuli. The intent of strain is to promote adaptation for healthy outcomes. When strain becomes a threat, it is because the adaptive strategy itself may be harmful to health and threaten healthy lifestyles and lifeways (e.g. overeating). Strains exhibit themselves in symptoms, syndromes, and disorders.

Bevis supported the research findings of Selye and Engel in the field of stress theory. Today other research has built on the stress theory of the individual, family and community. Population stress responses have been theorized by McCubbin and others interested in the health of families, groups, communities and global populations. These theorists were particularly interested in issues about times of crisis related to multiple noxious stressors, threats to holistic health, and the determinants of health. Poverty, isolation, desolation, ravages of climate change, pestilence, violence, neglect, and other threats to human sustainability and health are all of concern to nurses. Bevis was renowned for her activism and advocacy for the rural poor of the southern United States. She linked social justice principles to ethical reflection and conflict resolution skills, at the community and population levels, to promote healthy communities with health-generating, creative activities and stress-relieving projects and services. Bevis applied the nursing process to assist her in activating and implementing her dynamic theoretical nursing approach to the signs and symptoms of distress, decline, deterioration, and disease associated with negative findings and gaps in the Determinants of Health indicators.

Subprocesses

Subprocesses contribute to the flow and context of the Life Processes. The positive inclusion of the energies and resources in each of the Subprocesses assist in the completion of the Life Processes. Again, for clarity, the Sub processes are:

1. Stress/Strain
2. Critical thinking
3. Communication
4. Learning
5. Human growth and development needs and maturation
6. Change/Leadership
7. Self-responsibility
8. Caring
9. Lifeways and lifestyling elements (stress control/change, physical fitness/exercise, nutrition/diet/healthy weights, self-responsibility for healthy life choices etc.) and lifespaces.

Stress and Strain, human growth and development needs, and maturation have already been described previously. Below are brief discussions of the nature of the remaining Subprocesses.

Critical Thinking

As an element of human life, critical thinking is essential to all Life Processes. Through a higher level of thought, the human is able to create elements of logic, and explore the benefits and consequences of actions. The process of critical thinking progresses in a manner that reflects the developmental maturity of cognition and other human thought processes, such as moral development, ethical deliberation, anticipation, and planning for consequences, based on learning. Critical thinking progresses from simple to complex levels in purposeful ways. Skills of critical thinking are incorporated into the self-regulating reflective judgements related to: personhood, open-mindedness, nursing accountability, client protection and prevention, research in search of answers, and the ongoing process of inquiry. Critical thinking is practiced continuously and refined over time with rigor and the imposition of high standards of: self-discipline, self-correction, intellectual courage, integrity, perseverance, effective and clear communication, and problem-solving skills. In addition, critical thinking demands a commitment to seek clarity, accuracy, depth, relevance, fairness, and significance in all thinking, reasoning, opinions, evidence, concepts and ideas, paradigms, as well as inferences and conclusions. Critical thinking examines implications and consequences beyond egocentric traits that demonstrate confidence, maturity and positive intellectual traits in thinking and acting (Paul & Elder, 2004).

Communication

Communication involves a series of processes such as becoming self-aware, sensitive, and responsible to self and others. There are overt and covert signs and symbols, as well as verbal and nonverbal cues, to promote message-sending and message-receiving activities. Also, communication includes intuiting activities, processing, and sending of feedback messages. Communication is essential in the health delivery system. Health technology applications can maximize the human interface with the machine and provide outreach to remote areas and underserved environments and systems.

Learning

A change in behaviour, perception, insights, attitude, or a combination of these that can be repeated when the need is aroused, is considered to be learning. The change in behaviour may or may not be directly observable; however the effects of learning are always observable. Nurses are expected to reflect on experiences to note what they learned and the meaning of the experience related to

professional and personal learning. *Teaching* is a purposeful activity designed to facilitate learning and hence, becomes linked to learning. Teaching is a process of creating an environment where learning can take place.

Caring

“Caring gives comprehensive meaning and order to one’s life” (Mayeroff, 1971). Caring is one of the basic drives of life to complete oneself. It is manifested in the drive to grow, to fulfil, and to transcend one’s ‘prison of self’. The conditions of caring and its process enable mutual growth.

Leadership/Management/Planned Change

The process of leadership/management/planned change subsumes the processes of leadership, organizational structure, and management. Planned change is the purposeful planned adaptation to a shift in the environment. “Planned” indicates collaborative and cooperative endeavours. The phrase “shift in the environment” means an increase in the number and complexity of variables as opposed to the stability of the environmental factors. Planned change is also a process that has extensive theoretical background. Built on the original research of Lewin, planned change is an ever-expanding area of inquiry and application to practice.

Empowerment for Self-responsibility and Advocacy

This is a process whereby individuals become active in their healthcare by directing their own resources, processes, personnel, and tools within their environment so that they may achieve optimal health, wellness, and well-being. Empowerment and self-responsibility flourish when there is hope and optimism.

Lifestyles, Lifeways, and Lifespaces

Lifestyles are the choices that client systems make in regard to health options, practices, beliefs, cues and behaviours.

Lifeways are strategies, actions, behaviours, and methods that client systems use to achieve the health goals.

Lifespaces refer to the environments or where the client system conducts their life styles and life ways.

Where humans live and how they live will have an impact on their optimal health and well-being. Through a systematic examination of the complex human system, research has found that selected health practices promote health, wellness, and well-being. The healthiest input that meets the basic needs of the human system will facilitate survival and optimal integration of all resources. This will help facilitate optimal holistic health and well-being as well as self-actualization, as Maslow envisioned. An assessment of the Determinants of Health will yield information and data as well as best evidence that nurses can apply to help them promote a healthy lifestyle, safe and aesthetically beautiful lifespaces, and optimal lifeways. Interest in the impact of climate and environmental shifts, threats, risks, and variables is of importance to nurses as they seek to understand and to know how the larger systems can impact the individual system. With that understanding, nurses can help to provide guidance, mentoring, knowledge, skills, resources, and strategies to foster Maturation and Adaptation of the client systems. Nurses in the mental health field assist in the creation of systems, processes, qualities and characteristics that are indicative of healthy lifeways, lifespaces, and lifestyles.

Nurses plan for, and implement, nursing activities to promote goal attainment for optimal wellness and holistic health practices. This is where the various categories of nursing actions (Protective, Nurtrative and Generative [PNG]) engage the various nursing strategies, skills, and tools to foster

multisystem continuity toward a shared goal. Aspects of basic needs (e.g. nutrition, diet, housing, water quality, safety, exercise, sleep, etc.) and the fulfilment of these needs are explored and assessed. Client-centred plans are developed with the client, considering health beliefs, culture, cues to action, motivation, barriers and boundaries, risks and threats, and desired goals of the client toward optimal lifespaces, lifestyles, and lifeways.

Enabling Factors

Enabling factors within a system are features that assist with the operation and flow of the system and enhance the efficacy of the outcomes. In the Nursing Process, there is an expectation that care will be optimal and excellent. The integration of the enabling factors will help the nurse to create a dynamic and effective strategy, tool, and activity to assist the client outcomes.

Tools and Strategies for Nursing Practice

To assist nurses in planning and providing care to meet the variety of client-centred care plans that mitigate health concerns, enhance well-being and health in the PNG categories of intervention, nurses have specific tools that can be applied in the output stage to achieve the client-centred care goals. The strategies in the toolkit of skills and interventions consist of:

1. Caring
2. Communication
3. Teaching
4. Problem-solving/Decision-making
5. Leadership/Management/Planned change
6. Research
7. Empowerment for Self-responsibility and Advocacy

Caring

Four Stages of Caring were espoused namely: Attachment, Assiduity, Intimacy, and Confirmation (Bevis, 1989, p. 128). Caring is a “transactional relationship with meaning founded on an existential awareness of self and other, transcending the limits of illness and optimizes actualization of human potential” (Bevis as cited in Blattner, 1981). Caring is a process, a state, an attitude, a strategy, an enabling factor, as well as a tool.

Communication

Communication is essential in the health delivery system. Health technology applications can maximize the human interface with the machine and provide outreach to remote areas and under-served environments and systems. Communication is a process, a skill, a core competency, a strategy, and an enabling factor that will enhance the quality and efficacy of the nursing process and all other nursing interventions. The dynamic and creative, safe, appropriate and sensitive application of communication skills across all aspects of nursing care is an expectation. Many theories of communication can be applied within various levels of the client system and are best when matched to the needs and strengths of the system. The integration of another enabling factor (healthcare technology), if used skilfully, will enhance health care and client system outcomes.

Teaching

Teaching is a purposeful activity designed to facilitate learning and hence, becomes linked to learning. Teaching is a process of creating an environment where learning can take place. Teaching integrates learning theory noting the client/learner motivation and rewards. Teaching activities include the assessment of learner styles and the designing of specific and appropriate learning plans that are client-specific, learner-focused, flexible, stimulating and sensitive to self-learning, self-discovery, and mastery. In teaching, sensitivity, timing, knowledge, and learner readiness are crucial to successful learning outcomes. During client care, it may be a reality that the client will become the teacher as they are the expert in their care. Between the nurse, client, and health-team, teaching

and learning become shared and reciprocal.

Learning is a change in behaviour, perception, insight, attitude, or a combination of these that can be repeated when the need is aroused. The change in behaviour may or may not be directly observable; however the effects of learning are always observable. Nurses are expected to reflect on experiences to note what they learned and the meaning of that experience related to professional and personal learning.

Problem-Solving/Decision-Making

Problem-solving is a dynamic, orderly process and is used to arrive at a place where decisions can be made. Problem solving involves all of the analytical processes including nursing process and research. Problem-solving experiences increase the likelihood that the nurse will be an effective critical thinker and problem-solver. Problem-solving is the tool used to arrive at a place where decisions can be made. Problem-solving benefits from clear understanding of the problem, ethical elements, data and options, as well as an understanding of advantages and disadvantages in the proposed solutions. It also involves an understanding of the time, resources, risks, power leverage, money or limitations, and implications of judgement and choices. Problem-solving may need to be flexible, responsive, and sufficiently dynamic to shift depending on new information that is uncovered. Problem-solving is rarely static.

Decision-making presupposes that problem solving has taken place and is the end product of problem solving. Decision making is the acquiring, ordering, and selecting of tools, resources, or alternatives for reaching goals or fulfilling needs. Decision-making involves all of the analytical processes, including the nursing process and the research process, and utilizes the critical thinking abilities of its participants.

Specific problem-solving and decision-making strategies and tools are available related to the demands of the systems and the circumstances. There is a rapid and deliberate reflective pace for problem-solving and decision-making. The urgency and risk, together with other variables associated with the adaptation and maturation of the client system must be considered when planning the strategies and tools that facilitate client health and well-being. Client and team engagement in choosing the tools and choice architecture actions (the structure and process of choice-making) require different decision-making strategies and tools than those of parenting and child-care decision-making. Decision-making and problem-solving are embedded in all critical thinking.

Leadership/Management/Planned Change

The process of management/planned change subsumes the processes of leadership, organizational structure, and management. Planned change is the purposeful planned adaptation to a shift in the environment. “Planned” indicates collaborative and cooperative endeavours. The phrase “shift in the environment” means an increase in the number and complexity of variables as opposed to the stability of the environmental factors. Transformative leadership in healthcare delivery across various paradigms in health, nursing, and goal attainment will draw upon the diversity of interactions available to the nurse-client and health-delivery environmental systems.

Research

This is the modern base on which evidence, critical thinking, logic, learning, inquiry, creativity, and innovation rest. Research is an orderly process of problem examination, inquiry, exploration, and validation that will assist systems to explore and examine phenomena and unknown questions related to client systems (of all kinds). The desire for excellent nursing care can be supported and encouraged when research is an integral aspect of reflective practice, critical thinking, learning, the examination of care giving efficacy, and the process of nursing. Undergraduate students learn about the research process, human subject rights, how to search, select, read and critique an article, pose

questions, search various sources of literature and research findings as well as how to be sceptical and scrutinize findings, implications and conclusions of research studies. Students become aware of basic operational protocols, article content, statistical meaning, and appropriateness signs of quality and outcomes of peer review. Research is now part of best-practice guidelines (such as the many dozen researched, peer reviewed and published by the Registered Nurses' Association of Ontario [RNAO]) that offer suggestions for the most efficacious care as supported by evidence gathered through the research process.

The qualitative and quantitative styles along with mixed methods (the method of mixing the research style) offer opportunities for nurses to contribute to the expanding knowledge base of care and human responses to nursing interventions. Graduate studies encourage the actual implementation of research studies in nursing and healthcare but nurses can apply the research process in all care, beginning with asking questions.

Empowerment for Self-responsibility and Advocacy

Empowerment is a process whereby individuals become active in their healthcare by directing their own resources, processes, personnel, and tools within their environment so that they may achieve optimal wellness, health and well-being. It is usually an interpersonal process in which the professional becomes the facilitator, planner, and sometimes advocate outside the client system, to find resources that will help the client to demonstrate success in mastering self-care and to sustain the new heightened level of health and well-being over time (with few problems). Active participation in ethical healthcare processes, decision-making, allocations, culturally and personally sensitive caring, living and learning environments, and personal and professional development can foster empowerment for self-responsibility when there is optimism, hope, encouragement, assertiveness, and direct action taken to secure needed knowledge, skills, resources, time, experts and processing.

Advocacy for self and others may be expressed and demonstrated when the principles of social justice are applied to situations of oppression, marginalization, and victimization. At this time, nurses will become active and engage with individuals and groups to gain health outcomes and resources that are more equitably distributed based on need and sustainability of resources required for ongoing health and well-being. Sometimes the solutions are not within the narrow frames of conventional practice and the creativity and innovation of nurses can assist in the realization of health and safety, security and well-being often through unexpected networks, programmes and strategies (needle exchange).

Some modern additional roles have been extrapolated from the empowerment literature and theory, such as advocacy. Empowerment and self-responsibility flourish when there is hope and optimism. Nurses in the mental health field assist in the creation of these qualities and characteristics of lifeways, lifespaces, and lifestyles. Counselling and support for the health-focused care in client systems with variations (homelessness, violence, substance abuse/misuse, addictive behaviours, conflict and crises in their physical and mental health) are enhanced through empowerment and advocacy efforts that support holistic health promotion and safety strategies to achieve optimal health within clients' lifestyles, lifeways and lifespaces. Street nursing, correctional nursing, and mental health and psychiatric nursing are all excellent examples of the challenges that demonstrate Self-responsibility for Empowerment and Advocacy.

Bevis described the correlative factors and organizational strategies that allowed the nurse to apply the critically thinking Subprocess to deduce the origin of manifestations in order to match desired outcomes that could be gained through interventions for each client. The nurse would examine and observe the complexity of lifestyles, lifeways and lifespaces as conditions associated with any of the client systems (re-stated below as):

1. The *Person* as the individual client (intrapersonal system & interpersonal system)
2. *Family* as client (interpersonal system)
3. The *Group* – loosely connected individuals who share a task or goal focus (temporary or long term)
4. *Community* (or population level of affiliation) – identifiable groups clustered in similar places, for identified purposes and of clusters of groups, families, and individuals referred to as the community system
5. *Populations* – collective communities and identified by common characteristics, environment, target health risk threat, need or resource.

These client systems could each have common and distinctive norms and/or common problems with unique situations and conditions in which distinct findings may be found. This is important in the understanding of patterns in nursing diagnosis and in the planning for care. Planning may include collaboration with clients and consultation with appropriate health care team members. Interventions are planned based on the assessed manifestations, client expression of needs, risks, diagnoses, prioritized goals, and desired outcomes. These interventions are then levelled by general PNG categories of behaviours.

The Protective Interventions (P)

Protective Interventions are focused on prevention, safety, well-being, optimal health, primary health, and adaptation focused activities. These are referred to as primary prevention.

The Nurtrative Interventions (N)

Nurtrative Interventions are designed to be helpful, facilitate change, and encourage ongoing observations and activities to foster homeostasis, adaptation and maturation, comfort care, and healing interventions which would promote recovery and recuperation. This is referred to a secondary prevention. It is focused on limiting injury and illness.

The Generative Interventions (G)

Generative Interventions are designed to identify dangerous and unhealthy variables in the environment that may cause harm, distress, and discomfort, which threaten recovery or rehabilitation. Interventions are focused on the removal of these unhealthy and noxious factors and the development of role adjustment during aspects of crises, distress, strain, malfunctioning, lack of information or uncoordinated resource allocation and availability. Generative interventions can be fostered by the enabling factors and the nursing tools and strategies (teaching, research, communication, leadership, care-giving, decision-making, advocacy, and reflection). Team collaboration, to enable and empower clients, can be accomplished through the integration of systems and processes that promote policies, services, research-based inquiry and practice. This is done to facilitate comfort, palliation, energy renewal, pain prevention or management, restoration and rehabilitation activities, which diminish trauma, risk, stigma, and marginalization (Bevis, 1989, pp.157-173). These behaviours are often referred to tertiary care leading right up to end-of- life support and attainment of self-actualization.

Modern nursing, with its evidence-informed practice and best-practice guidelines, can be analogous to the process of inquiry and rigorous application of creative, effective nursing and interdisciplinary responses (interventions, collaboration, and consultation). Generative interventions are employed for health care that is associated with health variations (problems, concerns, risks, threats, stressors, signs, symptoms, conflicts, disruptions, dysfunctions), which Bevis believed were essential to efficacious client-focused nursing care.

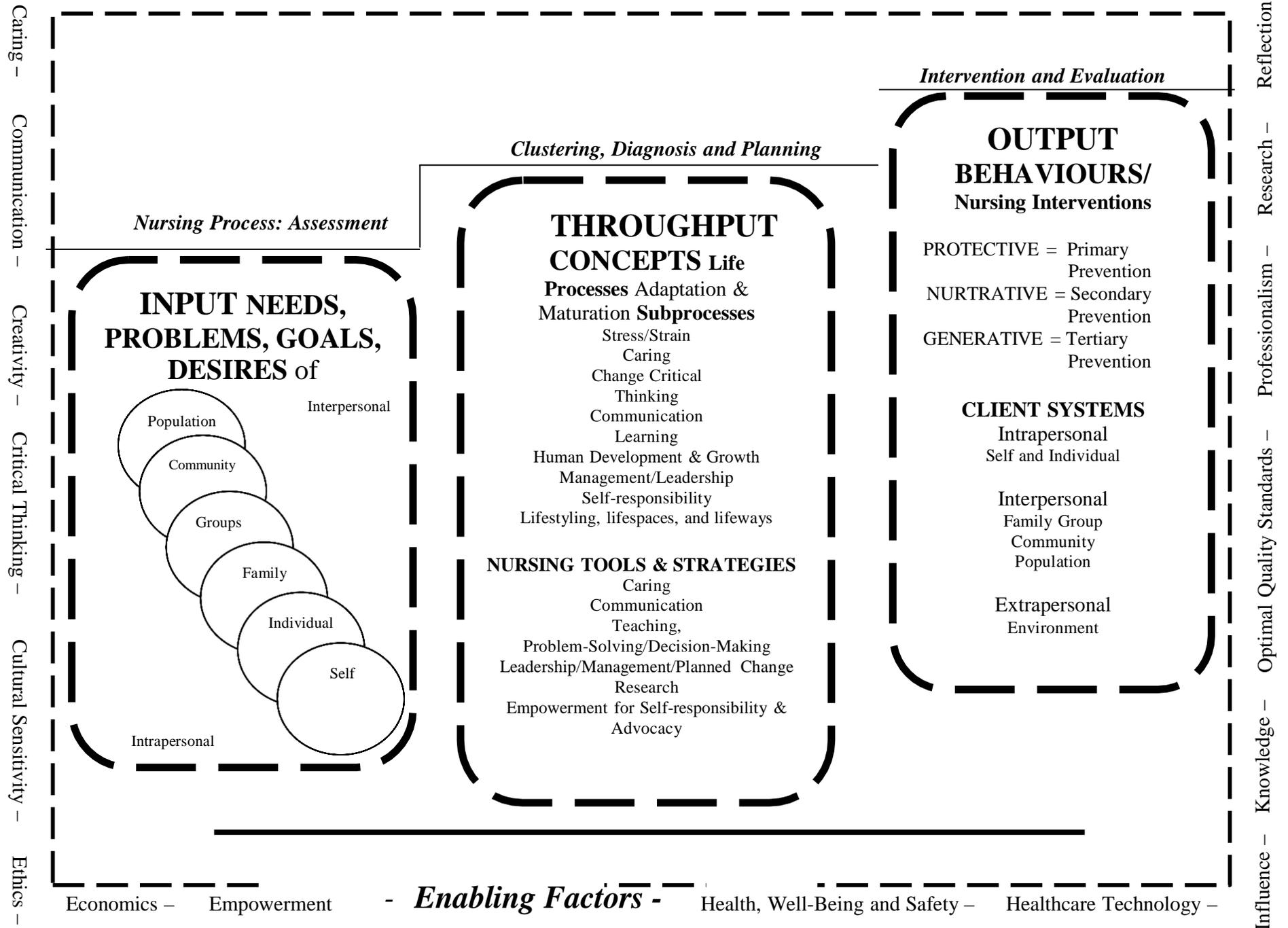
The Nursing Process

Bevis integrated many multidisciplinary theories with the nursing process to assist in the

understanding of systems at many levels of client. Psychology, anatomy, physiology, sciences, statistics, pharmacology, education, anthropology, philosophy, sociology, arts, engineering, and other fields of study can be woven into the world of nursing care to improve the quality of the systems acts, responses, outputs or outcomes all of which are designed to achieve the purpose of optimal health (Bevis, 1989, pp.132-153).

The nursing process is the flow that moves nursing actions and measures through the system stages. The Nursing Process is a continuous activity loop, intertwined with the client system loop. The purpose is to organize the nursing observations, thoughts and actions in a standardized manner that allows for all nurses to observe, think, compare, relate, decide, prioritize, record, report and act in an organized and systematic fashion so that there is a common way of knowing, deciding and acting. The phases of the Nursing Process are: Assessment, Diagnosis, Prioritization, Planning, Implementation, and Evaluation. These phases are spread across the 3 stages of the client system (Input, Throughout, and Output.) with feedback and reassessments expected continuously. The following diagram demonstrated the interconnection of all elements of the Bevis Nursing Framework with the Nursing Process.

Nursing is a new process – a unique process, born of many processes and combining with other processes to give rise to descendant processes (Bevis, 1989, p. 153).



References

- Belknap, M. M. (1975). *Case studies and methods in humanistic medical care*. San Francisco: Institute for the study of humanistic medicine.
- Bertalanffy, L.V. (1968). *General systems theory: Foundations, development, applications*. New York: George Braziller.
- Bevis, E.O. (1973). *Curriculum building in nursing: A process*. St. Louis: Mosby.
- Bevis, E.O. (1978). *Curriculum building in nursing: A process*. (2nd ed.). St. Louis: Mosby.
- Bevis, E.O. (1982). *Curriculum building in nursing: A process*. (3rd ed.). St. Louis: Mosby.
- Bevis, E.O. (1988). New directions for a new age. In *National League of Nursing curriculum revolution: Mandate for change*. New York: National League for Nursing Press.
- Bevis, E.O. (1989). *Curriculum building in nursing: A process* (3rd ed., second printing). St. Louis: Mosby.
- Bevis, E.O. (1993). All in all, it was a pretty good funeral. *Journal of Nursing Education*, 32, 101-105.
- Bevis, E.O. (1997). *Caring, expertise, and fire in the belly*. (Unpublished Manuscript) in Johnson, B.M. & Webber, P.B. (2001). *An introduction to theory and reasoning in nursing*. Philadelphia: Lippincott, Williams & Wilkins.
- Bevis, E.O. & Hills, M. (1995, June). *Horizons & legacy workshop*. Symposium conducted at the meeting of the Michener Institute, Toronto.
- Bevis, E.O. & Murray, J. (1990). The essence of the curriculum revolution: Emancipatory teaching. *Journal of Nursing Education*, 29, 326-331.
- Bevis, E.O., & Watson, J. (1989). *Toward a caring curriculum: A new pedagogy for nursing*. New York: National League of Nursing.
- Blattner, B. (1981). *Holistic nursing*. Englewood Cliffs: Prentice Hall.
- Bloom, B.S. (Ed). (1956). *Taxonomy of educational objectives, the classification of educational goals, handbook I: Cognitive domain*. New York: Longmans, Green.
- Bower, F. & Bevis, E.O. (1977). *Fundamentals of nursing practice*. St. Louis: Mosby.
- Chickering, A.W. (1969). *Education and identity*. San Francisco: Jossey Bass.
- Dave, R.M. (1970). *Psychomotor levels in developing and writing behavioural objectives*. Tucson: Educational Innovators Press.
- Dickoff, J., James, P. & Wiedenbach, E. (1968). Theory in a practice discipline. *Nursing Research*, 17, 415-435.

- Georgia Southern University School of Nursing. (2009). Nursing conceptual model. Retrieved from: http://www.georgiasouthernhealthscience.com/departments/school-of-nursing/overview/#conceptual_model
- Kearney-Nunnery, R. (2008). *Advancing your career*. (4th ed.). Philadelphia: F.A. Davis Company.
- Krathwohl, D. R., Bloom, B. S. & Masia, B. B. (Eds.). (1964). *Taxonomy of educational objectives, handbook II: The affective domain*. New York: David McKay.
- Mayeroff, M. (1971). *On caring*. New York: Barnes & Noble Books.
- Moderwell, M. K. (1977). *Major categories in the psychomotor domain of the taxonomy of educational objectives*. Unpublished manuscript (for inclusion as an appendix to course 03-63-231). Created and taught by D. Foley. University of Windsor, School of Nursing.
- Paul, R., & Elder, L. (2004). *The miniature guide to critical thinking, concepts and tools*. Dillon Beach, CA: The Foundation for Critical Thinking.
- Perry, W.G. (1970). *Forms of intellectual and ethical development in the college years*. New York: Holt.
- Rubinfeld, M.G. & Scheffer, B.K. (1995). *Critical thinking in nursing: An interactive approach*. Philadelphia: Lippincott.
- Simpson, E.J. (1972). Classification of the psychomotor system. In N.E. Gronlund. (1991) *How to write instructional objectives*. (4th ed.). New York: MacMillan.