TODAY'S CONCEPTUAL FRAMEWORK:
ITS RELATIONSHIP TO THE
CURRICULUM DEVELOPMENT PROCESS

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DEPARTMENT OF BACCALAUREATE
AND HIGHER DEGREE PROGRAMS
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TODAY'S CONCEPTUAL TRANSFORMATION
AND ITS RELATIONSHIP TO THE CURRICULUM DEVELOPMENT PROCESS

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Nursing educators, as well as other educators, are faced with an increasing amount of knowledge and information in the biological, physical, social and behavioral sciences. This increase has placed a strain on the selection of content for the curriculum of the baccalaureate degree program in nursing, for it is impossible to include in the nursing curriculum all there is to know about these related disciplines.

To attempt to include all facts relevant to nursing—if it were even remotely possible—or to ask the student to accumulate an assortment of such facts would have serious effects not only on the development of the student but also on the faculty's accountability to the student. Therefore, nursing educators have to choose essential components that need to be learned by the student.

Recently, baccalaureate nursing educators have focused on integrating the nursing content of the program. This is generally thought to reduce the possibility of teaching the same content in several nursing courses and thus to allow more time to give the student a greater amount of the available knowledge. This supports the notion that students need to learn related concepts rather than a collection of facts.

The graduate of the baccalaureate degree program in nursing must have some framework within which the theory for nursing practice is enveloped and in which the process of nursing bases its existence. This theory can then develop, enlarge and continually change to maintain its relevancy. Strategic to the enveloping framework are the beliefs the nursing faculty hold about man—man the learner, man the teacher, man the citizen and recipient of nursing service—and their
beliefs about nursing—nursing education and the teaching-learning process, to mention only two. It is necessary to maintain a clear focus on the nursing graduate, keeping in mind the descriptive behavioral statements that identify the end product of the baccalaureate degree program in nursing. These statements clearly delineate what the graduate will be like, what the graduate can do and with whom.

In the last few years, there has been an ever-increasing emphasis on identifying a conceptual framework for the nursing curriculum. In March 1972, members of the NLN Council of Baccalaureate and Higher Degree Programs approved its *Criteria for the Appraisal of Baccalaureate and Higher Degree Programs in Nursing* and included a criterion stating that curriculum should be based on a conceptual framework. Nursing programs throughout the country have identified such frameworks. However, there seems to be confusion in the use of terms, especially in relation to such words as concept, conceptual, theoretic, unifying threads and strands. Educators often use these words interchangeably, with a resulting confusion.

Thus, in order to identify concepts commonly held by nursing faculty and the terms in which they are expressed, the writers surveyed a sample of baccalaureate nursing programs accredited by the NLN Board of Review for Baccalaureate and Higher Degree Programs in 1972-73. Fifty programs articulating a conceptual framework were easily found. The majority of these had written self-evaluation reports based on the 1972 “Criteria.”

**DEFINITIONS**

It seems necessary at this point to dwell for a moment on some of the terms that often cause confusion. A *concept* is a general notion or a symbol and it is the function of symbols to give a general class to objects, events and processes. Thus, a *conceptual framework* represents the faculty’s notions or symbols that give structure to the curriculum, so that its parts can be fitted and united into the entire program. A *theory* is an hypothesis involving an interesting idea or opinion; the word “theory” is synonymous with “conjecture,” “contemplation” or “guess.” Theories differ significantly from principles or laws in that they are based on scientific or empirical data. Therefore, a *theoretic formulation* consists of an hypothesis which is either speculative, partially tested or untested and which may give a plausible explanation to a concept or the relationship between concepts. Since notions and symbols are different from hypotheses, which could lead to principles and laws, it seems inappropriate to use the terms “concept” and “theory,” “conceptual
framework” and “theoretic framework” interchangeably. Thus, if faculty were to use the term “conceptual framework”—rather than “theoretical framework”—in relation to curriculum and then identify appropriate theoretical formulations within the conceptual framework, there would be a greater clarity in the use of terms. These definitions have been used in analyzing the conceptual frameworks in the self-evaluation reports encountered in this study.

Curriculum development involves both concepts and theories, which are mirrors of the philosophy, program objectives and terminal behavioral expectations of the program. Let us imagine a large box (see Figure 1) which has as its outer covering the philosophy, objectives and terminal behavioral expectations of a particular program. The middle layer can be identified as the conceptual framework and the core is the theories identified by faculty as most related to the outer shells. We can call this inner core the theoretical formulations which give guidance to the entire nursing content. The

![Figure 1. Theoretic formulations within the curriculum.](image)

notions or symbols that nursing educators believe to be intrinsic to nursing give rise to the theoretical formulations which represent their hypotheses about the concepts they have identified.

The conceptual frameworks under review covered a broad range of development. At the most primitive level was the mere statement that a particular conceptual framework would be used—without any
development. At the other end of the spectrum was the well-developed conceptual framework which clearly incorporated the program's philosophy, contributed to the ordering and selection of theoretic content for learning, and provided a rationale for learning experiences to develop, hold and implement theory. In the latter instance, the conceptual framework could clearly be seen at every level, in every course and in each learning experience.

Each conceptual framework in the study was analyzed for components, themes, topics and threads. These, in turn, were grouped and organized according to similarities, commonalities and subgroupings. Respondents frequently used a diagrammatic approach to the conceptual framework, with spirals, boxes, straight and broken lines to show relationships; these were generally followed by a substantial narrative to clarify the model. From the writers' vantage point, these models and diagrams tended to add confusion to the conceptual framework, rather than clarify it, since the relationships between and among concepts were unclear.

Most curriculums in the study reflected more than one concept; the average was three to four concepts. Curriculums which utilized greater numbers of concepts were really stating subconcepts and theoretical formulations to clarify and give breadth to the concepts. A few programs attempted to define "conceptual," "theoretical framework," "unifying threads" or "organizing elements," and some gave their rationale for using these approaches.

The major concepts identified were Man, Society, Health and Nursing. These concepts seemed basic to all the baccalaureate nursing programs reviewed. While some frameworks may have focused more intensely on one or another of these concepts, the fifty frameworks in this study generally included all four. Thus, it can be said that most baccalaureate nursing programs identify a common conceptual framework, but the development, emphasis and priority of these concepts differ. The identification, clarification and development of the subconcepts and/or theoretical formulations related to the major concept for a particular curriculum establish the uniqueness of the particular baccalaureate nursing curriculum.

**CONCEPTS AND SUBCONCEPTS**

**Man.** Many subconcepts were identified by nursing educators in the study under the concept "Man," giving greater meaning to the whole. "Man" was basically seen as a bio-psycho-social-spiritual being, holistic and unique. Theoretical formulations most frequently identified in relation to "Man," related to man and his needs (especially Maslow's hierarchy of needs); man as developmental; man and change;
man as a learner; man as a system; and man and his relationships with others.

**Society.** The subconcepts related to "Society" focused on man's environment, on the family, the community, the nation and the universe. Theoretical formulations involved man in a changing society; man as a member of a family; man as a system; and man communicating.

**Health.** The subconcepts related to "Health" were wellness and illness. These were used in relation to words such as continuum, level, spectrum and cycle. Theoretical formulations included stress, crisis, homeostasis, promotion and prevention.

**Nursing.** The major subconcept under "Nursing" was the nursing process; almost all respondents included this subconcept. Other subconcepts included role and functions. Theoretical formulations were drawn from communication, decision making, leadership and systems.

Figure 2 summarizes the concepts, subconcepts and theoretical formulations found in the survey and analysis. It should be noted that some theoretical formulations frequently related to more than one major concept.

While one or two concepts, subconcepts or theories might have been listed by the nursing faculty, frameworks that were sufficiently developed to be subjected to analysis revealed all four major concepts, even though these were not designated as such by the faculty or were subordinated to a specific theory.

The analysis seemed to substantiate a difference in meaning between concept and theory, emphasizing that while they are not interchangeable, they are closely related, complementary to each other and needed to give explanation and focus to specific content selected for learning in nursing.

Let us turn now to a consideration of the implications of the conceptual framework for the development of curriculum.

The survey and analysis reported here support the need for a conceptual framework and acknowledge the vision of the nursing faculty members who sanctioned the importance of the conceptual framework when they voted its acceptance as one of the accreditation criteria. Support is seen for some of the convictions held by nursing faculty to man, society, health and nursing. The uniqueness and individuality of the nursing program were seen in the selection, focus, relation-combinations, emphasis and definitions of concepts, subconcepts and theoretical formulations used. Hopefully, then, these were incorporated by students who continued to develop the concepts, subconcepts and theoretic formulations with the ideas, processes and events basic to the baccalaureate degree program in nursing and possibly to their life style.
<table>
<thead>
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<th>Major Concepts</th>
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<td><strong>Theoretical Formulations</strong></td>
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Figure 2. Major concepts identified within baccalaureate nursing programs.
CURRICULUM IMPLICATIONS

The conceptual framework represents one aspect of the total curriculum process and should be viewed within the following, which represents the curriculum development process:

1. Develop the statement of philosophy of the nursing program within the framework of the university's philosophy. The philosophy of the nursing program should reflect beliefs about man—the learner, the teacher, the citizen who is recipient of health care services—and about the nursing practitioner. Incorporated in these beliefs are those relating to present and emerging roles of the professional nurse, critical thinking, the synthesis of learning, the contribution of nursing and other disciplines toward meeting the health needs of society and the needs of individuals to develop as contributing members of society.

2. Develop the purposes or objectives of the nursing program.

3. Develop the statements of terminal behaviors which flow from the objectives of the nursing program. These should be statements of observable behavior which should present a clear description of the graduate of the program when taken as a whole. These statements are strategic in giving a focus and direction to the curriculum development. They enable each faculty member to relate activity in which she is engaged to a particular aspect of the program's objectives, and they serve as a guide for the selection and organization of learning experiences.

4. Designate a conceptual framework which has its basis in the philosophy and the terminal behavioral statements for the nursing program. This framework will provide a rationale for the selection of learning experiences and a system for classifying knowledge of the conceptual or theoretical field. It will provide for the ordering of facts. Permeating concepts and theories should be identified as vertical and/or horizontal strands within the curriculum.

5. Develop the level behavioral statements, then the behavioral statements for courses, taking into account the conceptual framework and organizing strands.

6. Designate the learning experiences (theoretical and laboratory) needed to meet course and level objectives. Periodic review of the curriculum process will assist the faculty to know where they stand regarding the framework, and where they need to go.

The philosophy of the institution and the nursing program, as well as the terminal behavioral objectives of the graduates, give direction
to the conceptual framework and theoretical formulations. The level behavioral objectives, then the course behavioral statements and descriptions must take into account the conceptual framework. Thus, the conceptual framework, through its identification of concepts and theories, gives increased clarity and direction to the program’s philosophy so that it can be clearly developed into courses and learning experiences. We might think of the curriculum process as representing a continuum going from the philosophy all the way to the identification of specific learning experiences, with the conceptual framework in the middle. This notion demonstrates that clarity in relation to the conceptual framework is essential if faculty are effectively to incorporate the philosophy into all learning experiences.

In this part of the paper we will discuss the place and influence of the conceptual framework with its theoretical formulations in the entire curriculum process. Certain assumptions have been made to insure that the conceptual framework is truly functional within the curriculum. For if it is not functional, we are engaging in needless rhetoric. These assumptions are:

- That the curriculum process is an effective guide to the development and maintenance of a sound nursing program on both the undergraduate and graduate levels.

- That theories in nursing, the arts and the sciences are fundamental to all baccalaureate and master’s nursing programs, but that the emphasis and selection of certain theories give uniqueness to each program.

- That professional nursing has a unique body of knowledge, as do other health care disciplines, through its combinations and use of certain theories.

- That the further clarification of the conceptual framework within the nursing program can assist the profession of nursing in organizing its body of knowledge and can give greater direction to research.

- That the core of nursing programs might be identified as man in society as related to the health care system and the contribution of nursing to man, to society and to the health care system.

The philosophy of the nursing program, which was developed within the framework of the university’s philosophy, should give strong clues as to the types of concepts and theoretical formulations a particular faculty will identify as the essence of their program. If the philosophy speaks to “man” as a bio-psycho-social being who is
unique in nature, then theories related to the natural and behavioral sciences will be selected as a base on which nursing content is built. A conceptual framework in which there was no mention of “Man” at all would seem quite inappropriate. If the philosophy speaks to “Society,” emphasizing the family and change, then theories specifically related to the family and the change process need to be strongly incorporated into the conceptual framework. If the philosophy emphasizes health maintenance through adaptation and/or coping, the theoretical formulations need to emphasize wellness, not illness. If the philosophy identifies the unique role of the professional nurse as that of leadership through the utilization of the nursing process in relation to man, theoretical formulations to be emphasized are interpersonal theories, leadership theories and decision theories.

Thus, if we take a very close look at our program’s philosophy, we can identify the incorporated concepts or notions about man, society, health and nursing and can identify the theoretical formulations that those concepts emphasize.

Of course, if the philosophy of the nursing program has weaknesses in its development, identifying appropriate concepts and theories may present a problem to the faculty. For example, a philosophy might seem nonoperational and idealistic rather than a realistic statement of beliefs. It is sometimes created as a masterpiece of verbiage that looks beautiful on paper, but is merely placed in a drawer for occasional review. Sometimes a philosophy is so “sophisticated” that few can claim to comprehend its meaning. Also, it may reflect various beliefs about the concepts held by nursing “leaders” but not by the faculty and so may be difficult to utilize.

The program’s objectives can be viewed as giving the philosophy a structure which can be implemented and later used for total curriculum evaluation. As with the philosophy, the objectives give direction to the conceptual framework and theoretical formulations developed. In reviewing many programs and/or terminal behavioral objectives, one finds major areas identified by most baccalaureate programs. These are: professional nursing within the social system, the change process, the nursing process, leadership, professional responsibilities and development and research. Of course, programs vary widely in how the objectives are stated and which objective is emphasized more than others. This emphasis supports the philosophy and also gives strong clues as to the development or revision of the conceptual framework. Since the conceptual framework in and of itself cannot be evaluated and program objectives can, it is essential that the framework speak to the objectives and that it be seen as a way of meeting the objectives. Here again, if the program and/or behavioral objectives of graduates are not succinctly and clearly stated, possibly with a glossary of terms to add clarity to the
terminology, they will be of little assistance to the faculty in developing the conceptual framework and appropriate theories.

Let us assume for the moment that a faculty, in their efforts to develop or revise a quality nursing program, have a sound philosophy, program and/or terminal objectives and a conceptual framework with theoretic formulations and that all these components of the curriculum are closely linked and support one another. What then follows in the curriculum development process should be quite uncomplicated and fairly easy. This is especially true if the faculty utilize their accomplishments fully to make each of the decisions that will follow—decisions relating to curriculum design, the development of behavioral level and course objectives, and learning experiences.

It is often helpful, after the development of the conceptual framework, to identify the horizontal and vertical threads within the curriculum prior to the development of the level behavioral objectives. For example, if the framework speaks to the nursing process in relation to the health-illness continuum and to the client, family and community, the faculty need to identify which strands are vertically and which are horizontally incorporated into the curriculum to give direction to the behavioral level objectives. If the nursing process is identified as assessment, diagnosis, planning, intervention and evaluation, and is a horizontal strand being given at each level within the nursing courses, and the vertical strands of health-illness are a one-to-one interaction, the family and the community, then the junior level objectives reflect the use of the nursing process in a one-to-one relationship, the family and the community, and in relation to health promotion and maintenance. It is later that the students would deal with illness and the community as a whole, since this is at the end of the vertical strand. Here again, the conceptual framework with its theoretical formulations provides the basis for the identification of vertical and horizontal strands by the faculty and assists them in the development of the behavioral level objectives which give meaning to the course objectives.

The concepts and theoretical formulations also have a strong influence on the selection of nonnursing course requirements. The need for a strong foundation in the biological, physical, social and behavioral sciences is evident if the philosophy and conceptual framework identify man as a bio-psycho-social being. The measure of emphasis on these particular sciences will be influenced by the faculty’s frame of reference. For example, if the faculty identify man as having a greater commitment to his physical and/or basic needs and as constantly striving for physiological adaptation, the curriculum design would focus more on the biological sciences in contrast to the behavioral sciences. Also, if man is perceived as a significant
spiritual being, then knowledge and learning experiences would be offered in the areas of philosophy and religion. Man can also be approached basically as a social being with theoretical formulations related to his relationship with himself and society. This would dictate a greater number of course offerings in psychology and sociology. If the faculty identified the need for the nurse to relate to man as he acts within his culture, course offerings in anthropology would be needed.

The more highly developed the concepts, subconcepts and theoretical formulations are, the greater will be dependence on the general education and liberal learning to provide the base and continuing support throughout the curriculum for the nursing major. This approach also supports the need for the nursing major to be concentrated in the upper division, allowing the nursing student fully to transfer the learning supportive of man, society and health to the nursing major. Nursing content then becomes truly nursing content. Thus, the selection of course requirements, especially the supporting courses, has a clear rationale that can be identified within the conceptual framework.

The relationship between the conceptual framework and the course description, objectives, learning experiences and methods of evaluation becomes crucial in the development of the program. For if one goes through the entire curriculum process and ends up offering learning experiences which have little or no relationship to the concepts and theoretical formulations identified, then all the faculty's efforts are wasted and the students are left confused as to what the nursing curriculum is all about and what the rationale was for their course requirements. As faculty, we can engage in all the discussions in the world and have beautifully written philosophies and objectives, but we fail as nurse educators if these philosophies and objectives do not make an impact on each learning experience of the nursing student.

Let us now present some possible approaches to nursing courses that might be implemented, granted that we as nurse educators believe that the selection of theories within the conceptual framework is a valid approach. Since content throughout the nursing courses is said to build on scientific principles and theories as well as on the arts and humanities, it would seem logical that prior to the first clinical course in nursing we give the student some theoretical background in nursing. This would involve offering a nonlaboratory nursing course related to the theories, laws and principles already learned in the supporting courses, further relating these to the various nursing theories. Nursing theories have been developed by some nursing leaders; faculty would also offer the student their own particular theory of nursing as seen in the program's framework.
We, in baccalaureate education especially, seem to ignore our own nursing theories. If we shared these with the student as a kind of base of knowledge, the student could then test these theories of nursing throughout her clinical nursing courses and more easily incorporate her educational program's conceptual framework in her client and/or patient care. It would seem that an emphasis on such theories would further orient the student to perceive herself as a professional, utilizing her profession's body of knowledge in her everyday activities. Learning experiences would have emphasis on the nursing process through the utilization of theories which can be learned and practiced in any setting, for no theory presented to date speaks to any particular specialization or environment but wherever the client and/or patient is found.

To summarize, let us repeat that the conceptual framework and theoretical formulations reflect the philosophy, objectives and behavioral expectations of the nursing program. This framework permeates every aspect of the curriculum design, every learning experience. It gives the nursing faculty a common and specific meaning for the incorporation of content at every level of the curriculum. And let us close by saying that if all baccalaureate programs would identify the theoretical formulations which relate to their conceptual framework, we would then be able to identify those theories that educators find most appropriate to the profession of nursing. This information would have implications for graduate education in nursing and for the types of continuing education programs that could be offered and would encourage nursing research in relation to the theories identified.

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