

# **An Introduction To The Bevis - Based Curriculum**

**Adapted from work submitted by Dr. D.M. Foley**

## **A. Organizational Framework**

The Faculty of Nursing's integrated curriculum is adapted from Bevis' (1973, 1982) conceptual model of nursing and curricular building system. This model was developed utilizing a systems theory (process) base. Nursing is defined as follows:

Nursing is a process; its purpose is to promote optimal health through protective, nurtrative and generative activities. These activities are carried out with three client systems - the intrapersonal system, the interpersonal system, and the community system. Nursing's role is to facilitate maturation and adaptation in these client systems. The tools with which nurses function are the subprocesses of communicating, caring, problem solving/decision making, managing/changing, and teaching/learning. Nurses are autonomous health care givers (within the limits of employment contracts), who collaborate with other members of the health care team for the benefit of clients. They are accountable for their activities; they monitor and regulate the quality of the nursing care given and provide each other with mutual protection, nurturing, and facilitation of growth. (Bevis, 1982, pp. 16-17.)

As a process, nursing has three characteristics: purpose, organization and creativity. The Bevis-based curriculum incorporates these characteristics into learning.

### **Purpose**

The outcome of the process of nursing is the highest possible level of health or self-actualization for clients/patients. A nurse through preventative (protective), therapeutic (nurtrative) and rehabilitative (generative) measures, and in collaboration with individuals, families, groups and communities, strives to achieve, maintain or restore health. 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 has three interrelated and interdependent components: input, throughput (thruput) and output.

### **Creativity**

Many elements come together to form a unique, creative plan designed to help individualized or collective client systems find meaning in experiences and foster adaptation and maturation.

### **Input**

The nursing system derives its input from assessment data (manifestations) and information concerning the needs, goals, problems, and desires of its clients/target systems. The intrapersonal, interpersonal, and community systems are defined below.

***Intrapersonal System*** - the target of protective, nurtrative, and/or generative nursing behaviours that promote the optimal functioning of all internal life processes. This includes all growth processes, individual personality formation, and anything that is the expression of one person.

***Interpersonal System*** - the target of protective, nutritive and/or generative nursing behaviours that promote the optimal functioning of groups, families and communities.

***Community System*** - the target of protective, nutritive and generative nurse behaviours that facilitates optimal functioning of a "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 and enables the enactment and enforcement of rules that foster those interests. Nurses engage in activities in communities, whether the community be local, as in a town or city, or world-wide. Nurses work with health care systems, governmental agencies, citizen groups, and proprietary agencies. Any nursing activity that reduces the threats to the health of the communities is a community activity. Any activity that the nurse engages in that promotes community coping or maturation qualifies as a community activity. (Bevis, 1982. p. 19)

## Throughput

Throughput consists of theories, processes, concepts, and conceptual constructs selected from nursing knowledge and from appropriate fields of the sciences and arts. These are synthesized into content useful to the practice discipline of nursing. Throughput includes the seven subprocesses, which are five tools that nurses use and the two concepts about humans with which nurses are concerned.

Concepts A) Adaptation B) Maturation

Tools

- Problem solving/decision making
- Caring
- Communication
- Management/change
- Teaching/Learning

**NOTE:** The designation of nursing tools does not preclude the use of nursing theories from which these tools are drawn. As tools the holistic assessment of the subprocesses still directly relate to the nursing system. The tools may be interpreted as:

a) assessing the client for the status or components of maturation and adaptation and then focussing **AND/OR** selecting the nursing tools for care;

b) person's status regarding health as manifested by maturation and adaptation/assessment and plan using the five tools as possibilities or framework for care;

**OR**

c) the five nursing tools form the basis of caregiving across life or innovative processes which inform the nature of the maturation and adaptation dimensions or subprocesses within the person, family or community position.

## Output

The nursing behaviours or actions, skills, roles services and functions of nursing comprise the output of the system and result from the synthesis of the throughput component.

The three categories of nursing behaviour are not sequential or prioritized by their order. These can be utilized as deemed necessary.

1. Protective behaviours - nursing measures that prevent disease or diminishing health, or, expressed positively, maintain and promote health, preventative and protective activities. In other nursing practice and literature these are "primary" nursing behaviours. Nurtrative behaviours - nursing measures that are therapeutic, curative, comforting supporting. In other words, measures of caring for and about self and others. In other nursing practice and literature these are similar "secondary care".

2. Generative behaviours - nursing measures that are innovative, productive, reproductive and/or rehabilitative. In other nursing practice and literature these are included in tertiary care components.

## Bevis - Concepts

**A) Adaptation Process.** Adaptation is the outcome of the interaction of variables within the dynamics of stress and strain as they influence the target systems.

### Stress

Stress refers to those forces that press in upon or noxiously stimulate the individual. The stress response is always an attempt at adaptation. Maladaptation is a matter of perception, not the intent of the body response. The results of stress are responses that, according to Engel, are called strain. There may also be Eustress (health promoting) or Distress (health depleting) according to Engel.

### Strain

Strain is a human response that attempts to cope with or adapt to a stress or a group of stressors. Strain, according to most theorists, is always adaptive by intent and only results in health threats because the adaptation itself is harmful to the client. Strains exhibit themselves in symptoms, syndromes, or disorders.

## B) Maturation Process

Man, as a developing being, moves through life from one changing level to another. Each level is progressively differentiated from the other and each is integrated with the other at more advanced levels. Nurses give nursing care with full consideration to the developmental principles and status of individuals and groups.

## Tools

### Problem-solving/decision making

Decision making is the acquiring, ordering and selecting of tools, resources, or alternatives for reaching goals or fulfilling needs. Problem-solving is the system/process used to arrive at a place where decisions can be made. The subprocesses or subsystem, namely decision making, involves all of the analytical processes, including the nursing process and research processes and utilizes critical thinking abilities of participants.

### Communicating

The communication process involves a series of subprocesses such as becoming self-aware, sensitive, and responsible to oneself and others. There are overt and covert signs and symbols as well as verbal and nonverbal cues to promote message-sending, and receiving activities plus processing, intuiting activities and the sending of feedback messages.

### **Learning/Teaching**

Learning is a change in behaviour, perception, insights, 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. Teaching is a purposeful activity designed to facilitate learning and hence, becomes linked to learning.

### **Caring**

One of the basic drives of life is the drive to complete oneself. It is manifested in the drive to grow, to fulfil, to transcend one's "prison of self". The conditions of caring and the caring process enable mutual growth.

### **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. The word "planned" indicates collaboration and cooperative endeavour. The phrase "shift in the environment" means an increase in the number and complexity of variables.

As nurses undertake the responsibility of promoting client-centred care, the phases of the nursing process are implemented. The nurse is expected to apply critical thinking, problem-solving the utilization of nursing knowledge and related research findings.

The nursing process is commonly considered to consist of phases namely; assessment and analysis; planning and implementation; and evaluation/modification. Bevis integrated the nursing process into her curricular framework as early as 1979 in her text *Fundamentals of Nursing practice: concepts, roles, and functions* (C.V. Mosby). pp. 107-195.

### **Assessment Phase**

Nursing assessment is a continuing activity. The purpose of the nursing assessment is to provide an ongoing picture of the client's health that allows the health care team to plan individualized care.

Assessment is the first phase of the nursing process. It is the activity on which all other nursing care activities are based. The assessment provides information to identify problems and to formulate a plan of care. By definition, assessment is the process of "collecting, categorizing and interpreting data, analysing critically and definitively judging the nature, significance status and merit of a situation".

An effective nursing assessment consists of the following:

1. a systematic method of collecting data;
2. a systematic way of categorizing data;
3. making observations not conclusions
4. telling (asking) the client what is wanted in terms that can be understood.

The assessment phase is complete when a nursing diagnosis is made.

The nursing diagnosis is a descriptive interpretation of the data collected and categorized concerning one particular situation. It describes the client's problems, deficits, and needs (as well as strengths) that can be affected by nursing practice.

### **Implementation Phase**

Having a plan of action initiates the implementation phase of the nursing process.

Implementation simply means to carry out, to act, to accomplish the goal of optimal client functioning.

### **Evaluation Phase**

Each of the actions the nurse carries out during the implementation phase needs to be evaluated for its success or effectiveness. The nurse considers sources of feedback about the effects of the decision and implementation of the decision, formulating a mechanism for testing the effectiveness of the action. The nurse makes a judgement as to whether the action achieved the outcome criteria, met the desired goal, needs revision, can be repeated, or another action considered.

In conclusion, we look to Bevis again. This time, her 1989 work [Toward a Caring Curriculum: A new Pedagogy for Nursing: (NLN, New York)]. Here we read

"Nursing is nurturing, nourishing, fostering, caring. Nursing is caring: both the attitude and the activity. Nursing is caring by promoting health and self-reliance for all. Nursing is caring for those who need to be nurtured in relation to their health status, wherever, as long, and as frequently as they need it, until that need is removed or revised by recovery, independence, or death. This caring responds to needs ranging broadly between the extremes of information and incentive for maintaining ranging broadly between the extremes of information and incentive for maintaining wellness to emotional support and technical assistance for sustaining life and providing comfort. As nurses, our MOTIVATION is caring; our SERVICES are caring and managing; our fundamental TOOL is knowledge, both tacit and explicit; the PRODUCT of these services is health--its maintenance and restoration to the highest possible level of attainment--and physical and psychological comfort."