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THE SOCIAL CONTEXT AND THE  
RELEVANCY OF NURSING CURRICULA

A thesis presented in partial fulfilment  
of the requirements for the degree of

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## A B S T R A C T

A study based on a perception of nursing as a socially prescribed service, initiated and developed to assist a society to care for members with some inability to maintain self-care. It is argued that, to fulfil its purpose, nursing has an ongoing need to identify and adapt to the changing social realities of a society. 'Social realities' have been defined as the actual conditions, pressures, disabilities and abilities, limitations and resources that exist in the lifespace of people and form the environment within which nursing practises.

A system approach was adopted since it provides for the identification as well as the solution of problems. As a first step a theoretical framework, the 'triadic nursing model' was developed to delineate the key issues nursing has to contend with in contemporary societies. Next, from the operative component of the triadic nursing model an educational tool, with a system approach, named the 'curriculum relevancy process' (CRP) was developed.

CRP, defined as an information-seeking, problem solving, and evaluative process, has three phases. Only the first or information-seeking phase of CRP has been activated, and, moreover, further elaborated to form an information system or process.

Two main activities were undertaken to gain information about contemporary social realities and resultant disorders. To define the social context in which nursing practises an examination was made of:

- dominant trends and problems;
- the effects of contemporary social realities on social institutions, particularly the family;
- changing patterns of ill-health;
- the management of technology; and the clarification of values in an age of degenerative and man-made disease.

From this review it was noted that major issues of today included the problems of rapid and persistent change, and its effects on social institutions and individuals. As well, diseases associated with increasing urbanisation, industrial and technological developments, mobile populations, and the hazards of pollution were found to be prominent. The rapidly escalating costs of health care was also emphasised, and the need to clarify values in order to make optimal choices in the use of available resources. The need for individuals, groups, and societies to have their self-care abilities promoted was also stressed.

The second, and more specific activity, was the use of the information system to focus on the social context in which nursing functions in NZ. For this purpose, information was sought from both voluntary and official sources. The need for broader information about a society's socio-health and nursing needs and problems has been stressed as a basic requirement for maximizing curricular choices. Particular emphasis has been given to the collection of information from the 'mass media' since it provides perceptions of socio-health needs closer to the grass-roots of society.

Characteristics of data collected from the mass media showed that 33% of items were related to specific health problems. Problems of most concern were alcoholism, mental ill-health, inadequate health care knowledge, chronic disorders associated with genetic, pathological, and traumatic incidents, drug addiction, and increasing sexually transmitted disease.

Twenty-six percent of items related to family issues including delinquency in children and adolescents, stress due to psychosocio-economic issues, children-at-risk through abuse, accidents, and marital issues, assaults in the family, and stress due to weakened kinship ties and communication problems.

Twenty-eight and one half % of items affected the community in general. Over 52% of this class related to some concern about inadequate and/or inappropriate health services. Alienation, reduced social exchange, particularly for the elderly, and suicide incidents were also of considerable concern.

Twelve and one half % of items dealt with environmental problems such as exploitation of natural resources, industrial/technological hazards, traffic congestion and accidents.

Based on the priority of socio-health needs shown above relevant curricula for NZ nurses would be concerned with:

- the degenerative disorders of an ageing population in an increasingly industrial society;
- behavioural disorders such as alcoholism, drug dependency, smoking, wrong dietary habits, and trauma associated with behavioural and other 'life-style disease';
- the problems of the basic social unit, the family;
- the care of the frail elderly;
- the physically/mentally disabled (genetic and pathological).
- and the changing social patterns of relationships.

For the consumers of nursing curricula - clients, students, and society-one implication drawn is that there is urgent need to increase the level of responsibility for health care. And amongst the recommendations it is stressed that, as the use of the 'self' in relating to and caring for others is so vital, the development of good interpersonal skills is essential.

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## GLOSSARY

## BROKER'S SERVICE

This refers to available sources of information from which data can be obtained on request.

## CENTRAL PLACE

This term refers to those factors which are central or dominant in the lifespace and wellbeing of an individual, group, or society. The dimensions of 'central place' differ depending on whether it is used for an individual or individuals collectively. The difference is described in the text (see p. 16).

## CRITERIA OF VALUE

These are criteria related to the making of judgements that necessarily accompany the selection of actions in nursing and curricular development. For instance, as emphasised in the text, when making curricular choices one has to judge the relevance of alternative choices to the actual health and nursing needs and problems of a society.

## CONTEMPORARY SOCIAL REALITIES

The most prevalent conditions or state of order and disorder found in a society.

## CURRICULUM

This term refers to the organisation, content, and learning experiences selected to assist with human development in a specific field of learning, and to bring about changes in behaviour. In this context, the curriculum is planned and developed to bring about changes in behaviour in nursing students. It is designed to enable them to develop desirable nursing skills appropriate to a society's requirements for health and nursing care.

## CURRICULUM RELEVANCY PROCESS

This is a specific adaptation of the 'integrative process' designed to focus directly on the interrelationship between curricular choices and the socio-health and nursing needs and problems of a society. It can be described as an information-seeking, problem-solving and evaluative process.

#### INFORMATION SYSTEM (PROCESS)

This is an elaboration of the first phase of the 'curriculum relevancy process'. It is designed for the systematic collection, analysis, and interpretation of information for, in this instance, the purposes of nursing education.

#### OFFICIAL (FORMAL) AGENCIES

These are governmental (or government related), have legal health responsibilities (government or professional) and, mainly, are tax-supported.

#### INTEGRATIVE PROCESS

This is a problem-solving, evaluative, and decision-making process designed to draw together all relevant variables involved in the provision of nursing care appropriate to a society's needs.

#### MASS MEDIA

This is used to refer, in general, to large scale popular forms of communication such as radio, television, cinema, press, periodicals, and records. In this thesis its use is confined, mainly, to the press, radio and television.

#### NEED

The measurable discrepancy (or gap) between outcomes and desired or required outcomes (Kaufman, 1976).

#### SOCIALLY PRESCRIBED SERVICE

This term is used to refer to the nature of nursing. Nursing is perceived to be a social institution initiated and developed by a society's need to care for those of its members with some inability to maintain self-care.

#### SOCIAL REALITIES

The actual conditions, pressures, disabilities and abilities, limitations and resources that exist in the lifespace of people and form the environment within which nursing functions.

#### SOCIO-HEALTH DISORDERS

This term is used to refer to any loss of balance or adaptation that an individual experiences within and between himself and his total environment. In recognition that the genesis of ill-health lies in the realities of social life, the concept of 'socio-health' is preferred to a separate defining of disorders as, primarily, 'social' or 'health'.

## SYSTEM APPROACH

As defined by Kaufman (1974), this is a process by which needs are identified, problems selected, requirements for problem solution are identified, solutions are chosen from alternatives, methods and means are obtained and implemented, results are evaluated, and required revisions to all or part of the system are made so that the needs are eliminated.

## SYSTEMS APPROACH

This is closely allied to the concept 'system approach', and is commonly described as a tool for selection of optimal alternative actions based on resource costs and benefits within an area of uncertainty.

Note The main distinction between a 'system' and a 'systems' approach is that the latter commences with a number of assumptions and then goes forward to include the actual selection of methods-means. But the various tools or models inclusive in a 'system approach', are (Kaufman, 1976) planning tools which first identify needs and then delineate requirements, along with a determination of possible methods-means, including feasibility studies to assess the likely outcomes of alternative solutions.

## VOLUNTARY (INFORMAL AGENCIES)

These are non-governmental, that is, not part of government structure, are not responsible for carrying out health laws, and are supported by voluntary contributions. Some voluntary agencies, of course, work in conjunction with governmental agencies, may receive some governmental support, and, according to their purpose, may have to maintain standards set by health laws.