



CHAPTER II

REVIEW OF LITERATURE

Education plays an important role in the development of the quality of people. Educational standard in higher level is very important because it helps to produce educated manpower to serve the society. Similarly nursing education is trying to produce capable nurses for our society. Importantly, the administrators and the educators have to plan their curriculum to attain the policy, philosophy, and objective of the curriculum. Planned learning experience is the most vital part of teaching-learning process. It will help the students develop their abilities both in theory and practice.

CURRICULUM

Definition of curriculum

Zais (1976) explained the curriculum as the programme of studies, course content, planned learning experiences, experiences under the help of the school, and the structure series to evaluate the outcomes.

Doll (1978) mentioned that the curriculum is the formal and informal content and process by which learners gain knowledge and understanding, develop skills, and

alter attitudes, appreciations and values favoured by that school or university.

Tanner and Tanner (1980) stated that the curriculum is the construction of knowledge and experience systematically developed under the help of the school or university to enable the learners to increase their control of knowledge and experience.

Hass (1980) summarized that the curriculum is all experiences that the learners have in a programme of education, the purpose is to achieve the goals and related specific objectives which is planned in terms of a framework of theory and research or past and present professional practice.

Bevis (1982) defined that the curriculum is the totality of learning activities that are designed to achieve specific educational objectives.

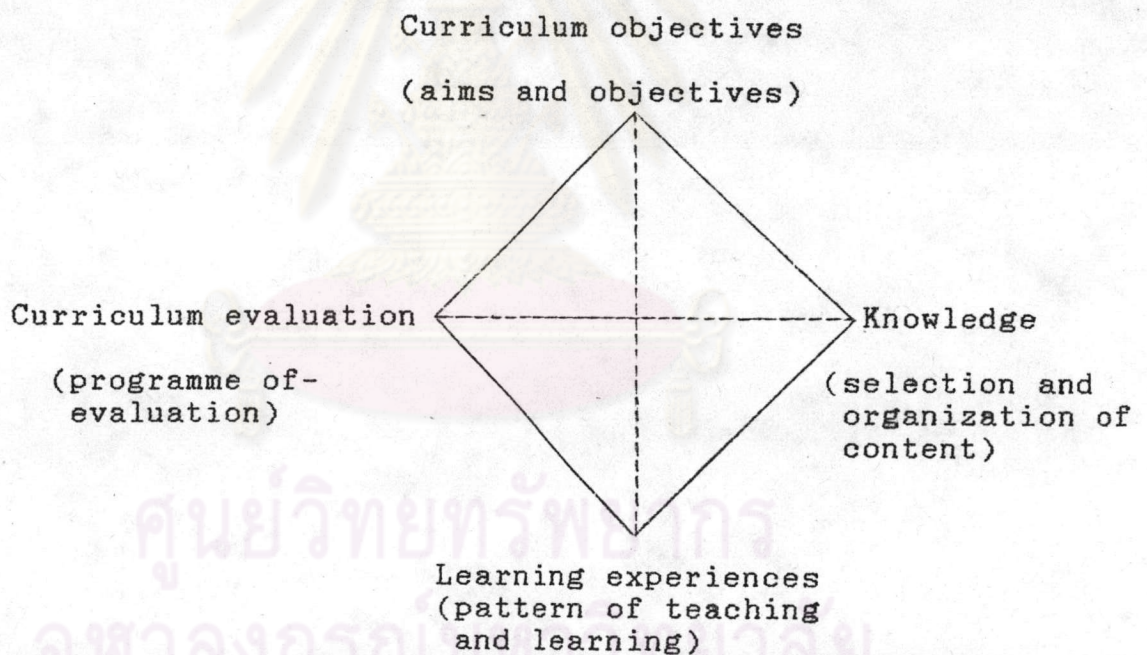
Oliva (1982) described that the curriculum is a plan or programme for all experiences which the learners follow under the direction of the school.

Finally, a curriculum system in schools is the system within which decisions are made and how it will be implemented. The curriculum can be summarized as a plan of education set by schools or university to develop minds of the learners according to the objectives of the curriculum.

Elements in curriculum planning

The four main elements of the curriculum are a statement of aims and objectives, the selection and organization of content, the patterns of teaching and learning, and a programme of evaluation of the outcome (Taba, 1962). This type of model is called "simple model of the curriculum" by Kerr (1962 quoted in Davis, 1987). Both are shown in figure 1:

Figure 1: Basic Curriculum Model



In 1980, the World Health Organize (WHO) summarized that the curriculum must include:

- a. The objectives of the course such as the tasks and sub-tasks which the students will learn.
- b. The general method which will be used to teach the students.

c. The time and place where the student will learn (a time table).

d. The evaluation method.

1. Educational objectives

Educational objective is an intent communicated by a statement, describing a purposed change in a learner or a statement in terms of what the students should be able to do at the end of a learning period that they could not do beforehand (Mager, 1962; Guilbert, 1976).

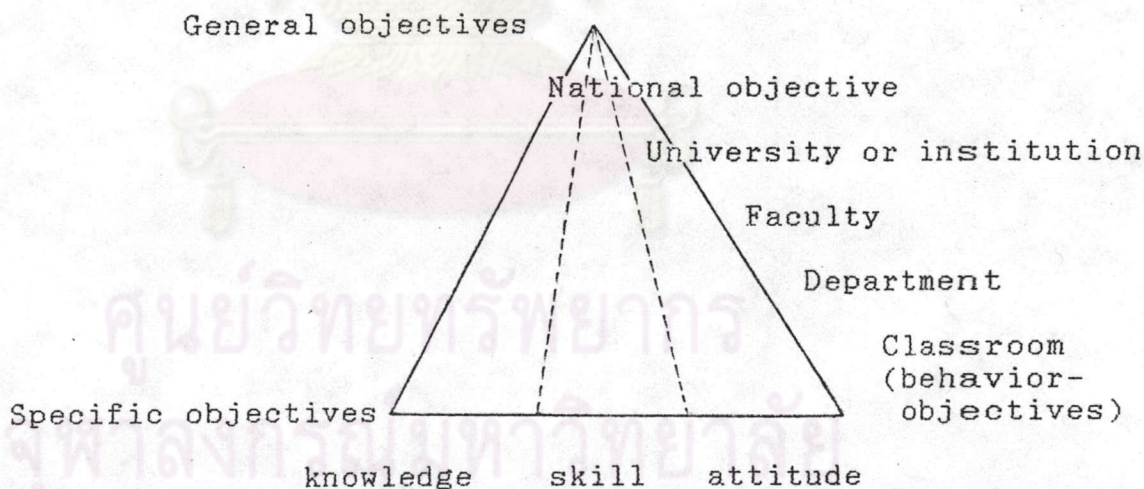
The philosophy or goal of the university or the institution is based on national goal of the country. For example, Chaingmai University [CMU] have formulated its educational objectives in accordance with the government policy and the need of the northern community. The CMU is the centre for technological education and higher professional education which will be useful for the region as well as the nation. CMU is "a source for acquiring knowledge, doing research ... promoting and preserving cultural heritage. The characteristics of the student ... train themselves for thinking, practising, and having social responsibility" (CMU Bulletin, 1989-1990).

The curriculum is designed, planned, implemented and evaluated by the institution according to

their philosophy. Each educational department is responsible for the formulation of the learning objectives which will be derived from institutional objectives. The main Faculty objective of CMU Nursing curriculum stated the characteristics of the students as follow "... good human relationship, leadership quality and develops themselves according to the social and environmental change" (Nursing Curriculum Handbook, 1989).

Tongchan Hongladarom (1985) divided the level of educational objectives in five levels as shown in figure 2:

Figure 2: Level of Educational Objectives



The objectives at the national level will transfer to university (institution), faculty, department and classroom respectively. The purpose of these objectives is to develop the learners in 3 categories: reinforcing the knowledge, building a good attitude,

moral and ethic, and finally acquiring the knowledge to develop skill in their profession.

Schweer (1972) emphasized that the goals or objectives in nursing education are to reinforce the learners to develop intellectual and creative thinking, to promote the ability to make a decision and solve problems, to enhance the responsibility to themselves and society, to foster a good attitude and satisfaction towards their profession and, finally, to develop skills in their career. The learners must also apply that knowledge to use in the real situation. Karmer, Tegan and Knauber pointed out that the character of the creative persons are thinkers and searchers rather than memorizers and doers (1970).

Guilbert (1987) classify the educational objectives into three domain, namely cognitive, psychomotor, and affective .

1.1 Cognitive Domain (intellectual skill)

The cognitive domain includes those objectives that emphasize intellectual outcomes such as knowledge, understanding, and thinking skills.

1.2 Affective Domain (communication skills)

The affective domain includes those objectives that emphasize feeling and emotion such as attitudes, value, interests, appreciation, and methods of adjustment.

1.3 Psychomotor Domain (practical skill)

The Psychomotor Domain involves those objectives that emphasize motor skills such as giving intravenous injection, measuring blood pressure.

2. Learning experience

Learning experience is the interaction between the learner and the external conditions in the environment to which he can react (Tyler, 1970). Aims of learning experience are the means of reaching educational objectives. The instructors have important role to provide an educational experience through setting up an environment and structuring the situation so as to stimulate the desired type of reaction for achieving the educational objectives.

The principle of motivation is essential for learning. Motivation is the key to successful teaching (Abbatt, 1980; CU, Staff development unit, 1985; Guilbert, 1987). In the study of Arom Vootiprux and Chiraporn Dherabatana (1982), the data showed that the students need more motivation from instructors in teaching-learning experiences. Since learning is an active process, the instructors needs to motivate the learners to participate actively, give them an opportunity to take the role in seeing, listening,

explaining and practising those kind of behavior implied by the objective. In active learning, the instructors are like resource persons and helpers to provide information when asked or needed, guidance, and organized experiences which allow the students to work in health center (Abbatt, 1980; Bevis, 1982; Guilbert, 1987).

The instructors have the important role in teaching and learning process. The role of the instructors is like a helper or facilitator. Pine and Horne summarized that the conditions to facilitate learning as follows (1969 quoted in Guilbert, 1987):

- encourage the students to be active.
- emphasize the personal nature of learning.
- accept that difference is desirable.
- recognize student's right to make mistake.
- tolerate imperfection.
- encourage openness of mind and trust in self.
- make student respected and accepted.
- facilitate discovery.
- put emphasis on self evaluation in cooperation.
- permit confrontation of ideas.

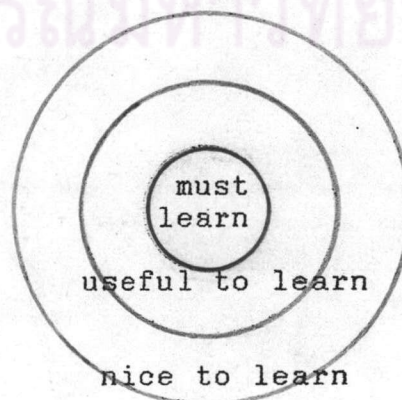
Townsend explained the characteristics of the facilitator. They should be non-directive, guide group processes, keep student learning on track, allow students' abilities and problems and assess students' learning (1990). In 1990, Schumann summarized the characteristics of the instructor as follow: more experience in clinical field, expert in his/her field, resource persons, support, and allow students to share their knowledge. Windsor mentioned that the instructor is an important resource person. He also found that the

students need knowledgeable clinical instructor who are willing to share their knowledge and experiences with the students, demonstrate good nursing skill, humane and friendly (1987).

Content is the substance that assists the learner to learn. In 1985, Jintana Yunipun summarized that content is like instrument to bring the learners to achieve the goal or educational objectives. Saghud Authranun (1982) divided the content into 5 categories: factual information, concepts and principles, problem solving and creativity, skills, attitude and value.

The major responsibility of all instructors is making decision about exactly what students must learn and to make sure that the students do learn it. Abbatt, Jintana Yunipun (1980, 1985) summarized the content as in figure 3:

Figure 3: Criteria for Selecting the Content



The "must learn" category is the content which every student must learn if she wants to be able to perform professional task.

The "useful to learn" category is the content which the students should learn but do not need to emphasize or should not be tested in exams.

The "nice to learn" category is the content that is not necessary to learn in the class.

In 1967, Taba summarized the direction of selecting the content as followings: validity and significance of content, consistency with social realities, balance of breath and depth, provision for a wide range of objectives, learning abilities and adaptabilities to experiences of the student, appropriateness to the needs and interests of the student. Moreover, learning should be managed step by step, from simple to difficult. It should be continuous process (Jintana Yunipun, 1985).

3. Evaluation Process

Evaluation is a continuous process, based upon criteria and concerned with the measurement of learner performance, the teaching effectiveness of teachers and the quality of the programme (Guilbert, 1987). Evaluation is an integral part of the curriculum. It can be used as a feedback mechanism to the

instructors, students and administrator. The teacher uses the evaluation result to improve teaching strategies. Meanwhile the students use the test result to improve their learning ability. It is also helpful to the administrator to know whether the educational objectives has been attained or not.

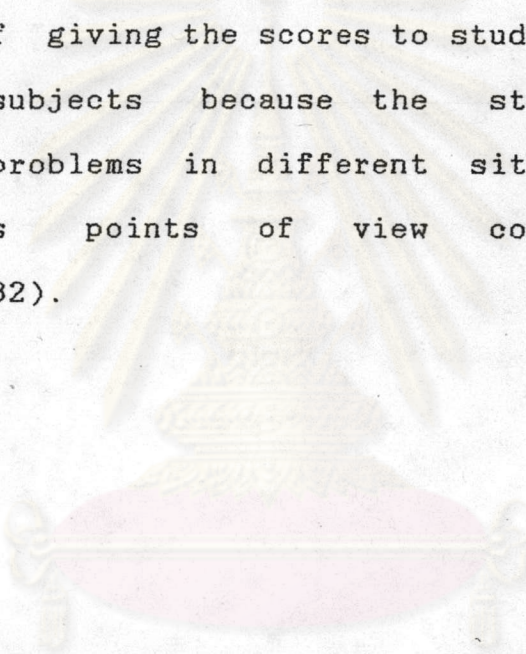
Jintana Yunipun (1984) suggested that the instructor should consider the curriculum on following categories:

- Goals and Objectives : In teaching-learning system, the instructor has to realize the objectives of curriculum and set educational objective and learning experiences according to objectives of curriculum.

- Structure (course content, sequence of the subjects): is useful for the learners to have the continuous learning and unrepeatd content.

- Evaluation: The instructors have to understand evaluation method, measuring tools and criteria of evaluation. Evaluation method is one component in teaching-learning process. If the instructor does not use evaluation criteria assigned by the curriculum, it will create a confusion between the instructors and the learners. Windsor (1987) found that the students need both positive and negative feedbacks. Privacy is important while giving feedback to students. They felt embarrassed, angry, lose self confidence when

the instructor criticized them in front of patients. Field, Gallman, Nicholson, and Dreher (1984) found that numerous baccalaureate students cannot perform nursing skills upon graduation because of few evaluation criteria written in the psychomotor domain in their learning objective. The reason for this was the emphasis on cognitive domain. Wood also found that there were problems of giving the scores to students in clinical practice subjects because the students encounter different problems in different situations and the instructor's points of view could also vary greatly (1982).



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Nursing Science Curriculum

In 1982, Bevis defined nursing as follows:

Nursing is a process: Its purpose is to promote optimal health through protective, nurtorial, 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. Nurses are autonomous health care givers within the limits of employment contracts, collaborating 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.

Nursing curriculum is designed to educate persons who will be able to promote optimal health of the community. The aim of nursing is to assist the people in achieving their maximum health potentials.

In 1980, Quinn divided the concept of the curriculum into subcategories as follows (Davis, 1987):

official curriculum - the one laid down by the policy of the school.

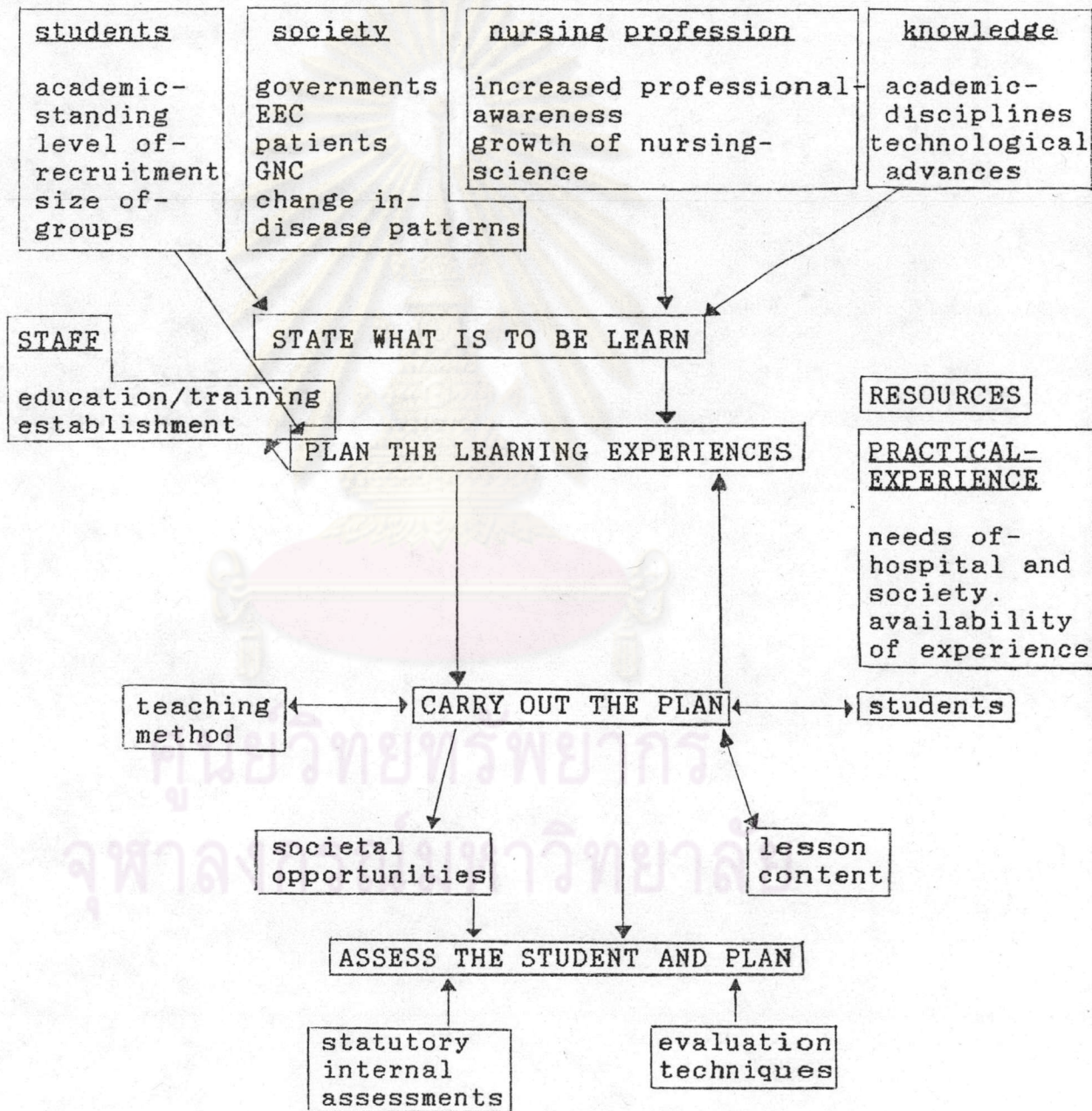
actual curriculum - the one which is taught by the teacher.

formal curriculum - all learning which is planned by the school.

hidden curriculum - the attitudes and values which are transmitted by the hospital.

Hoy and Mustafa present a useful curriculum model, which show the factors to be taken into account when planning the nursing curriculum. Please see figure 4 (1983 quoted in Davis, 1987):

Figure 4: Hoy and Mustafa's (1983) Curriculum Model



The components of Nursing Science Curriculum

Vichai Vongyai (1976) divided the components of curriculum into 4 categories: i) general objective and specific objective, ii) course content and total hours in each subject, iii) teaching-learning process, and iv) evaluation in accordance to the curriculum.

Phaitoon Sinlarat (1979) divided the components of the curriculum of undergraduate level into 3 categories:

1. Professional Education: It includes the knowledge and activity for the learners to learn, understand and practice in whatever their professional educations are, such as teacher, nurse, doctor.

2. General Education: It includes the knowledge and activity for the learners to learn, understand and practice for helping them to improve the quality of life and moral principle.

3. Elective subject: It includes subjects for the learners to choose to learn according to their interest.

The Ministry of University Affairs (1983) has set the standard of Nursing Science Curricula and can be summarized as follows:

1. Philosophy and objectives of curriculum: it should be congruent with the National Education Development Plan and the needs of society.

2. Structure of the curriculum: It consists of 4 parts : General Education Courses, Professional Foudation Courses, Professional Nursing Courses, and Elective subjects.

The total credits must not be less than 130 credits and not more than 150. The minimum of credits in each part are:

2.1) General Educational Courses: include the subjects like Social Sciences, Humanities, Languages, Sciences and Mathematics. The total credits must not be less than 30 and compose of 4 subjects:

Social Sciences	not less than	6	credits
Humanities		6	
Language		6	
Sciences and Mathematics		6	

2.2) Professional Foundation Courses: are the basic professional courses. The total credits in this part must not be less than 24.

2.3) Professional Nursing Courses: are the specific professional Nursing Science Courses. The total credits must not be less than 70, and must be 20 credits in this practical field courses and 40 credits in theory courses.

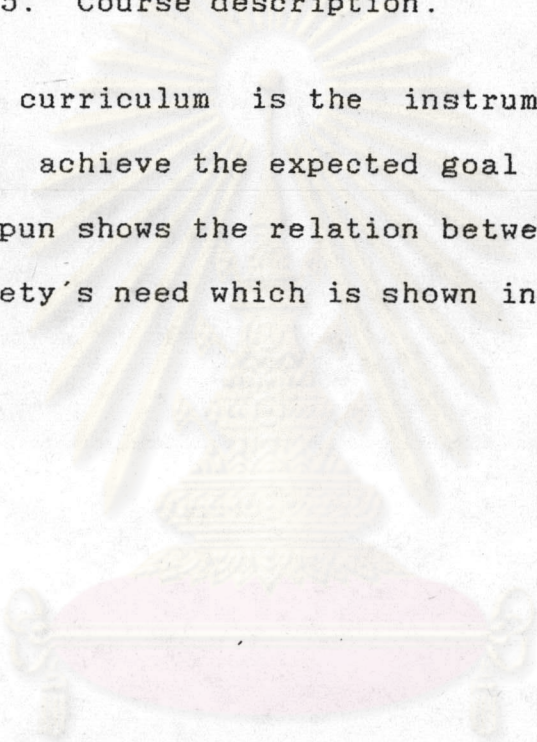
2.4) Elective subjects: is any subject that will be selected by students indepently at schools or universities. Total credits must not be less than 6.

3. Educational Programme: shows the sequence of the subjects in the whole curriculum which will be taken by the learners.

4. Teaching-learning Evaluation: the curriculum must have evaluation methods to guide the instructors for their teaching.

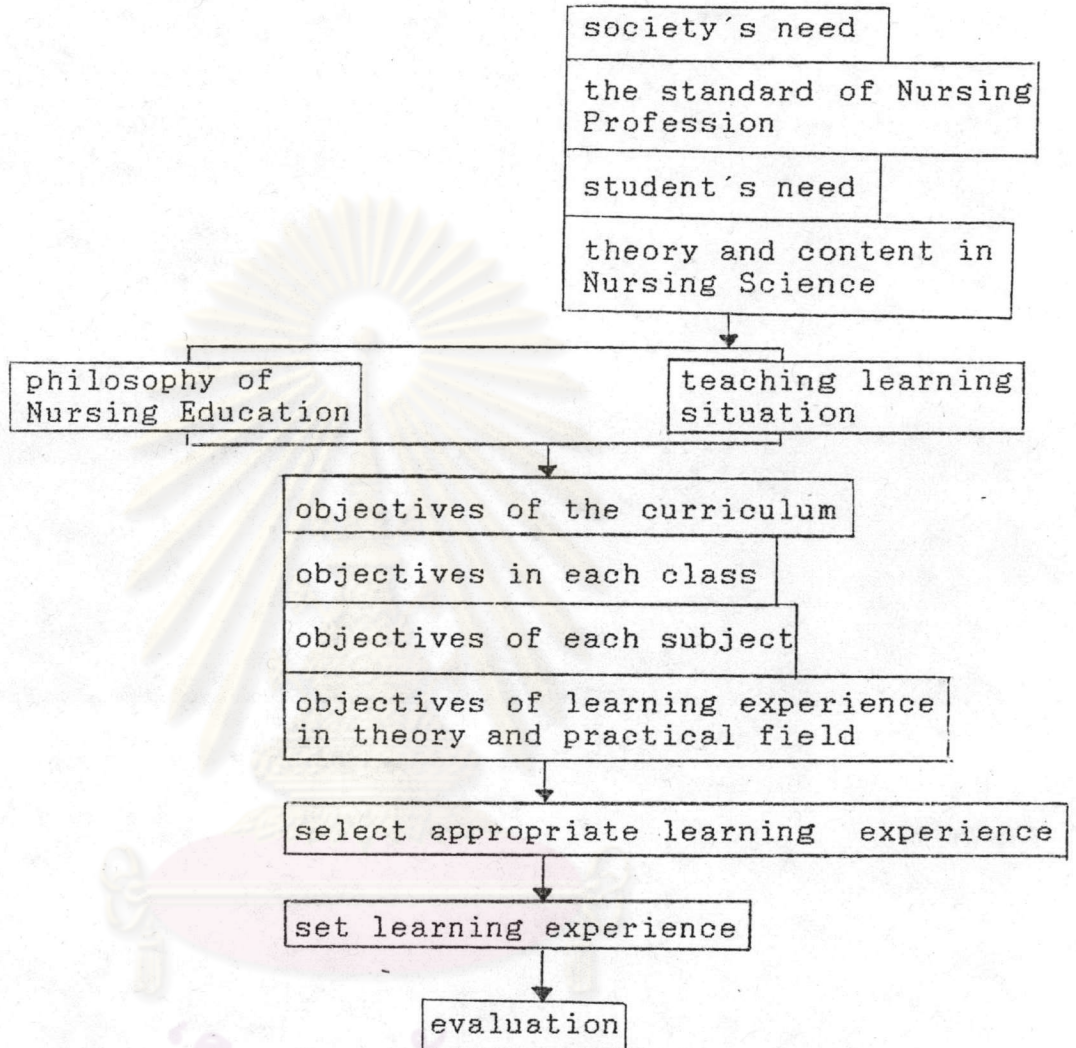
5. Course description.

The curriculum is the instrument that brings students to achieve the expected goal of the society. Jintana Yunipun shows the relation between the curriculum and the society's need which is shown in figure 5:



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Figure 5: The Relation between the Curriculum and the society's need.



The main objective of nursing education is to provide the graduates with the knowledge and capacities in promotive, preventive, curative and rehabilitative care including the ability to participate in general national development (ministry of Public Health [MOPH], Nursing Colleges Division, 1986).

Previously, nursing curriculum was hospital-oriented. Thus, the students were provided with hospital experience only. Nowadays, the curriculum has been

changed to community-oriented in accordance with the need and requirements of the National Health Development Plan. The teaching and learning process is based on the basis of the integration of the four basic health services: promotion of health, prevention of disease, curative, and rehabilitation. It also emphasises the students' personal and professional development, an ability to analyse problems and needs of the community (Ibid). Harnar (1982) summarized that if the goal in Nursing Education is Community health-oriented, the objectives and the planning of teaching-learning methods should be relevant to development of students' learning experience. Therefore the students should be provided with experiences outside the hospital setting. Schumann's study suggested that the nursing student needed to gain more clinical experience, need better qualified instructors, with better teaching attitudes, morals and ethics, and needed to develop education problems similar to real work situation (1990). Arom Vootiprux discovered that the achievement of the students in cognitive domain and affective domain after completing the course were higher than the achievement at the beginning of the course. She found that the nursing students needed more teaching-learning experiences both in theory and practice higher than the actual teaching-learning experience. She also concluded that the students need more motivation from instructors in theory teaching-learning experience

(1982). Jaeger-Burns studied the educational programme of several countries and concluded that the preparation of community health nurse is inadequate. Graduate nurses have not enough experience in community clinical practice (1981).

In 1989, the Nursing Colleges Division of MOPH summarized the differences between traditional curriculum and community-oriented curriculum as shown in figure 6:

Figure 6: The Differences between Traditional Curriculum and Community-Oriented Curriculum

	Traditional Curriculum	Community-Oriented Curriculum
1. Emphasis	Rather broad-base contents devoting to hospital-base care.	Teacher chooses important and nessary competencies actually required for preventive and promotive care in the community.
2. Learning objectives	General and difficult to measure	Specific and directly measurable.
3. Subject matter	General content-bound.	Each competency area consists of skills, knowledge and attitude described in concrete and clearcut objectives.
4. Teacher's role	Defines learning by herself.	Supporter of student's learning.
5. Venues for learning and practice	Classrooms.	All training venues including classrooms and community, as well as providing cooperation to the community.
6. Evaluation criteria.	Group-reference	Based on observation of development of individual students.

COMMUNITY HEALTH NURSING

The American Nurses' Association (1983 quoted in Javis, 1981; Leahy, Cibb, Jones, 1982; Clemen, Eigsti, McGuire, 1981) defines community health nursing as:

a synthesis of nursing practice and public health practice applied to promoting and preserving the health of populations. The nature of this practice is general and comprehensive. It is not limited to a particular age or diagnostic group. It is continuing, not episodic. The dominate responsibility is to the population as a whole. Therefore, nursing directed to individuals, families or groups contributes to the health of the total population. Health promotion, health maintenance, health education, coordination and continuity of care are utilized in a holistic approach to the family, group and community. The nurse's actions acknowledge the need for comprehensive health planning, recognize the influences of social and ecological issues, give attention to populations at risk and utilize the dynamic forces which influence change.

Tinkham and Voorhies (1972 quoted in Javis, 1981) explained that the community health nursing is the field of nursing in which the family and community are patients. It is concerned with the total health-illness spectrum, but the primary focus is on the prevention of disease, health promotion and maintenance of the highest level of health and well being. In 1970, Freeman described community health nursing as a mixture of nursing and public health practice. It developed and applied principles which have a tremendous impact on human well being.

The philosophy of community health nursing is based on the premise that people should have continued access and opportunities to participate and on the concept of the "worth and dignity of the individual". It also concerns with their acceptance, desires, and willingness to change. Nursing practice assists individuals and families in adjusting their health needs, resolving health problems in the social, emotional and physical environments, facilitating and coping abilities to achieve higher levels of wellness. Goal of community health nursing practice is to help the clients to obtain their maximum level of health [physical, mental and social functioning]. The target of community health nursing practice is defined in the statement, "The dominant responsibility is to the population as a whole" (Clemen, Eigsti, McGuire, 1981; Leahy, Cobb, Jones, 1982; Sines, 1990)

Maintaining the health of people is a complex task for the nurse in the community. The nurse is concerned with the health of the entire family, including those in clinics, schools, industries and other places of work as well as in the homes being visited. The new dimension added to community health nurse is the mental and emotional health services and their intregation into the other services (Leahy, Cobb, Jone, 1982). There are numerous roles of the nurse in community which can be summarized as case finder,

teacher, epidemiologist, occupational health nurse and health planner (Cleman, Eigsti, and McGuire , 1981).

In 1970, Freeman described the areas of responsibilities [the functions] that the community health nurse is expected to be:

Function I: The community health nurse provides and promotes comprehensive nursing service to families. These services include direct responsibility to provide care, to teach others such as family members or group, to give care to longterm ill patients at home and to transfer some patients for appropriate treatment.

Function II: The community health nurse uses nursing as a way for improving family life and for promoting personal or family development and self-realization.

Function III: The community health nurse participates in disease control activities through general preventive measure, early identification of disease, provision of care and reduction the effect of disease.

Function IV: The community health nurse works with appropriate personnel in special setting.

Function V: The community health nurses plans and evaluates the nursing services for the population group under her care to maximize the benefits of nursing care.

Function VI: The community health nurse

contributes to the extension of knowledge in nursing and health care by engaging the community in surveys, studies or research.

Health for all by the year 2000 (HFA-2000) is a social goal defined as "the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life" (WHO, 1981) and Primary Health Care (PHC), as defined by the 1978 International Conference at Alma-Ata (WHO and Unicef; Anderson and McFarlane, 1988):

is a key strategy consisting of essential care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford

The essential elements of the PHC was summarized by the MOPH, Skeet, the WHO as following (1988, 1985, 1978):

- a. Education concerning prevailing health problems and the methods of preventing and controlling them.
- b. Promotion of food supply and proper nutrition.
- c. Maternal and child health care including family planning.
- d. Safe water supply and basic sanitation.
- e. Expanded programme of immunization against the major infectious disease.

f. Prevention and control of locally endemic disease.

g. Appropriate treatment of common disease and injuries.

h. Essential drugs provision.

Nurses who are members of the health team working both in public health service institution and community, have direct responsibility for the provision of health services to the population to meet the health care requirements of the national health plan to achieve the ultimate goal of health for all by the year 2000. It is necessary for nurses to be aware, understand and appreciate the roles and functions of their participation in the implementation of health care.

In 1983, Suda Henry summarized the role of community health nurse as follows:

- She must be a good example and good leader in community by motivating the people for realizing the health in family.
- She must be a good instructor about health to the people.
- She must be a health consultant for the people.
- She must be a cooperator between the patient and health personnel.
- She must be a researcher in public health.

The MOPH, Nursing Colleges Division summarized their roles and functions as follows (1986):

- a. Provide and assist in the nursing services.
- b. Act as teachers, that is, to teach, train and provide continuing education.
- c. Act as technical supervisors and helping people to solve health problems.
- d. Provide medical supplies, equipments and public health information.
- e. Assist in administrative affairs such as preparation of plans and conduct of training.
- f. Be responsible for the transfer of the patients for appropriate treatment.
- g. Collect data and problems, analyse problems, and submit reports to superiors for further action.
- h. Monitor and evaluate the work.
- i. Participate in the development of operational plans.

In 1986, The Permanent Secretary of MOPH assigned the tasks of professional nurses who work in the community as followings:

1. Maternal and child care: it includes antenatal care, postnatal care and care of the newborn, infant and children up to the age of five, also provide nutrition knowledge and information to the mothers, as well as encourage them to practise good health habit.

2. Immunization: that is, to educate and motivate mothers and families to immunize their children for childhood diseases, plan and carry out immunization campaigns [include school children].

3. Family planning: is the service for helping individuals or couple to avoid unwanted births, to bring about wanted births, to regulate the intervals between pregnancies, to control the parents and to determine the number of children in the family planning.

4. School health: it includes health appraisals to assess the health status of students, counseling students and their parents to secure medical, dental or other treatment, protecting student health by giving attention to environmental health factor.

5. Nutrition: the role of nutrition is to reduce undernutritional cases, particularly among newborn, infants and children up to the age of the five by proper nutritional care, checking their weight and suggesting supplementary food that is available locally.

6. Mental Health: is a comprehensive approach to mental health services for individuals, families, and community members. The focus of nursing is designed in the preventive care and treatment of mental health problems as they touch all aspects of human living.

7. Primary Health Care [PHC]: nowadays the community participation is an essential factor that enables the community to achieve the health goal. The objectives of PHC programme are the expanded coverage of the health service and to help the people become self-reliance, to utilize community resources and to encourage community participation in order to solve individual health problems, to make basic health services available, to promote the dissemination of health information to local people who live in the rural area as well as increase their own awareness of health problems and problem solving. In PHC system, Village health volunteer [VHV] and Village health communicator [VHC] training will continue and they will continue to be the key community health resources. It is the responsibilities of the nurse to select, train, supervise and evaluate the VHVs and VHCs.

8. Health education: should not mean merely talking to people and sticking up poster but should aim at health development by improving people's knowledge, attitude and stimulating action. It is an interactive process between the nurse and the client. Education may be set in the hospital, school and community.

9. Training: is one method to develop the capacity of the health personnel by increasing their knowledge, skill, attitude and experience. The objective

of training is to improve the capabilities of health personnel.

10. Supervision: is the process to evaluate the outcome, to guide the way to practise, to motivate and consult the staffs about their responsibilities to their jobs.

From the literature review, nursing students practise in a variety of settings. They are also required to be socialable, to be knowledgeable and to possess sufficient skills to reach the national goal of Health For All. At present, although the nursing curriculum is more community-oriented, Nursing Education has inadequately prepared nurses to work in the community (Jaeger-burns, 1981). The primary task of nursing education is to help students to acquire appropriate attitude as expected from the society as well as to increase their knowledge and skill, so that they can perform as a nurse to meet the care needs of the Thai society. So the investigator is interested in studying the relevance of the community health nursing curricula in preparing the nursing students to meet the community health nursing performance requirements set by the MOPH in accordance with The National Public Health Development Plan.