Faculty of Science
School of Nursing, Midwifery and Midwifery Indigenous Health

BACHELOR OF NURSING - COURSE PHILOSOPHY

Executive Summary
The Bachelor of Nursing (BN) course at Charles Sturt University (CSU) was accredited by the former Nurses Registration Board (NRB) of New South Wales in 1996 for a ten year period. In 1997 the NRB accredited a distance education mode of offering. In 2007 an extensive curriculum review of the BN was undertaken and was opportune for the newly structured School of Nursing and Midwifery (SN&M) to develop one curriculum to be offered consistently across the five campuses of CSU at Bathurst, Albury, Orange, Wagga Wagga and Dubbo. The course review committee consulted with a broad range of stakeholders and a new curriculum was developed to prepare nursing graduates for the expanding and complex roles of the nurse and to meet the requirements of the current and emerging health care environments and the workforce demands of inland Australia.

The review of the BN course emphasises the Faculty of Science and the School of Nursing and Midwifery commitment to the freedom of inquiry, discovery and dissemination of knowledge, community engagement and partnerships and personal/professional wellbeing. In preparing graduates to undertake the roles and responsibilities of professional nurses in the 21st century and beyond, the revised course is shaped by a primary concern with social justice, humanistic nursing care and best nursing practice based on evidence. The revised course curriculum reflects the values embedded in the University, Faculty and School mission statements.

Course Design
The preparation of a curriculum for the basic education of nurses, who will deliver nursing services in the 21st century and beyond, needs to reflect the International Council of Nurses’ (ICN) views on nurse education and nursing; meet the accepted standards of nursing practice as set down by the Australian Nursing and Midwifery Council Inc. (ANMCI) in the National Competency Standards for the Registered Nurse 2002 and, meet the NSW Nurses and Midwives Board Standards for Course Accreditation requirements. The undergraduate curriculum at CSU is designed to meet the demands of all three nursing organisations. The curriculum is also guided by a number of government reports which include: National Review of Nurse Education (2002); Scopes of Practice Commentary Paper (2005); National Nursing and Nurse Education Taskforce Final Report 2006 and the NSW Aboriginal Mental Health and Well Being Policy 2006-2010 (2007).

In addition, the curriculum demonstrates cognizance of the New South Wales State Health Plan (2007), Future Directions for Health in NSW- Towards 2025: Fit for the Future, proposed by the NSW Government, in particular, the strategic direction to: “Strengthen primary health and continuing care in the community” … and the call for universities to:
Review and revise educational curricula to produce health graduates with the appropriate knowledge and skills to work effectively in health teams and community settings and in partnership with consumers and carers ... and to

Undertake and promulgate research on best practice in the design and delivery of integrated primary and community health services coordinated with hospital services

As stated in the NSW health plan there is a shift to primary health care as a preferred integrated model of service delivery especially for inland and Indigenous communities, community based models of care, workforce sustainability, increasing complexity of care and technological advancements. The implications of PHC philosophy for nursing will require community based practice; community participation in health care decisions; a focus on health promotion; and a multidisciplinary approach in planning and implementing appropriate strategies to maintain and/or promote health. As an inland university, the CSU School of Nursing and Midwifery has adopted a primary health care framework to inform and shape the undergraduate nursing curriculum because of the future challenges facing members of the nursing profession, especially in rural areas.

**Philosophy of the Course**

The philosophical foundations of the BN course at CSU are based on the values and beliefs that underpin nursing, education, primary health care, Indigenous health and social justice.

- **Nursing and Education**

The ICN originally defined the scope of basic preparation and the practice of nursing as:

... generalist, with the capacity and authority to practice competently primary, secondary, and tertiary health care in all settings and branches of nursing and the capability and legal responsibility to supervise and direct auxiliaries ... (ICN 1983).

The Council then set the following standards for courses in nursing education:

... liberal and professional education preparing for the general practice of nursing in all settings ... broad rather than prescriptive curricular requirements, promoting nursing’s capacity to develop to meet changing health care needs and public health goals ... (ICN 1983).

Nursing is a dynamic interactive process in which professional caring is central. Professional caring integrates both humanistic and scientific components. Nursing is a practice based discipline that is advanced through research, scholarship and the application of nursing knowledge to inform best nursing practices.

Nursing occurs in a variety of contexts with individuals, families and communities, across the age continuum and at all stages of the health/illness continuum through to the process of dying. In all contexts nurses provide holistic, humanistic, professional care that involves critical appraisal, the selective application of research findings and the use of critical thinking and reflection to evaluate interventions and care management.
Primary Health Care (PHC)

PHC is defined as:

... essential health care based on practical scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self determination (WHO 1978).

Primary health care focuses on families and communities as well as individuals and on health rather than illness. It acknowledges the social, economic and political factors that impact on health as well as biophysical, psychological and spiritual factors. Primary Health Care also focuses on prevention at all stages of the health/illness continuum. Each level of prevention and corresponding strategies are outlined in the next section.

Primary Health Care: Levels of Prevention

Primary prevention is aimed at reducing the likelihood of health challenges and incorporates health promotion strategies such as health education of individuals, families and communities and specific protection strategies such as immunisation, family planning and environmental sanitation. The aim is to promote and maintain health and to prevent illness and/or injury.

Secondary prevention includes those activities that enable early diagnosis of health challenges such as screening (eg Pap smear) and prompt treatment following minor health challenges (eg Appendectomy), with the aim of promoting repair, recovery and prevention of complications.

Tertiary prevention strategies are utilised when rehabilitation is needed to maximise health following major health challenges. The aims of health care providers are to promote restoration, rehabilitation and habilitation and to limit disabilities and prevent complications (Francis, Chapman, Hoare & Mills 2008).

Social Justice

Social justice is central to nursing practice and primary health care and incorporates issues such as; client advocacy; health inequalities; health for all; equity and access to health care; respect for human rights; multiculturalism; racism; privilege; and care for vulnerable and marginalised individuals, families and communities. According to Boutain (2005) an educational focus on social justice is necessary to prepare future nurses to not only understand the connections between health disparities and social inequality but also to be able to address health concerns that are linked to social inequality in more tangible ways. This is particularly relevant to inland Australian populations, migrant groups and Indigenous communities as well as other marginalised groups.

Indigenous Culture and Health

In line with the Charles Sturt University and the School of Nursing and Midwifery commitment to Reconciliation and the CSU Indigenous Education Strategy, Indigenous culture, health and nursing is introduced in the first year of the course and thereafter is integrated through all subjects. The draft Indigenous Education Strategy (Centre for Indigenous Studies 2007) states that CSU is committed to the process of reconciliation between Indigenous and non-Indigenous Australians. As Australia’s leading national university, it recognises the particular role and responsibility in promoting social justice and human rights for Indigenous Australians, both nationally and within the footprint of CSU.
♦  Nursing and Primary Health Care

The ICN (2007) position statement titled: *Nurses and Primary Health Care*, highlights the crucial role that nurses play not only as major providers of care but also as members and leaders of multidisciplinary teams:

*Nurses are the principal group of health personnel providing primary health care at all levels and maintaining links between individuals, families and communities and the rest of the health care system. Working with other members of the health care team, with other sectors or on their own, nurses explore new and better ways of keeping well, improving health and preventing disease and disability. Nurses improve equity and access to health care and add quality to the outcome of care.*

Nurses are at the forefront of primary health care service delivery globally. They are prominent in service provision in inland Australia, Indigenous health and medical services, and other community based health services. The ICN believes that equity and access to primary health care services, particularly nursing services are central to improving the health and well being of all people.

In reflecting this belief the ICN (2007) defines nursing as:

*... Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in client and health systems management, and education are also key nursing roles ...*

This definition of nursing highlights the key roles that nurses are expected to assume in a primary health care context, in a variety of settings across the lifespan and across the health/illness continuum. Within this definition it is possible to identify major roles and fundamental functions that are generic to professional nursing practice regardless of the context in which nursing care takes place.

♦  Nursing Roles and Functions

Inherent within the definition of generalist nurse are a number of major nursing roles: the health care facilitator; the health care provider and the change agent. In fulfilling these roles nurses perform a number of sub-roles and skills that the graduate will require in order to function as a generalist beginning practitioner, for example, clinician; communicator; researcher; and educator/facilitator. These functions and roles are common to all practice settings, but at any given point in time there will be changes in the relative degree of emphasis on each. These roles and functions signal the overriding role of the professional nurse being that of change agent.

Conceptual Curriculum Structure

In acknowledging the foregoing, the BN program at CSU is shaped by the concepts of primary health care philosophy, principles of social justice, Indigenous health, caring philosophy and the advancement of the discipline through research, scholarship and application of nursing knowledge and evidence-based practice. These concepts are integrated throughout the program and require students to engage in learning activities that expose them to increasingly more complex situations that demand integration and synthesis of previously acquired knowledge.

The first year of the course focuses on *Primary health care and prevention*; the second year on *Secondary health care and prevention: Health challenges and nursing interventions*; and the third
Primary health care has a global approach with the capacity to supply a broad framework on which to base nursing curricula. Central to primary health care philosophy are socio-political determinants of health and illness. PHC provides a comprehensive organising framework on which to build a curriculum that prepares nursing graduates for generalist nursing practice in a broad range of settings, across the lifespan and across the health-illness continuum.

Major strands in the curriculum are as follows:

1. Primary Health Care
2. Health Challenges
3. Health Optimisation
4. Discipline of Nursing
5. Clinical Nursing Practice
6. Indigenous Culture, Health and Nursing
7. Psychosocial Nursing
8. Psychosocial Sciences
9. Biosciences

Subject content can be accessed at the following link:
http://www.csu.edu.au/courses/undergraduate/nursing/course-structure