

Sigma's 30th International Nursing Research Congress

Delivering Kindness: Creating a Healthy Environment by Role Modeling Caring in the Nursing Curriculum

Elizabeth Rosalie Munoz-Day, PhD, RN, CHPN

College of Health Professions - School of Nursing, University of Phoenix, Fresno, CA, USA

Purpose: The purpose of the study was to examine baccalaureate nurse educators' perceptions of integrating and creating a healthy environment by role modeling caring into one baccalaureate nursing curriculum. The study addressed the driving and restraining forces that influence integration of caring within the nursing curriculum. A kind and respectful sense of camaraderie could build both stamina and emotional growth when exploring ways to continue the integration of caring into the curriculum; however, nurses continued to be side-tracked and valuable chances to promote the nursing profession had been lost due to an absence of professional harmony. These opportunities are often squandered due to internal strife and inability to come together with a unified agenda on basic subjects. Therefore, this study supported the imperative to research the role modeling of caring to improve the academic and practice environment.

Multiple organizations have made the call to improve the concept of caring in the curriculum, toward patient centered care, improve healthy work environments and civil communication (AACN, 2008a; AACN, 2016b; ANA, 2015a, 2015b; IOM, 2010; NLN, 2010, NLN 2018). What remained to be understood beyond the call for caring was how nurse educators intentionally incorporated caring into the curriculum and create healthy working and teaching environments (AACN, 2016b; Lee et al., 2017; NLN, 2018; Thies & Serratt, 2018; Woodworth, 2016).

Methods: Two conceptual frameworks were chosen for this study: Koloroutis' (2004) Relationship-Based Care and Lewin's Force Field Analysis (1951). Koloroutis was the framework for developing the interview questions to identify the nurse educators' perception of the components of caring in the nursing curriculum and discussed their experiences with the patients, student nurses, colleagues, and the community. The Lewin Model was used with the focus group to identify driving and restraining forces as they explored their perspectives on ways in which caring could be further integrated into the curriculum. The significance of this study was to add to the existing literature and increase knowledge by understanding the ways caring was integrated and role modeled into the nursing curriculum.

Utilizing a case study design, twelve nurse educators' (n=12) were interviewed to gather data to answer the research question of how nurse educators perceive the processes used to incorporate and role model caring into an undergraduate nursing curriculum. The data from the individual interviews was presented to a focus group comprised of representatives of the interview participants (n=4) to identify caring actions by examining tactics to support nurse educators and student nurses. The demographic information of the participants was nine (n=9) taught a combination of theory, clinical and/or skills and the remaining three (n=3) participants taught clinical only. The average age was 54 years, the average registered nursing experience was 30 years, and the average time as an educator was 15 years. The perceptions from the nurse educators were explored using a case study on ways to achieve successful implementation of caring concepts in theory and practice and the meaning they give to the concept of integrated caring into the nursing curriculum. The interactions between the researcher and the participants who meet the inclusion criteria showed that a qualitative approach allowed participants, in this case, nurse educators, to express their viewpoints in a setting that felt natural to them.

Results: After the interviews were completed, the data emerged into six themes: 1) defining the concepts of caring within the curriculum, 2) needed commitments from nurse educators/leadership, 3) describing a work-life balance, 4) merging community outreach with curriculum, 5) defining caring barriers, and 6) describing strategic solutions. The first process of defining the concepts of caring became an underlying foundation to initiate caring and begins with a belief that "all are kind, intelligent, honorable, and good."

This process initiates the integration of caring into the curriculum as it begins with role modeling a positive mindset toward patients, student nurses, and colleagues.

The second process is the commitment stage in which nurse educators and nurse leaders should commit to “care for” and “care about” patients, student nurses, and colleagues. Caring “about” a person is a more passive approach since the essence of nursing is to care about others. Caring for others required active listening in order to see caring integrated into the curriculum. The third stage is establishing a work-life balance which moves toward ways nurse educators can role model self-care behaviors that incorporate caring into the curriculum. Caring for, is seen as a more active approach to assisting those that are ill, drained or exhausted physically, mentally, and/or spiritually.

The fourth process is merging community outreach with the curriculum by demonstrating how the value of volunteerism can empower student nurses to move outside of their comfort zone. Nurse educators can show the value of empathy when helping patients outside of the classroom in real world scenarios versus textbook case studies. The fifth process is to avoid the caring barriers of incivility, technological dependence, lack of empathy and unclear expectations.

The sixth process evolved when the participants identified three strategic solutions to integrate caring into the curriculum. The three solutions were caring lectures/videos, narrative pedagogy, and debriefing. The participants discussed the need to increase the use of narrative pedagogy and storytelling to guide through the destructive values of incivility, technological dependence, disrespect, and lack of transparency, integrity, and empathy.

Conclusion: The proactive process to integrate caring into the curriculum emerged as a practical approach to make caring visible by reinforcing and maintaining caring actions with student nurses and colleagues. These strategies were identified as a way to help nurse educators improve the synergistic relationship with students, colleagues, self, and the community through positive behaviors that impact personal choices and moral judgments. Incorporating a proactive process of integrating caring into the curriculum does not mean that a disagreement will never take place; however, there should be a desire to listen and debrief until a consensus in mutual understanding can occur. This is not the same as mutual agreement, but a mechanism for nurse educators to use integrity, wisdom, and empathy to keep united and to serve student nurses by helping them to grow and reach their full potential.

Title:

Delivering Kindness: Creating a Healthy Environment by Role Modeling Caring in the Nursing Curriculum

Keywords:

Caring, Curriculum and Role Modeling

References:

American Association of Colleges of Nursing. (2008a). *The essentials of baccalaureate education for professional nursing practice*. Retrieved from <http://www.aacn.nche.edu/education-resources/BaccEssentials08.pdf>

American Association of Critical Care Nurses. (2016b). *AACN standards for establishing and sustaining healthy work environments*. Retrieved from <http://www.aacn.org/wd/hwe/docs/hwestandards.pdf>

American Nurses Association. (2015a). *Code of ethics for nurses with interpretive statements*. Washington, DC: American Nurses Association.

American Nurses Association. (2015b). *Incivility, bullying, and workplace violence*. Retrieved from <http://www.nursingworld.org/>

Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. Robert Wood Johnson Foundation. Academies Press, Washington, DC.

Koloroutis, M. (2004). *Relationship-based care. A model for transforming practice*. Minneapolis, MN: Creative Healthcare Management, Inc.

Lee, P., Miller, M., Kippenbrock, T., Rosen, C., & Emory, J. (2017). College nursing faculty job satisfaction and retention: A national perspective. *Journal of Professional Nursing*, 33(4), 261-266. doi:10.1016/j.profnurs.2017.01.001

Lewin K. (1951). *Field theory in social science*. Harper and Row, New York.

National Council of State Board of Nursing, Inc. (2008). *Nursing faculty qualifications and roles*. Retrieved from https://www.ncsbn.org/Final_08_Faculty_Qual_Report.pdf

National League of Nursing. (2015). *Debriefing across the curriculum*. Retrieved from [http://www.nln.org/docs/default-source/about/nln-vision-series-\(position-statements\)/nln-vision-debriefing-across-the-curriculum.pdf?sfvrsn=0](http://www.nln.org/docs/default-source/about/nln-vision-series-(position-statements)/nln-vision-debriefing-across-the-curriculum.pdf?sfvrsn=0)

National League for Nursing. (2010). *NLN nurse educator shortage fact sheet*. Retrieved from <http://www.nln.org/advocacy-public-policy/issues/faculty-shortage>

National League for Nursing. (2018). *Healthful work environment toolkit*. Retrieved from <http://www.nln.org/docs/default-source/professional-development-programs/healthful-work-environment-toolkit.pdf?sfvrsn=20>

Thies, K., & Serratt, T. (2018). Evaluating association degree nursing faculty job satisfaction. *Teaching & Learning in Nursing*, 13(2), 71-74. doi:10.1016/j.teln.2017.12.008

Woodworth, J. (2016). Predictive factors impacting intent-to-stay teaching for associate degree adjunct clinical nurse faculty. *Teaching & Learning in Nursing*, 11(4), 147-151. doi:10.1016/j.teln.2016.06.006

Abstract Summary:

The proactive process to integrate caring emerged as a practical approach to make caring visible by reinforcing caring actions with student nurses/colleagues. Educators committed to a proactive process to “care for” and “care about” students/colleagues can benefit from the camaraderie when role modeling ways to integrate caring into nursing curriculum.

Content Outline:

I. Introduction

1. Multiple organizations have made the call to improve the concept of caring in the curriculum, toward patient centered care, improve healthy work environments and civil communication.
2. What remained to be understood beyond the call for caring was how nurse educators intentionally incorporated caring into the curriculum and create healthy working and teaching environments.
3. Utilizing a case study design, twelve nurse educators' (n=12) were interviewed to gather data to answer the research question of how nurse educators perceive the processes used to incorporate and role model caring into an undergraduate nursing curriculum.

II. Body

1. The perceptions from the nurse educators were explored using a case study on ways to achieve successful implementation of caring concepts in theory and practice and the meaning they give to the concept of integrated caring into the nursing curriculum.
2. After the interviews were completed, the data emerged into a proactive process comprised of six themes.
3. The first process of defining the concepts of caring became an underlying foundation to initiate caring and begins with a belief that "all are kind, intelligent, honorable, and good."
4. The second process is the commitment stage in which nurse educators and nurse leaders should commit to "care for" and "care about" patients, student nurses, and colleagues.
5. The third stage is establishing a work-life balance which moves toward ways nurse educators can role model self-care behaviors that incorporate caring into the curriculum.
6. The fourth process is merging community outreach with the curriculum by demonstrating how the value of volunteerism can empower student nurses to move outside of their comfort zone.
7. The fifth process is to avoid the caring barriers of incivility, technological dependence, lack of empathy and unclear expectations.
8. The sixth process evolved when the participants identified three strategic solutions to integrate caring into the curriculum as caring lectures/videos, narrative pedagogy, and debriefing.

III. Conclusion

1. Incorporating a proactive process of integrating caring into the curriculum does not mean that a disagreement will never take place; however, there should be a desire to listen and debrief until a consensus in mutual understanding can occur.
2. This is not the same as mutual agreement, but a mechanism for nurse educators to use integrity, wisdom, and empathy to keep united and to serve student nurses by helping them to grow and reach their full potential.

First Primary Presenting Author

Primary Presenting Author

Elizabeth Rosalie Munoz-Day, PhD, RN, CHPN

University of Phoenix

College of Health Professions - School of Nursing

Adjunct Faculty

Fresno CA

USA

Author Summary: Her career in healthcare began as a Hospital Corpsman in the USN. She received her BSN/MSN from Virginia Commonwealth University and PhD in Nursing from University of Phoenix. She has spoken nationally/internationally on end of life topics, compassion fatigue, spirituality in nursing and completed mission work in Africa. Co-authored a chapter on Ethical Considerations for AANN Core Curriculum and textbook reviewer - Jarvis Physical Assessment Pain Chapter and Lewis et al., Medical Surgical Nursing Textbook.