‘Hanging on in there’: a qualitative longitudinal study exploring caring values in undergraduate nurse students

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• Financial, workforce, demographic ‘Crisis in care’: a global issue (Dept of Human Services 2003, Tolsen et al 2011; WHO 2015): impact on care delivery
• Care quality and practitioner values (Francis 2013; OECD, 2013; McHugh et al. 2013; NHS England, 2016)
• Literature: evolving values in undergraduate nurse education (Day 2005; MacKintosh, 2006; Murphy et al 2009; Bentzen et al 2013; Phillips et al. 2014; Scammell et al. 2017)
• Humanising Values framework: ‘Conceptual framework that values what it means to be human in the health care context’ (Galvin & Todres, 2013:6)
• Humanising Care Philosophy and Bournemouth University (BU) undergraduate nursing curriculum (Scammell & Tait, 2014)
Research question

Can a curriculum built on a humanising philosophy positively impact on nursing students’ personal beliefs about the core values of nursing?
Method

- Qualitative longitudinal research (Neal, 2013): qualitative enquiry conducted through or in relation to time
- Participants: two cohorts of students, Feb ‘13 (n=13>6) and Feb ‘14 (n=24>16)
- Ethical approval granted
- Data analysis: thematic (Braun & Clarke 2006)

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<th>Data collection phase</th>
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<th>Focus group</th>
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Findings: Themes

- Personal Journey
- Living my values
- Standing up for others
- Learning Nursing
[Qualities of a nurse] “Em…ability to treat each individual as an individual but also treat them all the same, if you see what I mean, not discriminating”  

“I think it’s important to know why you are doing what you’re doing and why...em,...the patient’s being offered whatever treatment for example,.... But not to lose the......human side”  

“I would never intentionally discriminate but I can see practices before I came to Uni in the way in which I did practices as a Healthcare Assistant I thought oh actually I did, I wasn’t thinking about this and whereas now I’m I’m more aware of that and yeah it’s just sort of made me more aware and that oh actually I did, I did have a few prejudices and they did come out, whereas now I’m much more aware of myself, I know not to like ‘roll the eyes’.”

End 1st year
End 2nd year
‘That's very interesting 'cause you probably at the beginning you thought you'd be given things, but actually a lot of stuff is within you that... ...maybe the course helps to bring out... to...to some extent.’ (0214:JS1:11)

End of programme
‘I am very caring so I’ve already got that one that one. The knowledge will hopefully come from here. I’m compassionate about what I do and I’m very determined to do well so… yeh probably the knowledge (…) will just help me to make sure that I do care [properly]’  (214:1:1) **Entry**

‘I think caring and empathy and all those things you bring with you and you build on it as your understanding increases those can increase, so like learning about looking after a patient holistically and having that greater knowledge gives you a greater awareness of them so you can help them better’  (213:2:44) **End 1st placement**

‘I think that my views before the programme were very different to what I feel I’ve achieved from it. I was very much focused on learning clinical tasks, as I felt I had the qualities and that was it sort of thing. I didn’t realise it would develop those qualities so much more and there’s so much to learn about that as opposed to just learning how to do catheters or how to do dressings sort of thing. I think that’s sort of that has changed.’  (214:4:2) **End 2nd year**
‘When I first started uni I was very much .....I suppose I was big headed almost... I thought I’ve been a carer and all I needed to learn was how to do my drugs and I can be a nurse! That was the most ridiculous thing in the world to think. I felt such a twit.’ (0214:Julio:?)

‘I now know myself really well and I can relate to other people better. I think sometimes we cannot teach people those skills but we can enable them to think about other things and if we can put those questions in their minds and turn their way of thinking around...’ (0214:Julio:?)

End of programme
“If you thought someone was doing something you didn't agree with (...) I think you've got to be able to say when something is not quite right”

213:1:7

Entry

“It’s quite difficult when you are out in practice because I thought I had a lot of confidence and I thought I would have the balls to speak up about things that aren’t right but when you with people who have all got together (...) then you are frightened to speak up.”

213:2:177

End 1st placement

“I think you need to have the confidence to stand up for your patients and for yourself as well, definitely. Like stand by your decisions, make sure you’ve got a reason for every decision you’ve made and that you can stand by it, and also if somebody, (...) like if you don’t think something’s right or it’s not in the patients best interests, you know them better than other professionals (...). So having that conversation with them and saying ‘actually I think that might be better.”

213:4:K

End 2nd year
Standing up for others

‘I've seen some amazing role models, and I've seen…the nurses that I never ever want to become, thinking they're amazing, and all this sort of thing, but being really negative to patients. And it's…I think they've impacted on me just as much as the people who are good and to show me that I…I'm determined. I will never ever get like those nurses.’

(0214; KC1;?) End of programme
“I think it’s very important to emphasise the human values of each patient and try and find out what is important for them and try to address it, erm… I think it’s more important sometimes to just give them drugs or something… the emotional side of a patient is sometimes more important than just drugs”  214:3:A  

“I definitely think I’ve changed quite a lot in the last two years. I still have the same values, but I think there was a bit of naivety, like in the first, when I first came into it, whereas now I think I understand more”  213:4:K
‘The humanising side is great and I feel like, you know, it makes you think about things that you wouldn't otherwise have thought about. And I think that gives you a good standing to become a really good nurse, and a nurse that other people might aspire to in the future’.
Discussion

• Humanising Care Philosophy: ‘hooks’ to help understand some assumptions that underpin practice
  • Initially Heart knowledge ‘taken for granted’
  • First year Head knowledge highly valued; needed to guide the Hand
  • Over time, deepening appreciation of the importance and complexity of Heart knowledge alongside Head to guide the Hand
  • As much about personal development as about acquiring nursing knowledge and skills; embodied relational understanding’ (Galvin and Todres, 2013:132)
Conclusion

• Move from novice, naive, public perceptions of nursing
• Understanding the complexity of nursing knowledge
• Learning to be a ‘real nurse’
• Learning about me
• ‘Hanging on in there’ recognising there is ‘good’ and ‘bad’ care and learning to ‘stand up’ for humanised care practices
• The value of an underpinning curriculum philosophy

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Source: Todres et al (2009)
References

• Bentzen, G., Harsvik, A. & Brinchmann, B. (2013) “Values that vanish into thin air”: Nurses’ experience of ethical values in their daily work. *Nursing Research and Practice* DOI: [http://dx.doi.org/10.1155/2013/939153](http://dx.doi.org/10.1155/2013/939153)


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References


Questions and comments please

Thank you for listening!

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