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Creating a Caring Culture

Julie Harrison-Swartz
Liberty University

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School of Nursing, Liberty University

Abstract

Caring is a word that is synonymous with nursing. Nurses are equipped to engage in all aspects of patient care and be present. Caring and presence are also imperative in nursing education. While caring is instrumental to patient healing and outcomes, it is equally important in demonstrating care through nursing education. While convenient it is often difficult to express caring in the remote environment. This paper will describe a brief history of nursing, concept of caring, and nursing education.

Keywords: remote nursing education, student engagement, meaningful learning

Adopted

I am adopted. Not only am I adopted through Jesus Christ, but I was also adopted as a two-month-old baby by my parents. Love and care are foundational and began before I was born. I was born to a seventeen-year-old girl who loved me enough to give me to my adopted parents because she knew she could not care for me as she felt I deserved. I was adopted by parents who loved me before they even saw me. They continue to care for me even as a 52-year-old woman and this love and care are extended to my husband, my children, and even my pets. I never doubted that no matter what, they love me and care about me. They always reminded me that I was not adopted because I was not wanted but because that seventeen-year-old girl loved me and cared about my future.

As a small child of four, we adopted my brother. I was more excited than I can put into words. Our parents believed that the most important thing they could teach us was the love of Jesus. This was not done through words but through actions. I gave my heart to Jesus as a teenager and while I cannot say I have always pleased Him (or my parents,) I have never doubted that I was loved unconditionally. This unconditional love and the examples of my parents and family have been so instilled in me that I became a nurse. I will admit that nursing was not what I dreamed of being through my younger years however each prospective career path was one through which I could care for others.

My brother always knew the path he wanted to take. He wanted to be a pilot from the time he was a little boy but did not see it as a possibility. He did get his private pilot's license when he graduated from college, but his dream was to be a commercial airline pilot. While his college education and experience made him very marketable in several areas, it was not until he turned forty years old that his dream became a reality, and he earned his "wings" as a

commercial pilot. When I think about all the professions, I thought I wanted to pursue, the one that makes me shake my head is the short time I thought I would like to become an astronaut and explore space and expand the knowledge we have about the planets. Through my various career aspirations and my brother's headstrong determination to become a pilot, my parents always reminded us that we could do anything we wanted and never discounted our ideas. They carefully listened but also reminded us that God would show us the paths we were to follow. As time went by, all roads seem to lead to nursing for me and here I am all these years later. I know that neither my brother nor I would have been able to follow our dreams without the care, love, and support of our parents. As a side note, my mother loves telling people that her children are "the pilot and the professor."

Defining Caring

Caring is a term synonymous with nursing. Sitzman and Watson (2014) describe that caring occurs "when the one caring connects with and embraces the spirit of the other through authentic, full attention in the here and now, and conveys concern for the inner life and personal meaning of another" (p.17). Hayne, et. al., (2020) describe the attributes of caring including being "physically and mindfully present, being emotionally open and available" (p. 4) as well as respect, cultural awareness, attentive listening, and others. The Lord's Word provides clear instructions about how we are to love and care for one another. In Galatians, 5:22, "love, joy, peace, patience, kindness, goodness, faithfulness" (ESV, 2001) are described as being the "fruit of the spirit," (ESV, 2001) occurring when one is filled with the Holy Spirit.

The definition of caring by Sitzman and Watson (2014) while in the context of nursing can provide a foundation for all human interactions. While there are several theories surrounding caring, Dr. Jean Watson provided one of the most common modern-day nursing theories, the

Theory of Human Caring in 1979 (Watson Caring Science, 2024). This theory stresses that the caring environment includes the mind, body, and spiritual dimensions of life and the impact one moment of care can have on health and healing (Watson Caring Science, 2024). Sitzman and Watson (2014) describe caring as dropping a pebble in a pond (ground for being) and watching the ripples expand out from the place of impact and move outward. The authors assert that one intention to care (drop of a pebble in a pond) produces ripples that expand further than imagined. Through a visual representation, the authors describe the ripple expanding from self through others, peers, leaders, local and world communities, the environment, virtual and web-based platforms, and beyond (Sitzman & Watson, 2014). Watson further described the *10 Caritas Processes* as foundational to the Theory of Human Caring, built upon values based on ethics, epistemology (knowledge,) and ontology (truth) (Wei & Watson, 2019). The *10 Caritas Processes* embrace human relationships and include love, authenticity, spiritual practices, trust, caring relationships, forgiveness, empathy, value, empathy, a caring-healing environment, and embracing miracles.

Caring in Nursing Education

While Watson's theory can be applied to the nurse-patient relationship, it is also applicable to the instructor-student relationship and extend into the remote educational environment. At all levels of nursing education, including traditional pre-licensure programs, there has been a significant rise in the popularity of remote nursing education. As early as the mid-1990's remote and web-based instruction included enhanced communication through email, mailing lists, and the ability to access resources remotely. Additionally, education provided through a Learning Management System (LMS) became more prevalent (DeBoor & Keating, 2022). The Institute of Medicine (IOM) published, "*The Future of Nursing: Leading Change,*

Advancing Health" calling for healthcare reform initiatives that improve health outcomes. As a result, the IOM called for 80% of the nursing workforce to be at least baccalaureate prepared by 2020 to ensure nurses are prepared to meet increased demands for care and leadership roles (IOM, 2011). With this came a surge in the number of remote nursing education programs.

The definition of distance education has continued to expand as new technology is introduced and popularity in remote education continues to rise primarily due to flexibility, especially for students who are employed. Informatics, technological advances, and distance education modalities have provided innovative methods through which nursing education could be delivered such as simulation, further increasing the popularity of remote nursing education (DeBoor & Keating, 2022). The prevalence of remote nursing programs across levels have continued to increase. In 2020, Authment and Dormire reported that there were 459 remote programs that offered undergraduate to doctoral degrees. In July 2023, the American Association of Colleges of Nursing (AACN,) reported that there were 747 programs through which Registered Nurses (RN) who have an associate degree in nursing (ADN) or diploma can bridge to a Baccalaureate of Science in Nursing (BSN) with approximately 650 programs being offered partially, if not all, remotely. Additionally, AACN (2023) reported that there are 189 programs in the United States that transition RNs with an ADN or diploma to a master's degree level.

Authment and Dormire (2020) compared traditional classrooms to remote classrooms. For example, in a traditional classroom, nursing instructors can respond to non-verbal cues of students such as facial expressions and/or voice tone and engage in direct dialogue. In remote learning environments, instructors have difficulty to connect with students. The ability to provide real-time feedback in the classroom is also much different in the remote education where

feedback is often provided through email, LMS, recorded lectures, and others. There are other examples but simply, the instructor presence is different in the remote learning environment.

The differences in the delivery of coursework among other factors pose challenges for nurse educators and there is a growing concern about student engagement and meaningful learning experiences. Nurse educators express concern that remote education may leave students feeling disconnected which can possibly result in students being more inclined to "check the box" rather than experiencing meaningful learning (Lanz, et. al., 2024). In Spring, 2020, COVID-19 pandemic further exacerbated the already present challenges of remote learning. Nursing faculty were required to rapidly transition from face-to-face to fully remote courses. When the pandemic began, many connections with others (personally) were lost therefore human presence became even more important. Isolation was felt by all including remote students. It was challenging in pre-pandemic time to keep students engaged in remote learning, but it became more challenging and stressful with the pandemic.

The pandemic affected the learning environment and experience. Christopher, et al., (2020) noted that students and educators alike experienced heightened stress and anxiety as the pandemic began and progressed. While both groups may have felt somewhat comfortable working within the remote environment (pre-pandemic,) they were thrust into unchartered territories. All had to adjust to a new normal with an increase in isolation felt by even remote students. Nurse educators had to become even more creative to ensure that students remained engaged.

Caring in education involves several aspects including faculty beliefs and self-compassion. Hill, et al., (2021) discuss the importance of caring being the core of nursing curriculum to promote relationships that are based on humanistic values such as dignity,

autonomy, respect, and others and have a "caring consciousness" (46). The caring consciousness is essential because when practiced, it later becomes an intentional commitment. Hayne, et al., (2020) stress the importance of faculty beliefs, values, attitudes, and authenticity in the development of a caring curriculum and Fenizia, et. al., (2018) asserted that compassion should always be conveyed with actions, rather than words. Wei and Watson (2019) assert that before compassion can be felt for others, it first should be felt towards oneself. This was also affirmed in Abraham Maslow's Hierarchy of Needs in 1943. Maslow described motives as being influenced by psychology, sense of safety, affection, self-esteem, and self-actualization (Kenrick, et al., 2011). He believed that human needs are hierarchical and without all five levels being met, humans are not able to thrive. According to Maslow, love and belonging as well as self-esteem cannot be met until physiological and safety needs are met (West, 2022). In other words, for nurse educators to be able to convey caring to students, they too must have a sense of care but only if physiological and safety needs are first met. This was especially difficult during the pandemic as it threatened both physiological and safety needs.

Caring behaviors are demonstrated in the care delivery as competencies, although it is not objective always. Curricular design must be deliberate in delivery to include the three domains of psychomotor, cognitive, and affective skills. As such, nurse educators must be able to take this curriculum and translate it into caring behaviors. In face-to-face, or even hybrid models of delivery, the instructor has face-to-face time with students during which caring can be demonstrated. How can this be demonstrated through courses that are fully remote? Watson describes the instructor-student relationship starts only when there is a connection with the spirit of another. Further, the degree to which the nurse can embrace and connect with others (relationship) is determined by the nurse's ability to foster an environment in which the

foundations are love and care. Smith and Crowe (2017) examined the importance of the relationship between educator-student in the remote learning environment and found that the relationship between nurse educators and students was key, the educator presence influencing engagement in learning.

A caring environment can foster cognitive and behavioral engagement including the student's dedication and willingness to participate in activities that promote success. A student is said to be emotionally engaged (EE) when they can interact with others while completing a task which can lead to an increased commitment to the learning process (Kuchinski-Donnelly & Krouse, 2020). Emotional engagement of the student promotes willingness of the student to follow instructions, remaining focused on tasks, and more. Through this interaction with others, meaningful relationships may develop thus the promotion of meaningful learning experiences (Dewan, et. al., 2019). The Community of Inquiry (COI) framework has proven beneficial in creating environments that promote learning (Smith & Crowe, 2017). This framework focuses on the instructor's social, cognitive, and teaching presence with the learning environment being at the center. Additionally, if one component of the model is missing, disruption to the learning environment can result. Many may argue that in remote nursing education it is impossible for the instructor to "be present" although it is essential in demonstrating caring. Donnelly-Kuchinski & Krouse (2020) asserted that students who feel they have faculty support increase competence and confidence thus leading to an increased commitment to the learning process. Overall, the caring presence of a faculty member can support learning and ensure student success.

The Rest of the Story

A question I often ask my colleagues is can we teach students to care? I have received a variety of answers but anecdotally most answers are "yes." I disagree with this response to a point because I strongly believe that having a servant's heart and the desire to care for others is something that comes from within. However, caring behaviors can be modeled. As nurse educators, we have the awesome task of helping students learn the skills needed to use the talents God gave them, especially a caring heart, and care for the physical, spiritual, and psychological needs of their patients. I also believe that the best way to demonstrate caring is through action. In John 13:34, the Lord gives us a simple commandment: "that you love one another, as I have loved you, you are to love one another" (*English Standard Bible (ESV,)* 2001). These instructions do not come with stipulations. My decision to become a nurse many years ago was the result of being shown God's love even before I was born. This love and care inspired me to show others the love of Christ through nursing and later, nursing education. Nursing faculty are uniquely placed to also show the love of Christ to others by simply being present. While many may feel that this is not possible when separated by a computer or geographical location, it is possible. Although different, faculty can be present even in the remote environment thus increasing student engagement.

I am an example of the benefits of love and care. My biological mother gave me life and my parents taught me how to spread my wings and fly. I have no doubt that were I not shown love and care I would not be a nurse today. I hope that my students know that even when separated by a computer I care for them as individuals but more so, as brothers and sisters in Christ. I also pray that this encourages them to be engaged in their learning experiences.

In January 2018, I connected with my birth mother. I did this with the support of my parents, my husband, my children, and my brother. One of the first questions she asked me was if

my parents had told me that she did not give me up because she did not want me but because she loved me enough to give me a life, she knew she could not provide. Of course, I could tell her that not only my parents shared this but that they always reminded me of her love. I was able to meet her with my parents by my side which was something I only had imagined. On 16 April 2019, my birth mother passed away of lung cancer that had metastasized. She told me that she held my little hand when I was born until they took me away and I was honored to hold her hand as she left this world and joined our Father. My parents drove six hours to be with me after she passed away and were there to provide comfort and grieve with me. I have felt the presence of God throughout my life even through the sad times. Though I cannot see God's physical face in real life, I know He is present, and it is His presence that drives me forward. Nursing students also need to feel the presence. It is my hope and prayer that my students feel my presence even when separated by a computer but more so feel the presence of God.

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