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BUILDING A VALUES-BASED CULTURE IN NURSE EDUCATION

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Abstract

Nurse education has found itself challenged to select and educate nurses who on completion of their programme have: excellent technical skills, an ability to critically analyse care and work compassionately in ways that support the values of care that are important to service users. Recent reports of care suggest that nursing still needs to develop the values base of its student selection and education processes. Against this backdrop, this paper presents two examples from pre registration nurse education that illustrate how a values based approach is used as part of the selection process in one university and used to inform the development of a reflective poetry initiative in another university.

Having presented the two examples the authors debate some of the wider benefits and challenges linked to these ways of working. For example, the importance of connecting nurses' personal beliefs, attitudes and assumptions to service user values in recruitment are discussed. The use of poetry as a way of thinking about practice that moves beyond traditional models of reflection in nursing are also considered. However, the authors recognise that if developments in nurse education are to have a real impact on nursing practice and patient care, there is the need for values based initiatives to be more directly connected to the delivery of healthcare.

Key words
care, nurse education, values
Background

Over recent years, there has been a view that nursing is deficient in compassion and has lost sight of the values and principles that should underpin caregiving practices (Rankin, 2013; Straughair, 2012a; Straughair, 2012b). This is important as the need to focus on values in health care practice is at the heart of the NHS constitution, which identifies that anyone working in a health care context has an obligation to provide care that is underpinned by a commitment to provide: anti-discriminatory, respectful, dignified, compassionate and high quality care (Department of Health, 2013a). While using a values-based approach to practice may seem unquestionable, Fulford, Carroll and Peile (2011) have noted that in reality the values that underpin health care practice are complex and need to take account of the philosophical, evidence-base and practical implications of practice. Moreover, while these values relate to a UK health context, international studies have also identified that understanding and exploring the personal values of nursing students and qualified nurses can make an important contribution to the development of caring practices (Jiménez-López et al., 2014; Sellman, 2011; Bang et al., 2011).

In terms of addressing these concerns there has been an increased focus on the application of a values-based approach to the selection processes and content of undergraduate nursing programmes, as initial training programmes provide the foundations for future care giving practices (Rankin, 2013). However, nurse education also continues to find itself challenged by the need to select and educate nurses not only on their academic qualifications and ability to critically analyse care, but also on their ability to communicate, work compassionately and deliver values-based person centred care (Fawcett, 2013; Rankin 2013, Williams and Stickley, 2010). The renewed emphasis on these challenges has led those working in nurse
education to explore how a values-based approach to the selection of nursing students and their subsequent education might provide nursing with practitioners who are better prepared to provide person-centred compassionate care (Rankin, 2013).

For nurse education, a values-based approach, that focusses on compassion and dignity in care can promote critical thinking and awareness that goes beyond the acquisition of competence in technical care giving (Commission on Dignity in Care for Older People, 2012; Smith et al., 2010). While there is a need to find ways of ensuring both high quality and person centred care, concerns have been raised about the ability of nurse education to prepare qualified nurses for the reality of delivering compassionate care in real world practice settings (Griffiths et al., 2012; Horsburgh and Ross, 2013). The use of a values-based approach has also been challenged, with questions raised about whose values are important and how these can be used to shape health care education (Griffiths et al., 2012; Rankin, 2013).

Against this backdrop, this debate paper presents two examples of values-based approaches developed by nurse educators in UK universities. The first example illustrates how a values-based approach has been developed and applied as one element of the student selection process by a UK wide distance learning university. The second example demonstrates how a values-based approach has been developed and implemented within an undergraduate pre-registration nursing programme.

**Values-based approach to selection of nursing students**

The use of a values based recruitment programme to NHS funded training programmes, which includes nursing is, currently supported by NHS Employers and
Health Educations England (NHS Employers, 2014). However, picking up the point made in the background to this paper about whose values are important, The Nursing and Midwifery Council revised its standards for nurse education in 2010 and re-emphasised the importance of engaging service users and carers in the selection of nursing students. Despite this recognition, service user and carer participation in recruitment is variable and as yet seems to be a relatively unexplored aspect of selection, which gives scope for new practices and innovative approaches (Scottish Government Health Directorates and NHS Education Scotland, 2010).

The Open University (OU) has provided part-time pre-registration nurse education across the United Kingdom and the States of Jersey since 2002. Students who study the pre-registration nursing programme with the OU are typically health care support workers, supported by their employers. In 2012 service user participation in the selection of nursing students was enhanced to achieve their more meaningful involvement in this process and at the same time assure fairness in selection. Applicants are required to write a short paper, approximately 250 words, on a values-based topic identified and agreed by a group of service users during the annual review of the university’s recruitment and selection processes. In the last two years the subjects have been dignity and empathy and in this current year applicants are asked to write about their understanding of the value “working together for patients”. The applicant’s paper is submitted electronically to the university along with their personal statement. It is reviewed, commented on and graded by service users within each locality using a standardised grading tool. Service users are not present at the interview so derive an interview question from each applicant’s paper. This question is posed by a member of the interview panel during the individual interview process, using the service user’s own words or wording agreed with the
service user. This enables the involvement of service users who could find it very
difficult to participate in face to face interviews due to personal limitations.

Informal feedback from the service users indicates that they appreciate their
increased influence on determining the value to be reviewed, assessing the
applicants’ personal qualities and values in relation to nursing and providing the
interview panel with the means of bringing the service user dimension alive during
the selection of students. Academic colleagues and practice partners also regard this
enhancement as highly effective, which mirrors the findings of Rhodes and Nyawata
(2011) who found that both academics and service users viewed their involvement in
the selection of nursing students as positive and a move towards a gold standard in
student nurse selection.

**Caring Words Project**

During 2012 a team of nurse academics and creative writing colleagues at
Manchester Metropolitan University (MMU) explored the use of poetry writing to
develop a values-based approach to pre-registration nurse education. Using creative
teaching and learning strategies encourages students to think more deeply about
issues they might prefer to ignore and there are links between creative teaching,
critical thinking and deeper levels of learning (Oliver, 2010). Using poetry writing as a
means of reflection, encourages students to view the world in different ways
(Threlfall, 2013) and remain open to other perspectives, thus reducing the risk of

Consideration of these issues led to funding of £5,000 from the MMU University
Knowledge Exchange and Innovation Fund to develop creativity in teaching. The
underpinning aims of the project were to develop a values based approach to
learning by encouraging students to write reflective poems about practice which are then shared in a supportive classroom environment.

Students have the option of posting their poems on a dedicated website and since the launch of www.caringwords.mmu.ac.uk, MMU students have written and shared many of their poems thereby developing a creative community. Subjects such as compassion, communication, ageing and ‘being a nurse’ have been explored using the medium of poetry. All students are expected to write a reflective poem and are asked to contribute to the website. Due to the personal nature of the work, it is not assessed, although there is an expectation that all students will bring their poems to the classroom session, so they have something to contribute.

Feedback from students suggests that they enjoy the freedom of poetry writing as a means of reflecting on their practice. The drafting and re-drafting process of poems encourages students to re-visit and re-think their thoughts and feelings about care they have provided or witnessed. Poetry writing encourages them to make sense of their feelings without the need to fit into a template or reflective model, which might be viewed as restricting rather than encouraging creative thinking. Moreover, considering the poems written by others encourages MMU students to gain insight into how their colleagues are feeling whilst at the same time, learning more about themselves and their values and beliefs about nursing practice.

**Discussion**

To those outside nursing it is expected that nurses should be caring and compassionate, however, in reality nurses are striving to deliver safe dignified care in a complex and changing world of health care (Buchanan, 2013). For student nurses, the world they work in is arguably even more complex, with expectations placed on
them from their university, personal and practice environments (Curtis et al., 2012). As students engage in programmes of nurse education, their socialisation into this new world can be both positive and negative (Houghton, 2014). Moreover, a grounded theory study identified that student nurses feel uncertain about how they might emotionally connect with patients in the context of professional practice (Curtis, 2014). There is then a need to connect students to their values and beliefs in ways that will enable them to feel more confident about how they can engage with patients in empathetic and therapeutic ways (Costello and Haggart, 2008).

Helping students engage with values from the outset is then important because as they progress through their careers they will have to engage with local and national initiatives that promote values and compassion in care. Indeed, values and compassion in health care are currently been taken forward is through initiatives such as the 6Cs (Department of Health, 2012) and research that recognises the role of nursing leadership (Dewer and Cook, 2014). While the 6Cs recognises the need for compassion across the life-course, in practice, the majority of people needing care and support from nurses are older adults and people living with long-term conditions (Koh, 2012). Given this, education providers must ensure that prospective students understand not only who they will be caring for, but also the importance of service users’ values such as dignity in care (Physant, 2013). In trying to distinguish those factors that are likely to ensure student nurses can more effectively adapt to the demands of clinical practice, a review of the literature identified that positive transitions into nursing are influenced by student’s personal attributes and disposition (Houghton, 2014). If nurse educators are to select and develop nurses who can provide the best possible care, there is then a need for nurse education to
take responsibility for exploring and developing nurses’ understandings about how they relate to, and connect beliefs, knowledge and attitudes to their practice (Potter et al., 2013).

Recognising the importance of connecting nurses to their beliefs, attitudes and assumptions, the example from The OU selection process demonstrates how potential pre-existing knowledge of values, relevant to nursing, can be explored. However, the OU model does more than this; it also creatively explores how potential nurses connect to the values of service users. This is important as it enables education providers to explore concordance or dissonance between applicant and service user values. This process also resonates with other examples of services user involvement in recruitment and selection processes, for example O’Boyle-Duggan et al., (2012). Connecting nurse applicant values to service user values therefore enriches and makes service user involvement meaningful and achievable. Working in this way also provides evidence about the ways in which an education provider is able to meet regulatory and best practice requirements for engaging service users in recruitment and selection of students (Nursing and Midwifery Council, 2010, NHS Scotland, 2010). It also provides for closer alignment to the implementation of principles of values based recruitment in the NHS.

Moving beyond selection, if we are to develop nurses who have a passion for excellence in care then we must also aim to connect students with the reality of patient experience, Sines (2013). The MMU model of using poetry and engaging students in reflective writing, provides powerful, new and more person-centred insights for practitioners and service providers (Brown-Wilson et al., 2011). In terms
of the personal connection to practice, writing and using poetry can also be used by practitioners to explore who they are, and where they are in life, in ways that can be recorded and shared with others (Bolton et al., 2006). Moreover, while writing can be undertaken as solitary activity, writing in a group situation has been found to have additional benefits in terms of promoting self-esteem and confidence, strengthening individuals’ belief in their own abilities and providing a sense of purpose and meaning to life (Aadlandsvik, 2007). It would also be interesting to develop this work to involve service users, as recent studies and reviews of prose and poetry used in primary and secondary care have also demonstrated that writing-based interventions for people with chronic health conditions improved wellbeing, reduced consultation rates and reduced health care costs (Gibbons, 2012; Hamilton, 2012; Opher and Mayfield, 2012). Further work to evaluate the impact of these approaches is currently being undertaken by both institutions.

While the examples shared in this paper are from nurse education, to have a wider impact on practice, there is also a need to explore how the use of a values based approach can be more directly connected to the delivery of nursing practice. This is important as Manley et al., (2011) note that embedding shared values and beliefs into the workplace culture can reduce dependence on single/specifc individuals. In the past nursing has used reflection as a way of thinking about practice and making changes that can positively impact on patient care. However, there is now a suggestion that reflection has been overused as a learning method, with nurses showing signs of suffering ‘reflection fatigue’ when using formal reflective models (Coward, 2011: 883). In contrast taking creative learning methods, such writing about values, creative writing and poetry, into practice can support a deeper level of
thinking about practice and develop analytical and problem solving skills (Sternberg, 2008). Sharing ways of working between education and practice are also important as this can help nurses at all levels understand each other’s worlds and the worlds of service users thereby fostering more effective connections between theory and practice. While this paper has focused on ways in which nursing can respond to concerns about care giving practices, there is a recognition that other members of the health care team also have a responsibility to ensure that any care delivered is dignified and compassionate; this is not the sole remit of the nurse (Oliver, 2012). The examples shared in this paper may then be useful to other programmes of education and training in health and social care.

In conclusion, this paper demonstrates how two universities have shared creative and innovative ways of encouraging the exploration of values central to nursing, service user expectations and the NHS constitution (Department of Health, 2013a). These models illustrate how it is possible to take applicants’ and students’ values considered to be appropriate for nursing, and developing these further within the context of healthcare and their chosen field of practice. Initially applicants have an opportunity to identify and share perspectives on personal values. In writing creatively students are enabled to review, develop and extend their understanding of values and the application of these to their own practice. Nursing and nurse education should continue to develop and evaluate values-based approaches to the selection of nursing students and ensure that there is space within the curriculum to allow for creative exploration of values as part of effecting a culture change. However, if values based approaches are to have a meaningful impact on and in practice, there is a need for closer alignment between the cultures within education
and practice to ensure that they truly reflect the values of care which are important to service users.

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