

RESEARCH ARTICLE

CULTIVATING CARING BEHAVIORS IN NURSING ACADEMIA DURING THE COVID-19 PANDEMIC

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Abstract

The imposition of community quarantine due to COVID-19 transformed nursing campuses from traditional teaching and learning to flexible learning and distance teaching. The shift in the approach is a big challenge because teaching caring behaviors often require face-to-face patient interactions. This research note presents teaching and learning strategies in cultivating caring behaviors in nursing academia during the COVID-19 pandemic. Journals articles were read to identify teaching and learning strategies in cultivating caring behaviors. Strategies identified include simulation-based learning, advocacy, professional mentoring, and service-learning. Nursing is caring; despite the limitations posed by this pandemic, there are available teaching and learning strategies to cultivate caring behaviors. Considering the current context, flexibility, sensibility, and equity in teaching and learning should be of prime concern.

Keywords: *Caring, enculturation, nursing education, simulation, mentoring, advocacy, COVID-19*

Introduction

Caring remains to be the essence of nursing which must be incorporated in nursing practice (Fahrenwald et al., 2005). The need to emphasize and integrate caring behaviors (Threatt, 2017) thru teaching, cultivation, and development should be carried out during nursing education (Labrague et al., 2015). These may include activities that advocate caring at the core of the profession '(Jezuit et al., 2018). Since the World Health Organization (WHO) announced that we are in a global pandemic last March 11, 2020, most academic institutions have been instructed to shift their teaching to either online or modular approaches. Student groups call for mass promotion due to the global health crisis's undue stress and challenges.

As of October 31, 2020, the Philippines has around 380,000 COVID-19 cases (Department of Health, 2020). This situation forced nursing colleges to move from the traditional model to flexible learning and distance teaching. It also fast-tracked nursing campuses' transformation to adapting teaching and learning strategies of the Fourth Industrial Revolution in Education, such as the advanced use of technology, simulation in

health care, and even artificial intelligence. In implementing these technology-driven measures, the Commission on Higher Education-Technical Committee on Nursing Education and the Association of Deans of Philippine Colleges of Nursing Inc. (2020) emphasized leniency, flexibility, and innovation (Commission on Collegiate Nursing Education, 2020). With this, administrators and nurse educators should adapt and implement teaching and learning strategies that are realistic from the student's context, desired learning outcomes, and the current COVID-19 pandemic.

The shift in the approach is a big challenge for nursing academia because teaching caring behaviors often require face-to-face patient interactions, which cultivate the didactics of caring behaviors through emotional intelligence (Honkavuo, 2019). Furthermore, nursing students must be given a chance to explore their caring skills in actual practice '(Persaud & Thornton, 2018). Thus, nurse educators should look into how caring is integrated and evaluated in the nursing curriculum "' (Grobbe, & Rowe, 2014), especially in the context of learning in the time of the COVID-19 pandemic.

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Despite the limitations of teaching and learning caring posed by this pandemic, there should be a conscious effort on administrators and nurse educators to incorporate learning activities that cultivate caring behaviors. This research note aims to expand on the concept of enculturation of caring in the academic environment in teaching and learning activities that help develop caring behaviors in the academe during the COVID-19 pandemic. As a research note, it seeks to advance the idea of enculturation being developed by one of the proponents.

Attributes of caring and enculturation of caring in the teaching and learning activities

In nursing education, caring is an essential core value that should be integrated into the content and activities throughout the undergraduate nursing program. Caring behaviors can be best demonstrated by the students' ability to demonstrate these five values that include (1) human dignity, (2) integrity, (3) autonomy, (4) altruism, and (5) social justice (Fahrenwald et al., 2005). In terms of students' perception of how caring behaviors are expressed, it includes help, offer, health maintenance, disease prevention, health promotion, provision of services, and biological and psychological support (Petrou et al., 2017).

A preliminary work of Tabudlo (2020) discussed that nurse educators employ strategies for enculturation of caring through role modeling, didactics, verbal instruction, interactions, and socialization in simulation. As a teaching and learning concept, the nurse educator consciously provides prompts, feedback, and didactics to elicit and cultivate caring behaviors (Tabudlo, 2020). Nurse educators can model caring behaviors through their various teaching activities (i.e., lecture, skills demonstration, communication). The COVID-19 pandemic brought a big challenge among nurse educators to diversify their teaching strategies. Along this line, they should consider the enculturation of caring to increase nursing students' motivation in learning caring behaviors (Li et al., 2016).

Furthermore, enculturation can also be done through informal or formal interactions such as teleconferencing, group chats, and consultation sessions. In incorporating enculturation, educators must be purposeful in their actions. They should develop structured and realistic scenarios to provide opportunities for the student's self-reflection and cues.

Teaching and learning activities

During this COVID-19 pandemic, distance and synchronicity pose limitations in cultivating caring behaviors. Although the in-person and actual clinical exposure may be irreplaceable in molding the practical, critical, and caring skills and behaviors of undergraduate nursing students, the current situation requires nurse educators to reconfigure and reimagine nursing education. In that case, the need to increase efforts to cultivate caring

behaviors in their undergraduate education journey is necessary (Loke et al., 2015) through innovative, flexible, and diverse teaching and learning activities.

Although these measures may be temporary or permanent, all stakeholders' safety and protection should be of prime concern. Thus, the authors would like to provide the following exemplars that nurse educators can utilize to enculturate nursing competence and caring behaviors in the context of COVID-19 pandemic.

Simulation-based learning

Simulation is a teaching and learning strategy adapted from aviation, offering students an equivalent learning experience with traditional clinical exposure (Bergen, 2018). A widely accepted pedagogy for teaching clinical nursing skills (Bogossian et al., 2018) and cultivating caring behaviors (Good, 2018), simulation provides immersive and reality-based clinical experiences (Bearnson & Wiker, 2005). In a longitudinal randomized controlled trial, there was no statistical difference between the control group (traditional clinical exposure) and groups with 25% and 50% replaced with clinical exposure in terms of clinical competency, knowledge, and passing rates in the licensure exams (Hayden et al., 2014). Therefore, a well-designed and high-fidelity simulation activity can provide learning opportunities in all learning domains (cognitive, affective, psychomotor) and can nurture caring behaviors (Ward et al., 2017).

Due to the limitations brought by COVID-19, simulation activities can be delivered through telehealth nursing activities using either standardized patients or live actors. Telehealth considers the utilization of information and communications technology in healthcare delivery, which includes video conferencing or conference calls (Schweickert & Rutledge, 2014). In the use of telehealth in nursing education, students can participate remotely while being given tasks through simulation in conducting a patient assessment, health education, treatment decisions, nursing management, and coordination of care. When educators and standardized patients are given the proper training, telehealth, simulation-experience can be a purposeful and systematic way of providing clinical experience (INACSL Standards Committee, 2016). This can be enhanced better by the educators' creativity and passion for providing a realistic and innovative clinical scenario.

Therefore, nurse educators must invest in their capacity to enhance their simulation activities' fidelity to nurture the caring competencies. Fidelity in simulation can be physical, conceptual, and psychological. Physical fidelity describes how realistic is the physical context of the simulation compared to the actual environment. In contrast, conceptual fidelity ensures all elements about the scenario or case are realistic to make sense as a whole. Lastly, psychological fidelity maximizes the

environment by including contextual elements associated with the case, such as the tone of voice, stress, urgency, and even emotions (INACSL Standards Committee, 2016). With simulation, nursing students will continue to nurture their communication skills and exhibit respect for human dignity and promote professional conduct such as truth-telling and protecting data privacy. As the learner progresses in the simulation activities, caring attributes can be demonstrated through professional actions such as patient interactions that demonstrate altruism or genuine concern to the person.

Furthermore, the simulation's success relies on educators' ability to facilitate effective debriefing that will allow students to reflect on their actions during the simulation. Considering the current situation where face-to-face interactions are discouraged, a synchronous home-based simulation activity is done by applying telehealth approaches. In cultivating caring behaviors during home-based simulations, the nurse educator may provide feedback or prompts. The debriefing allows both parties to evaluate and reflect on how the home-based simulation was conducted. In the spirit of flexibility and context of this pandemic, a home-based simulation may also be an asynchronous type. Home-based simulation can also promote homegrown solutions for simulation, which is being advocated by the International Association for Clinical Simulation and Learning (INASCL, 2020).

Simulation is a powerful teaching and learning activity that can enculturate caring behaviors among nursing students. When implemented in a purposeful, systematic, and reflective manner, simulation nurtures students' clinical skills in assessment and health education and, more importantly, enhances the learners' compassion and communication skills.

Advocacy

One of the program outcomes common to all health professions is acting as advocates or social mobilizers (Commission on Higher Education, 2017). Teaching health advocacy to nursing students is an innovative teaching strategy that can help develop caring competencies. As healthcare workers, nurses play a significant role in preventing illness, promoting health, and developing skills in collaboration to translate health issues into a meaningful message that addresses social issues and leads innovations to change (Torres, 2020). Advocacy development can follow an advocacy framework by analyzing the situation, identifying advocacy issues, setting goals and objectives, identifying targets and influential people, developing a message, and creating an action plan (Gosling & Cohen, 2007). Through this teaching modality, caring is nurtured through individual and group experiences that allow learners to develop social awareness and assess their values on social issues that affect society.

Moreover, caring is nurtured because it allows learners to value human dignity and recognize various social issues that address

health disparities in society. Furthermore, developing advocacies can nurture an individual's creativity and sense of altruism to deliver a message that will best promote health and cater to an audience that requires health attention. For example, serving underserved populations helped students build and sustain meaningful care initiatives "(Fritsch et al., 2016). Advocacy as a learning task is an intangible construct that students experienced to improve their caring behaviors. Its scope may be at a system level, political level, or a patient-centered approach –(Laskowski-Jones, 2012). In the context of this pandemic, students' advocacies can take place online or in their own communities. Thus helping them develop their communication and negotiation skills.

In the case of one of the proponents who is teaching applied nursing pharmacology, students were given a chance to identify various issues in pharmacology that affect the population. Through this teaching strategy, the students were able to identify topics such as antimicrobial resistance, health literacy, counterfeit medications, medication access, and treatment adherence. Following the advocacy cycle, a group of students focused on antimicrobial resistance caused by antibiotic sharing; thus, the students can develop various materials and utilized social media platforms to promote their chosen advocacy. Through this teaching strategy, the enculturation of caring is developed through the opportunities to reflect on the various health issues and be allowed to create realistic solutions in their identified issues.

Professional Mentoring

As discussed earlier, enculturation can be built through effective modeling from educators to their students. Providing opportunities to be engaged with their mentors to allow them to learn, observe, be guided, and perfect their caring practice can facilitate the enculturation of caring behaviors '(Persaud & Thornton, 2018). Mentoring is a transactional process that transmits information, support, and expertise from an experienced to a less experienced individual to help enhance professional development and facilitate growth and productivity (Hafsteinsdóttir et al., 2017). Through formal mentoring, the faculty can set goals and targets with the learners to plan activities and discuss their progress. Through meaningful conversations, nurse educators can facilitate the enculturation of caring behaviors, which is demonstrated through their genuine concern and willingness to help a student in the progress of the program.

As educators teaching in the pandemic, we must always remember that we should do physical distancing but not "social" distancing. The World Health Organization (WHO) has changed the term social distancing to physical distancing, highlighting the significant role of social interaction and communication between individuals and groups. The students need to see that faculty

members are also human; educators are also affected by the pandemic, and professors are also challenged and are coping with all the demands of the situation. Mentoring can occur in the academic environment through the conduct of homeroom sessions with the students to address general concerns and provide a faculty mentor's presence for their various needs and make themselves relatable and relevant during the time of the pandemic. As a faculty, we can provide individual interaction opportunities by providing advising or mentoring schedules that the students can avail of weekly or bi-weekly. Through mentoring activities, faculty members can converse with their mentees' social issues and topics that can awaken their sense of social responsibility to develop a greater sense of value and professionalism to a nurse's role in society, thereby facilitating enculturation of caring.

Service-Learning

Service-learning is a pedagogical approach that may be emanated from community nursing (Taylor et al., 2017). It employs a structured, reciprocal learning experience that integrates the service experience with the academic study. In terms of service-learning activities, these may include activities that address human and community needs (Heiker, 2002) and promotes the teaching of civic and social responsibilities. Literature shows that service-learning improves learning outcomes such as cultural competence, skill development, teamwork, leadership, and application of theory to practice (Dombrowsky et al., 2019). Integrating service-learning in nursing education fosters the concepts of caring (Taylor et al., 2017). Evidence shows the beneficial outcomes of service-learning on caring behaviors (Hwang, 2013; Monsen, et al., 2017; Sanders, 2016), such as changing their perspective of caring, compassion, and respect (Brown & Bright, 2017). In the context of this pandemic, nurse educators may employ a service-learning strategy by involving nursing students in meaningful activities of government agencies, non-government organizations, or religious groups using online, information, and communication technologies. Due to the pandemic, community health nursing activities will not be done on-site. However, in the implementation of service-learning, the space limitation should not hinder educators from implementing community activities and programs in the communities through effective implementation of health programs online. Partnerships with the local leaders in the barangay and church leaders can be a feasible avenue to promote service-learning despite the pandemic.

Implications

This pandemic has led to many challenges in nursing education. We need to see this pandemic as an opportunity to develop an educator's innovation amidst this crisis. Furthermore, addressing equity for learning during this pandemic is an

important role that nurse educators should actualize through their passion for teaching. As the Commission on Higher Education released a memorandum on the use of flexible learning (Commission on Higher Education, 2020), institutions are instructed to prepare for a pedagogical approach that allows flexibility of time, place, and audience and not solely focused on technology. Despite this memorandum, we need to recognize that students with high connectivity will have the best opportunity to learn during this time; thus, educators need to provide a mechanism to ensure equity in the learning opportunities for offline, blended, and full online capacity.

The above-mentioned teaching and learning activities may provide strategies among nurse educators to further develop and strengthen their capacities. The technological demands should not define the quality education that an educator can provide, but rather it should be a means to improve the teaching and learning process. Nurse educators should be resilient and innovative in developing teaching and learning strategies utilizing the available resources within our local and home settings.

Furthermore, as a caring profession, nursing should nurture student competencies through the enculturation of caring behaviors through their modeling and genuine concern for their learners. To effectively cultivate caring behaviors, the nurse educators should have a combined understanding of course content, knowledge on the application of technology, and practical or diverse teaching and learning strategies. However, this does not imply that technology will replace the nurse educator's value as a facilitator of learning.

Lastly, aside from the teaching competencies, educators must reflect on their values and attitudes towards education. As shared earlier, the educator's attitude and behaviors can promote enculturation. Educators are encouraged to be more self-reflective and more open to the learners to provide a nurturing environment and serve as role models. It is a given fact that we need to highlight the importance of competence in the delivery of care through our various clinical activities. However, this pandemic should be seen not just as a difficulty but as an opportunity to value things that we have neglected, such as time, family, and our environment. It is essential to reflect that beyond clinical competence lies the true essence of nursing which is caring. We need to see nurses who are sensitive to the needs of others, nurses who go beyond their roles to make a difference in the lives of others, a nurse who can advocate for themselves and advocate for others, and a nurse who can communicate with genuine compassion despite boundaries of space and time. Because the nurses that we train today are future frontliners that are expected to provide competent, committed, and, most importantly, compassionate care to their patients, their families, and their communities.

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