A Distinctive Framework for Adventist Nursing

LOMA LINDA UNIVERSITY
School of Nursing

Patricia S. Jones, PhD, RN, FAAN

Distinguished Emerita Professor, LLUSN

Associate Director, Department of Health Ministries

General Conference of Seventh-day Adventists

Other Speakers:

- Dr. Edelweiss Ramal, Associate Professor Emerita, LLUSN
- Dr. Anne Berit Petersen, Director of Global Nursing and Assistant Professor, LLUSN
- Dr. Holly Gadd, Dean and Professor of Nursing, Southern Adventist University
- Olga Mejia MN, Assistant Professor of Nursing, Columbia Adventist University, Columbia

Objectives:

1. Describe a distinctive global framework for Adventist nursing education and practice
2. Discuss the benefits and challenges of having such a framework
3. Demonstrate application of the framework to education and practice.

As I visit Adventist institutions—

- I've been delighted to hear your stories about how the nursing care in your facility is highly appreciated by the public in your community.
- I've also celebrated the outstanding success of your students on the national nursing licensure exams in your country.

These observations are not new

- In fact, they represent what I call '**the legacy of Adventist Nursing'**.
- So, it is fair to ask, "**What are the elements** of that legacy?"
- And, "Can we **maintain it**? If so **how**?"

My colleague Dr. Edelweiss Ramal and I started to ask ourselves . . .

"What is different about Adventist nursing (how it is taught, and how it is practiced) that makes it distinctive?"

Adventist Health Care

- **Mission:** to provide **whole-person care**.
- **Globally,** in every Adventist health care institution **nurses strive to deliver wholistic care.**

Similarly, in health-related educational programs, the goal is . . .

To prepare health professionals who will deliver **wholistic care.**

But, no specific guidelines existed on what that includes, how it can be achieved.

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Global Partnerships in Nursing for Wholistic Nursing Care

Funded by the
Ralph and Carolyn Thompson
Charitable Foundation

1998 - 2013

The Global Partnerships Project:

- 10 Global conferences
- 6 Continents
- 15 years

Our Goals:

- To provide Adventist nurses with some **basic guidelines** on **providing wholistic nursing care**
- To construct **a simple framework** to **guide Adventist nursing education and practice** that would be relevant across cultures

To do that, we needed to learn from Adventist nurses globally . . .

- **What is distinctive** about Adventist nursing education and practice in their context
- **Cultural perceptions** of wholistic care and of the major nursing concepts.

Nurses interviewed

213 SDA Nurses:

- 10 Divisions of the World Church
- 31 Countries
- 8 Spanish speaking countries
- 3 French speaking countries

Methodology

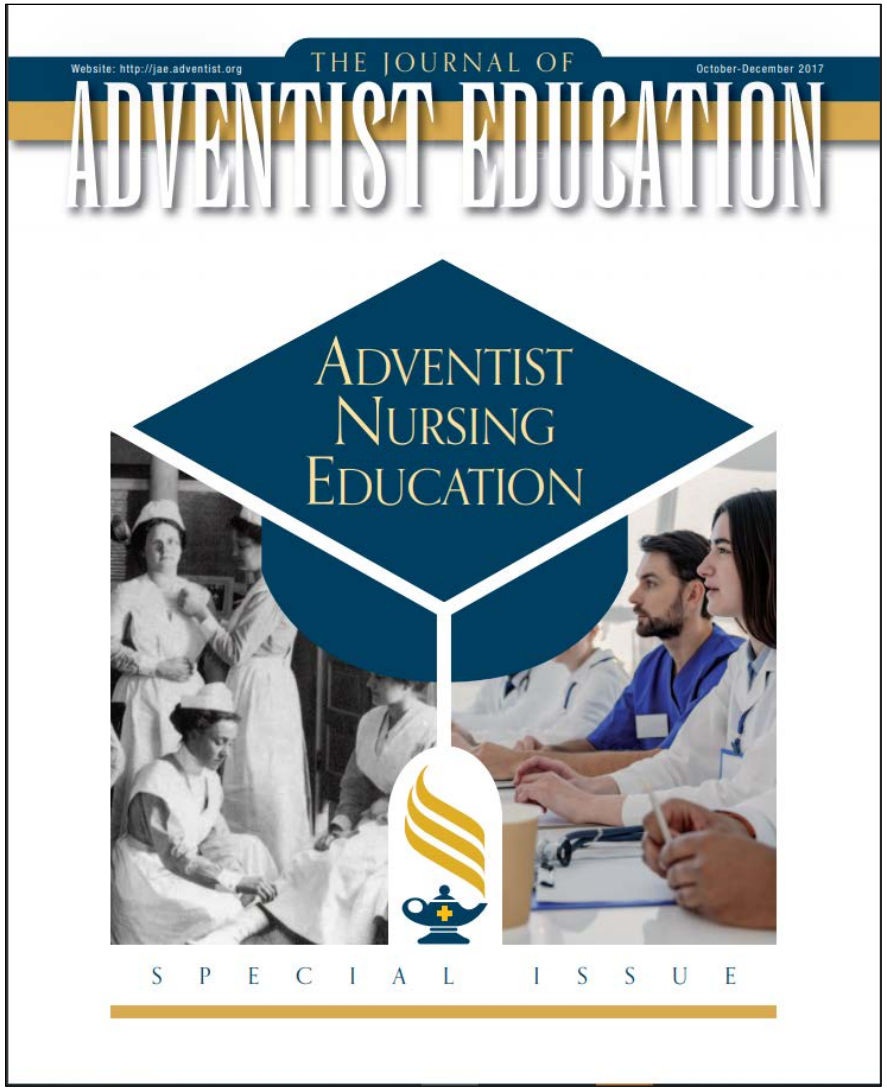
- **Qualitative** study—using focus groups
- Conducted **27 focus groups** in Spanish, French, Portuguese and English
- Asked ten questions in each group
- All comments were transcribed, and translated into English for analysis

Questions:

1. What is the **essence of nursing**?
2. **What is unique** about Adventist nursing?
3. What **values and beliefs** led you to answer question # 2 as you did?

Questions:

4. How does our **Adventist heritage** affect nursing care?
5. What are **similarities** in nursing care across cultural settings?
6. What are the **differences** in nursing care across cultural settings?



A Distinctive Framework for Adventist Nursing

In the late 19th and early 20th centuries, Seventh-day Adventist sanitariums and hospitals established schools of nursing that rapidly earned high regard in their communities as a result of the excellent instruction and training their students received. Patients in those facilities received high-quality care from the students and graduates, and the cycle reinforced itself.

In the 21st century, nursing is a popular career choice for young adults, both male and female, in many parts of the world. With a global shortage of nurses and the denomination's long history of highly rated schools of nursing, Adventist colleges and universities around the world have been eager to establish academic programs in nursing to meet the educational interests of the church's young people, as well as the healthcare needs of citizens in their country. Accordingly, the possibility of a gap between the mission of Adventist nursing education and market-driven motives to attract students and boost enrollment is real.[1] It is possible for a college or university to offer a nursing program that attracts a large number of students, yet fails to reflect the values and legacy of Adventist education.

This article describes a research project that sought to identify the distinctive values of Adventist nursing from the perspective of Adventist nurses and nurse educators around the world. Its goal was to create a framework that will help new and existing programs to reflect the outstanding legacy of Adventist nursing education. Based on data from 33 countries and 213 respondents, the researchers concluded that Adventist nursing shares three overlapping constructs—caring, connecting, and empowering—that can support and facilitate its global mission.

Conceptual Frameworks

In 1973, the National League for Nursing (NLN) initiated workshops to address how conceptual frameworks influence curriculum development in nursing. A review of 50 accredited baccalaureate nursing programs in 1972 and 1973 revealed that most of the schools were using the concepts of *man*, *society*, *health*, and *nursing* as the primary focus of their curricula. Since that time, these concepts have been referred to as the core, or metaparadigm, concepts, and are used to depict the phenomena of primary concern for nursing science in both education and practice. To broaden the concept of *man*, the term was later changed to *person* or *human being*, and the concept of *society* was broadened to *environment* to include both social and natural contexts. Reflection on these now-classic documents[2] provided a background for developing a project to create a conceptual framework for Adventist nursing in the 21st century.

The Research Project

The principal investigators designed a qualitative study to determine what Adventist nurses and nurse educators perceived as distinctive about Adventist nursing in their context and culture. Investigators collected data in 10 of the 13 divisions of the world church, representing 33 countries. Nurses from eight countries were Spanish-speaking, from three countries French-speaking, and the rest were English-speaking. Focus groups of 10 to 15 people encouraged open discussions, which were documented by designated recorders. Analysis and categorization of the data were done according to the principles of qualitative analysis,[3] and using the electronic software NVivo 10.

BY PATRICIA S. JONES, BARBARA R. JAMES, JOYCE OWINO, MARIE ABEMYIL, ANGELA PAREDES DE BELTRÁN, and EDELWEISS RAMAL

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Available for free download at: https://jae.adventist.org/2017.5.2

Analysis

Using Nvivo software:

- *Open coding*: PIs independently read the data 'line by line' and identified nodes
- *Axial coding*: Nodes clustered into categories
- *Selective coding*: identified overarching core variables/concepts/constructs

Underlying any framework are—

- Beliefs, values, ethics
- Basic concepts
- Purpose or mission statement

Analysis

Selective coding:

(a) identified statements related to:
mission, **values**, **beliefs** and **ethics,** and
(b) descriptors of the primary nursing concepts:
humans, **health**, **environment**, **nursing**

Open and axial coding:

(a) to identify unique concepts descriptive of
Adventist Nursing

What did we learn?

From the interviews—on **'Values'**

- Love
- Empathy
- Excellence
- Kindness
- Integrity
- Respect
- Loyalty
- Hope
- Service
- Trustworthy
- Commitment
- **Equality**
- **Justice**
- **Human rights**
- **Charity**

Beliefs

1. God is the giver of life (**sanctity of life**).
2. Each person is a **child** of God.
3. The **human body** is the temple of the Holy Spirit.
4. H**uman beings** were created for the purpose of connecting with God, other human beings and all of creation.
5. The Bible is the word of God and reflects His character of **love**.

From the interviews—on **'Mission'**

- **Restoration** of the image of God in human beings
- Reflect Christ's **healing ministry** to the **whole person**—including the **spiritual**

From the interviews—on **'Humans'**

- Created by God
- Are integrated **wholistic** beings—bio-psycho-social-cultural and **spiritual**.
- The sick person needs to be viewed as a **whole being**

From the interviews—on **'Health'**

- **Health** is **wholistic**—

  physical, mental, social, cultural, and spiritual well-being

Also on '**Health**'—

- **Lifestyle** impacts health
- **Communion** with God impacts health
- **Connecting** with all of creation also impacts health

From the interviews—on **'Environment'**

1. Impacts **healing**.
2. Nurses can create a **healing & spiritual environment.**
3. Human have a responsibility to **conserve** the natural environment

From the interviews—on **‘Nursing’**

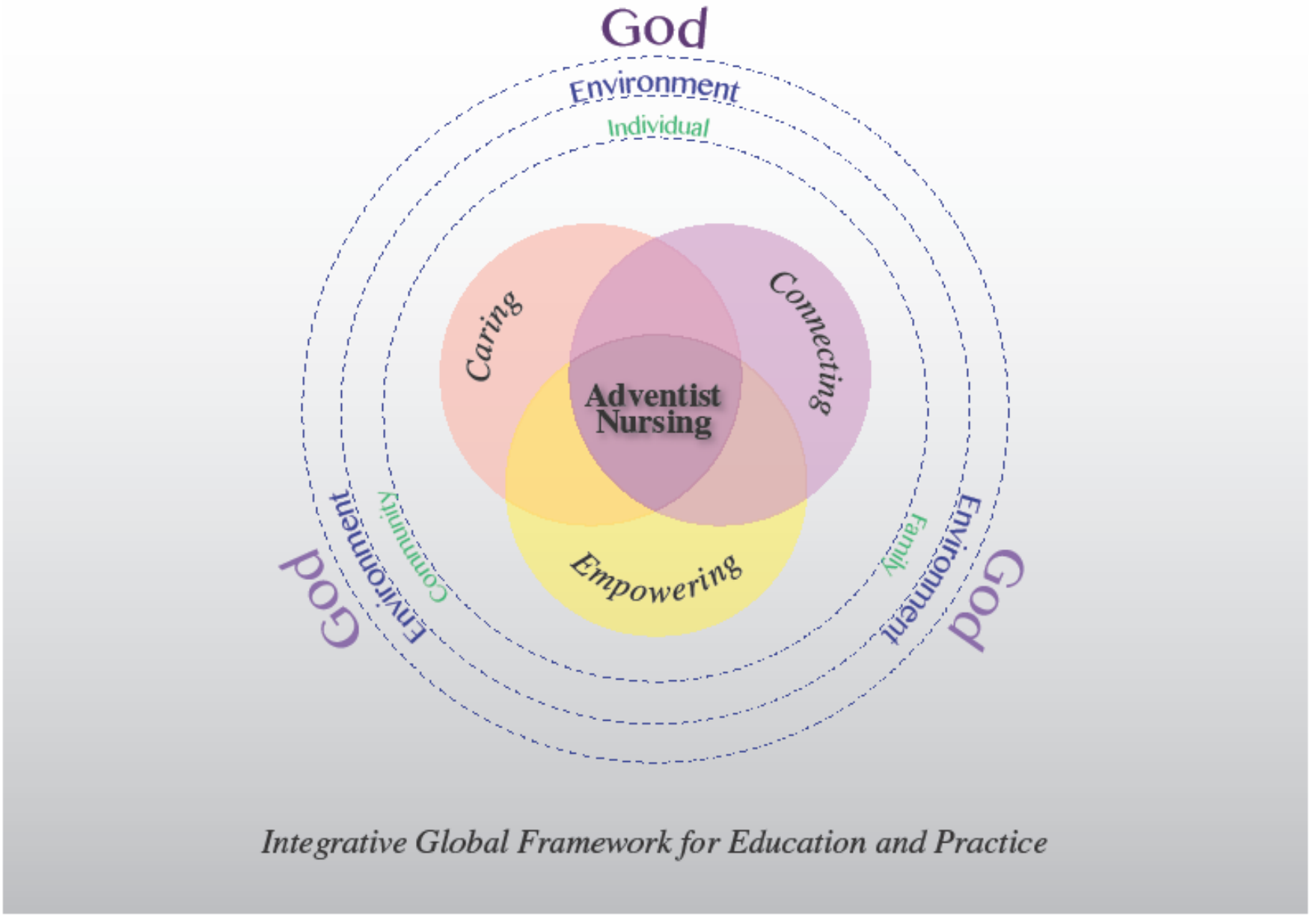
- **Caring** is the main component
- **Compassion** beyond the ordinary
- **Selfless service** with love
- Providing **wholistic care**

Nursing

1. A **sacred calling** to **serve** and **care** for humanity with **compassion**.
2. A human science encompassing knowledge of **bio-psycho-social-cultural and spiritual well-being**.

Key Constructs

1. Caring
2. Empowering
3. Connecting



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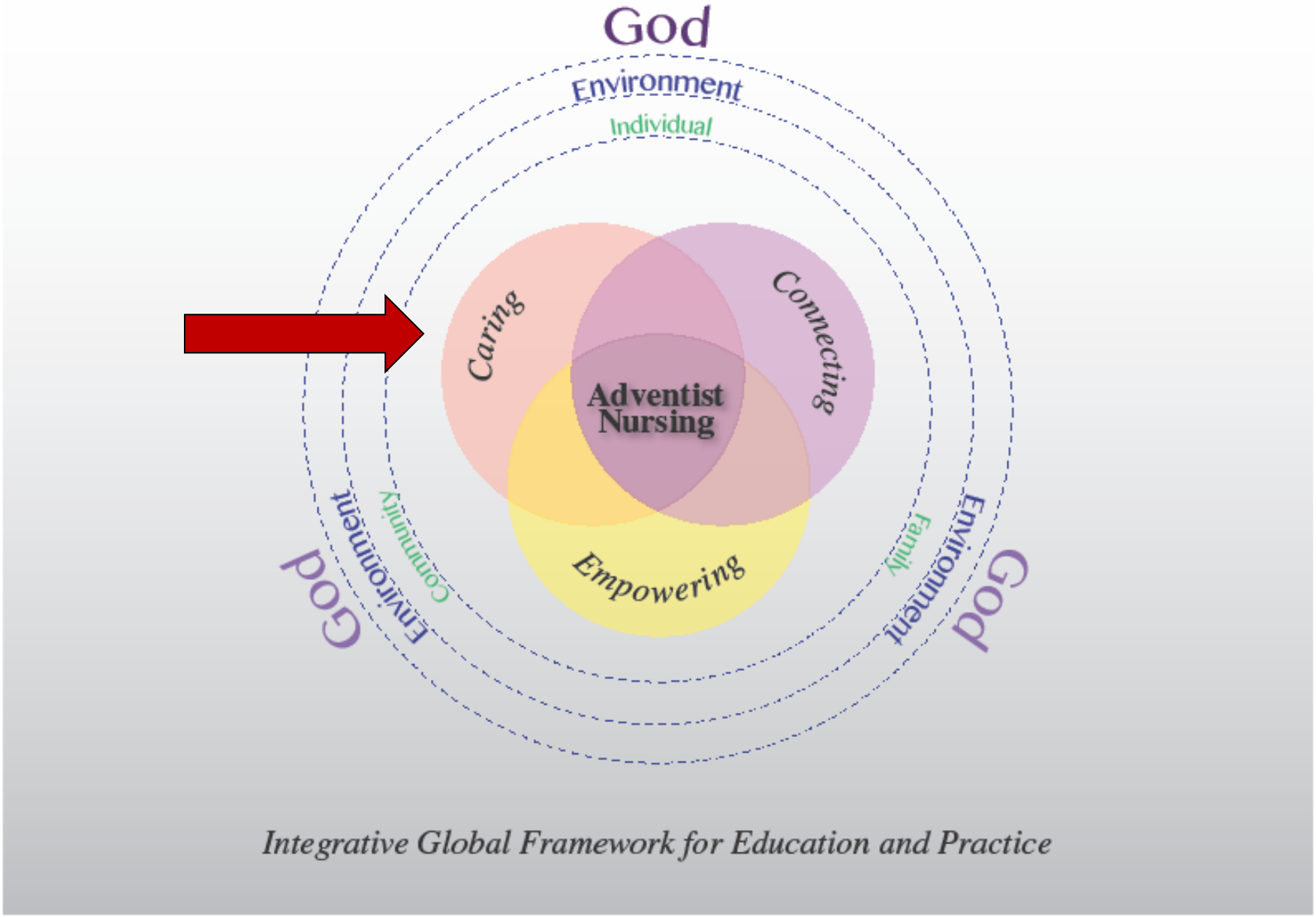
A Distinctive Framework for Adventist Nursing

CARING

Anne Berit Petersen, PhD, MPH, RN



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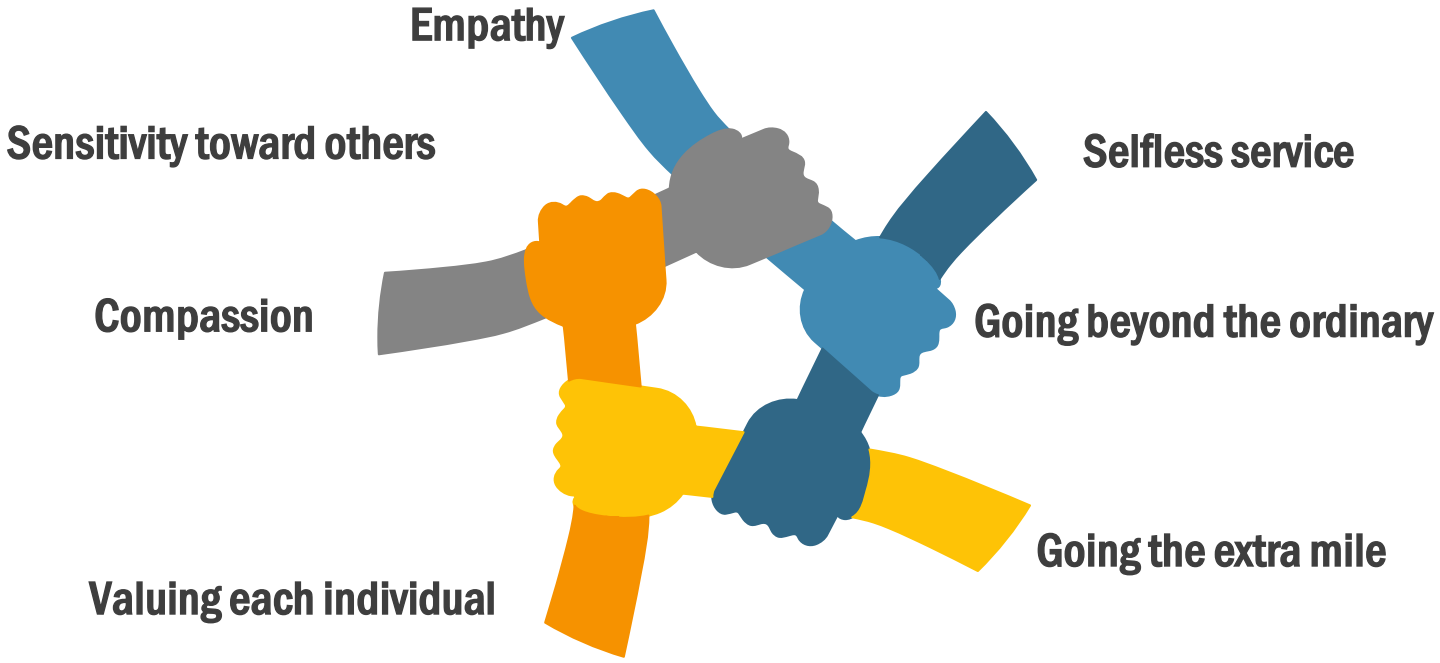
Key construct: CARING

Ways of being

Ways of doing



Outcome = Compassionate care characterized by the fruit of the Spirit (Gal. 5)

Compassionate care, characterized by the fruit of the Spirit

Galations 5:6 (ISV)

"… The only thing that counts is faith expressing itself through love."

Galations 5:22-23 (ISV)

"But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control. There is no law against such things."

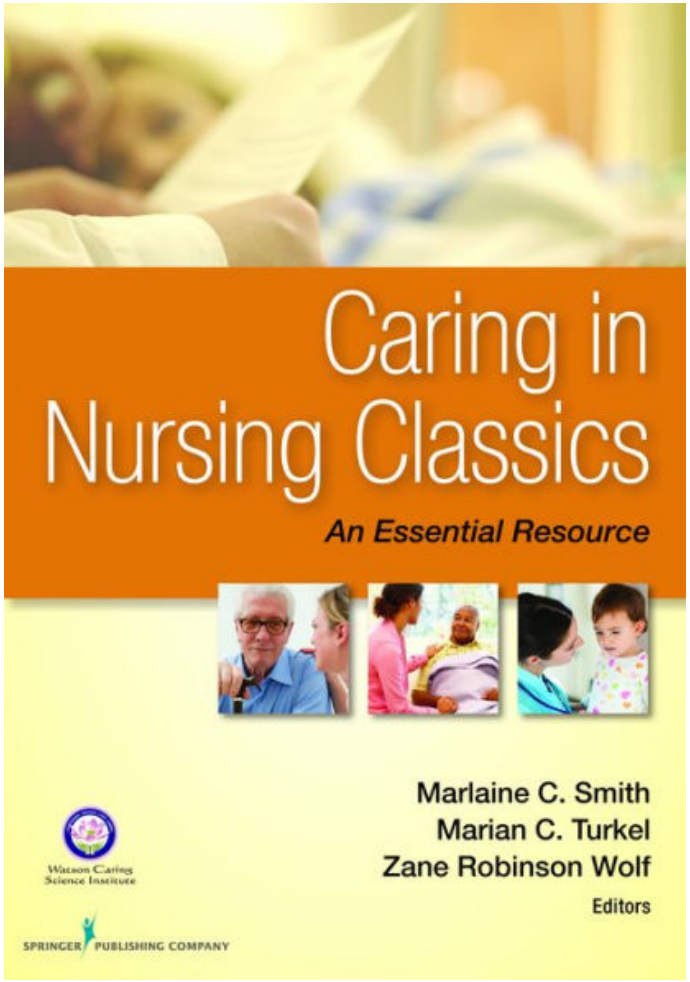
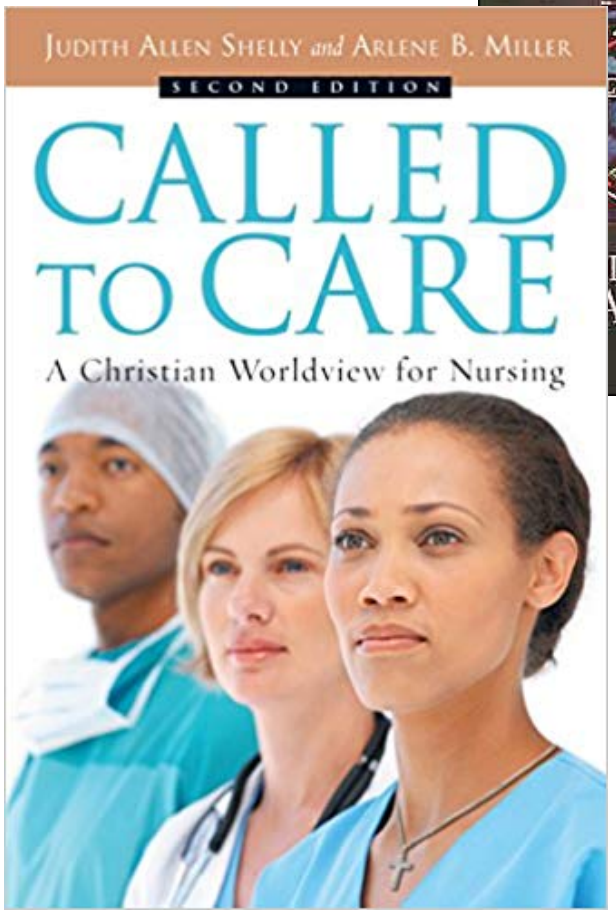
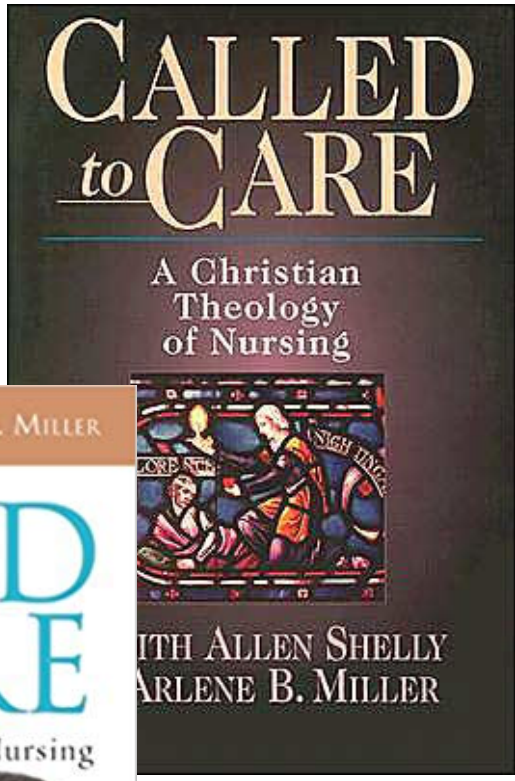


Image retrieved from https://www.springerpub.com/caring-in-nursing-classics-9780826171115.html





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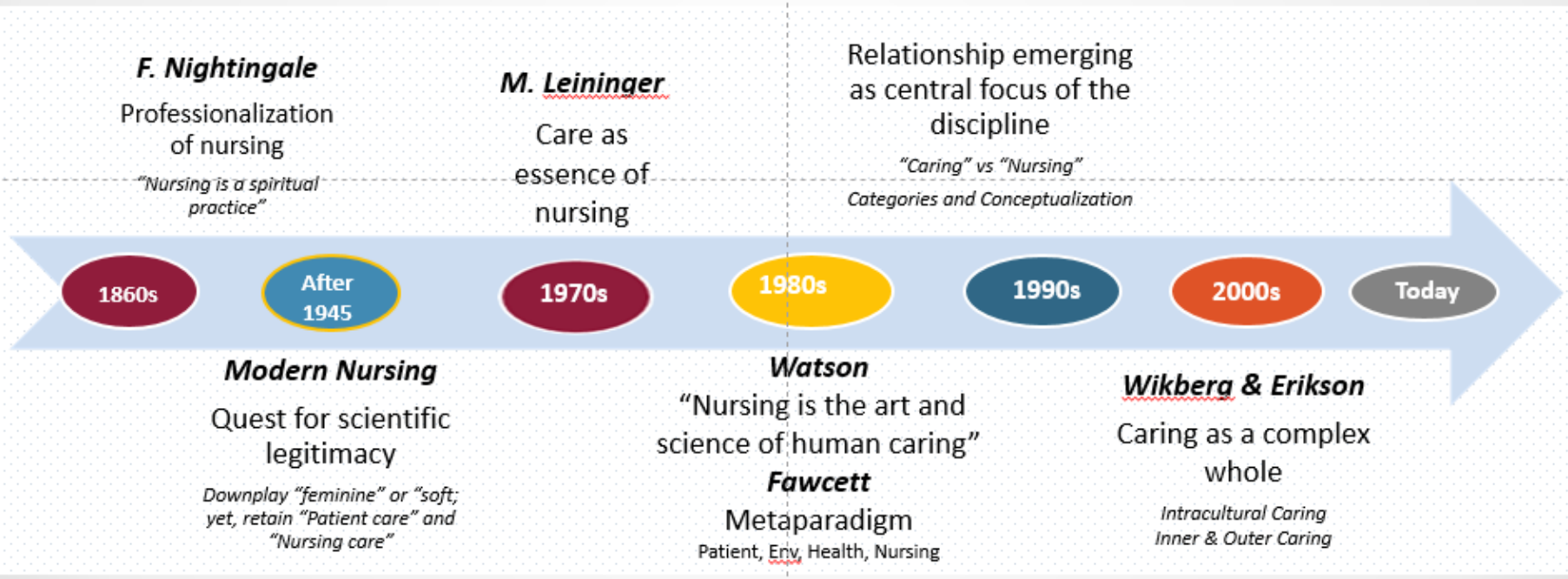
Caring and the discipline of nursing

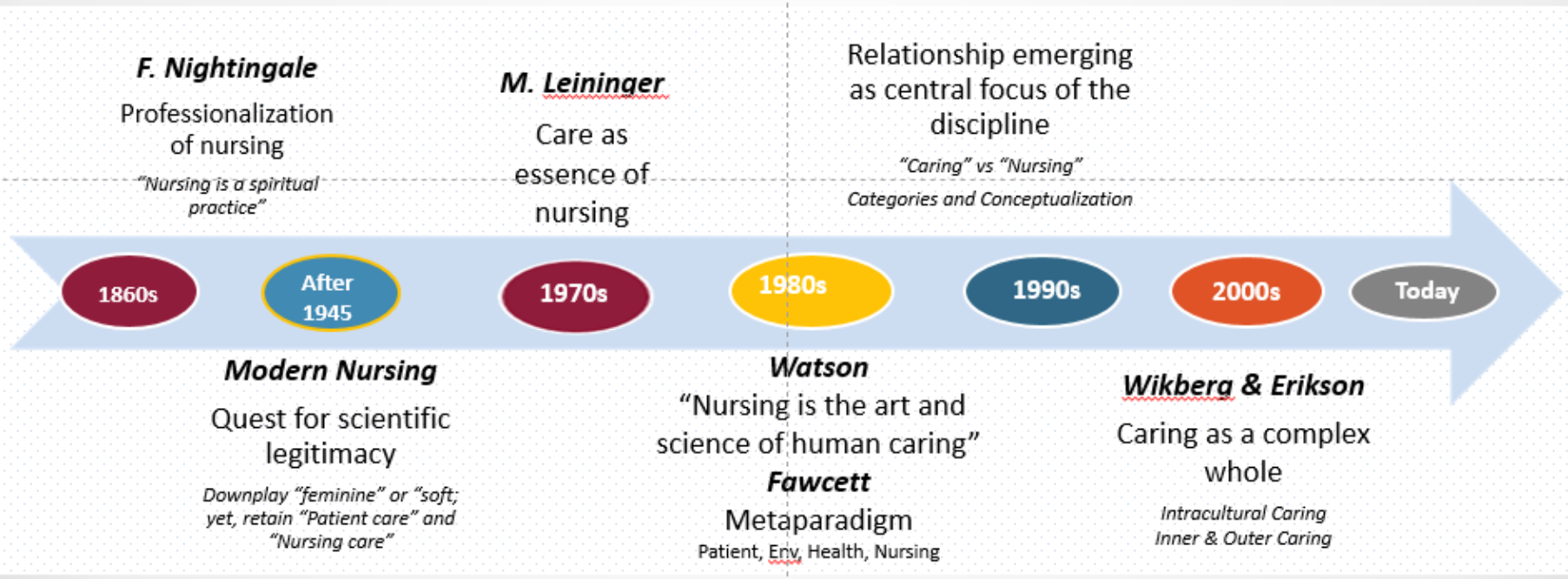
(Smith, 2013)



"Caring is the dominant intellectual, theoretical, heuristic and practice focus of nursing, and no other profession is so totally concerned with caring behaviors, caring processes, and caring relationships than nursing." (Madeleine Leininger, 1978, p. 33)

Caring and the discipline of nursing

(Smith, 2013)



Categories of caring

- Morse, Solberg, Neander, Bottorff and Johnson (1990) used concept analysis to explore the **definitions** of caring and its **main characteristics** across 35 reports on caring.
- Identified 5 conceptualizations or categories of caring
  - ~ Caring as a human trait
  - ~ Caring as a moral imperative or ideal
  - ~ Caring as an affect
  - ~ Caring as an interpersonal relationship
  - ~ Caring as therapeutic intervention

Outcomes of caring

- Caring as subjective experience of the patient
- Caring as a physical response
  - ~ These are physiological and psychological organizers such as mortality, morbidity, length of hospital stay, number of incident reports, pressure ulcers, and subjective concerns with quality assurance

(Morse, Solberg, Neander, Bottorff & Johnson,1990)

Six “C’s” of Caring (Roach, 1992, 2002)

“What is a nurse doing when he or she is caring?”

Identified 6 attributes of caring:

- Compassion
- Competence
- Confidence
- Conscience
- Commitment
- Comportment

Caring driven by values

» Values advocated by Adventist nurses

~ Love
~ Empathy
~ Excellence
~ Kindness
~ Integrity
~ Respect
~ Loyalty

~ Hope
~ Service
~ Trustworthiness
~ Equality/Justice
~ Human Rights
~ Charity

Caring and the discipline of nursing

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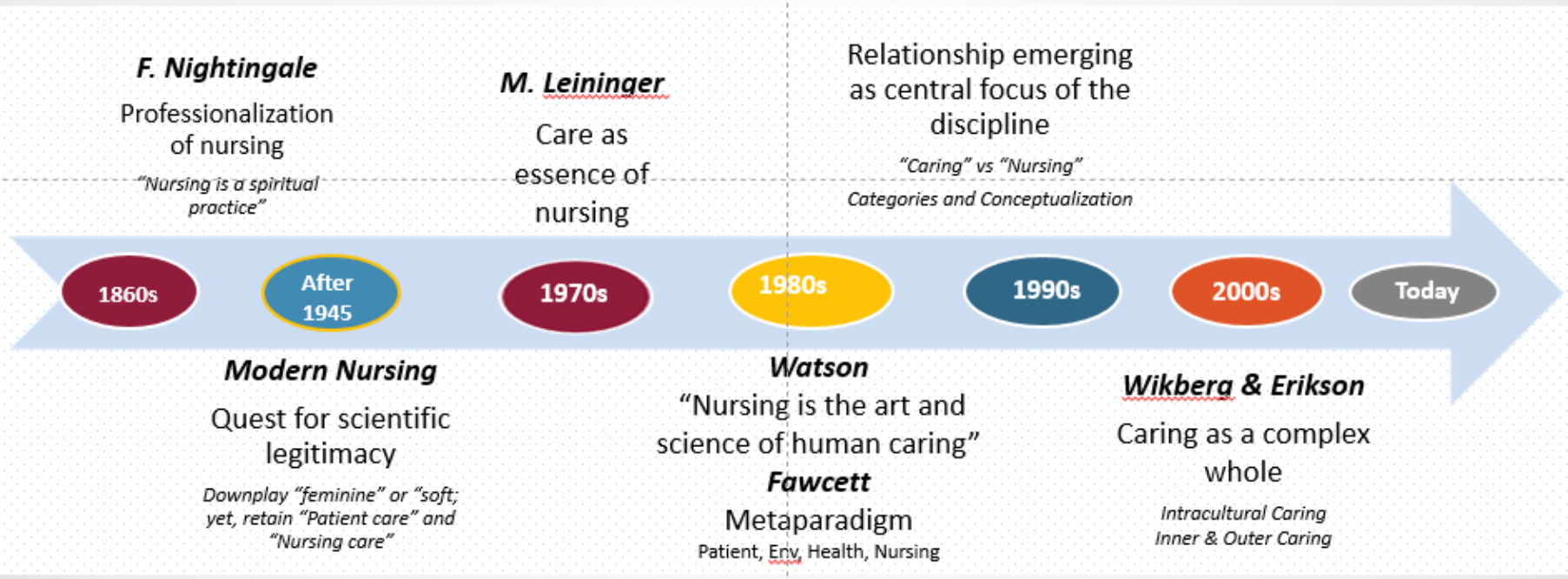

Wikberg & Eriksson: “Intercultural Caring”

- Overall theme
  - Caring is a complex whole
    - **Inner caring**
      - Caring is a relationship
        - Patient, families, communities and God
    - **Outer caring**
      - Educational, administrative, social and other structures that influence caring
    - **Goal of caring**
      - Caring leading to change towards health and well-being or peaceful death

(Wikberg & Eriksson, 2008)

Adventist Nurses' perspective on caring vs. nursing literature

- Confirms related concepts identified in nursing literatures on caring
  - Empathy, compassion, sensitivity to others (Swanson, 1999)
- Differences or aspects not represented in Adventist perspective
  - Self awareness, reflectiveness, competent caring aspect (being knowledgeable), being positive (courageous, cheerful, self reliant, adaptive, flexible) (Swanson, 1999)
- Unique aspects represented in Adventist conceptualization:
  - Selflessness, going the extra mile/beyond the ordinary, compassionate care expressing the fruit of the spirit

Caring, that emerges from the fruitfulness of the Spirit

- *How do we articulate it?*
- *How do we practice it?*
- *How do we teach it?*
  - ~ e.g. teaching empathy via simulation
- *How do we create environments that foster it?*

HEALTH INC.

When Surgeons Are Abrasive To Coworkers, Patients' Health May Suffer

June 19, 2019 · 12:16 PM ET

SUSIE NEILSON

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Cooper, W. O., Spain, D. A., Guillamondegui, O., Kelz, R. R., Domenico, H. J., Hopkins, J., ... & Webb, L. E. (2019). Association of coworker reports about unprofessional behavior by surgeons with surgical complications in their patients. *JAMA surgery*.

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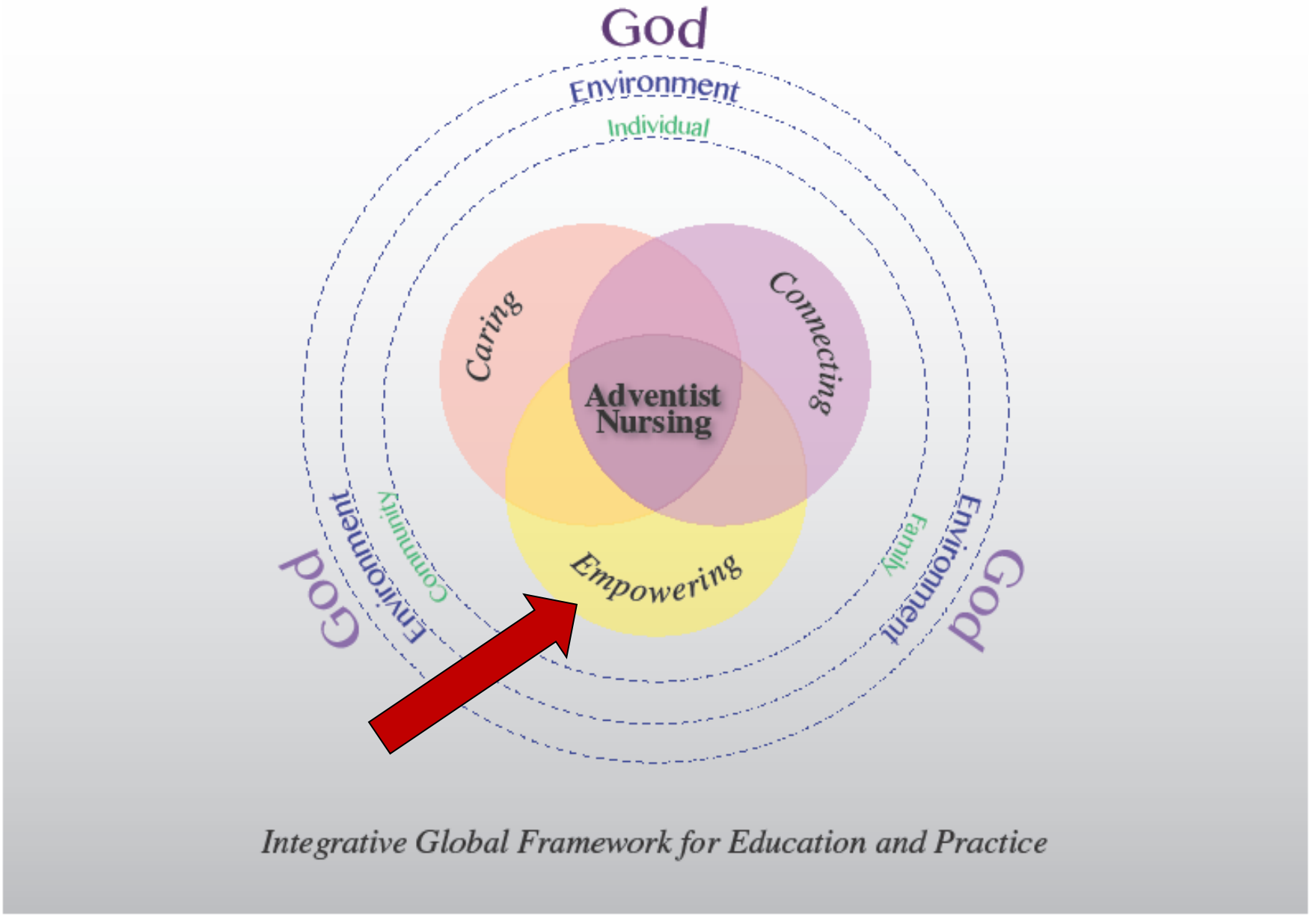
EMPOWERING

Edelweiss Ramal, PhD, RN



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Biblical perspective of empowerment

2 Corinthians 12:9

"… for [God's] **power** is made perfect in [human] **weakness**." …I will boast …of my weaknesses, so that the **power** of Christ may rest upon me."

Biblical ways of being empowered

John 14:13-17

- **Prayer –**

  13 And whatever you ask in My name, that I will do,
  …14 If you ask anything in My name, I will do *it.*

- **Loving God and receiving His Protection**

  15 “If you love Me, keep My commandments.

- **Holy Spirit**

  16 And I will pray the Father, and He will give you another Helper, that He may abide with you forever

God the source of Empowerment

God's **power** enables us to exhibit the fruit of the Spirit: love, joy, peace, patience, goodness, kindness, faithfulness, gentleness, and self-control, which reveals the character of Christ in us.

God equips and enables

- When God places you into a position or asks you to accomplish a task, He will fully equip and enable you.

Zechariah 4:6

- Not by might nor by [your own] power, but by My Spirit says the Lord of hosts.

Nursing perspective of empowerment

Power applicable to nursing

~ Legitimate - position power or official power

~ Expert - authority of knowledge that comes from specialized learning

~ Reward - ability to reward worthy behavior

~ Charismatic - the desire of one person to admire another

~ Coercive - ability to threaten or punish

Nurses empower nurses, clients and students

- Sense of personal control and self-efficacy
- Willingness to change and take action
- Desire to change unhealthy attitudes and behaviors

Nurses empower the community

~ Education and training
~ Media use and advocacy
~ Enabling services and support
~ Rights protection and promotion

Nurses empower the Individual

- Freedom of choice vs forcing compliance
- Respect for a client's own values and choices
- Use power of information, expert and health care authority to promote compliance

Attributes of empowerment

- Reciprocal interaction - **connecting**
- Autonomy linked with accountability
- Shared or transferred **power**
- Access to intangible resources such as knowledge and influence

Values

- Trust and respect
- Nurse willing to surrender the role of health expert in favor of supporting the client's freedom of choice and right to self-determination

Process of Empowering

- Dynamic, positive, democratic process focuses more on solutions and change rather than on problems
- Working together with individuals, families and communities to find solutions and effect change

Empowering implies

Inspiring and motivating clients and students to

- ~ connect with God
- ~ reach their goals of being healthy
- ~ challenge existing paradigms
- ~ embrace change
- ~ face adversity
- ~ persist, overcome and conquer difficulties in the path of wholistic well-being
- ~ be a role-model and mentor

Continuous cycle of Empowering

- God empowers nurses and educators
- Employers/supervisors/politicians empower nurses to provide quality care and improve patient outcomes
- Nurses empower clients, families and communities for self-care and wholistic health improvement
- Nurse educators empower students for life-long learning and ongoing professional development

Implications of Empowering

- Valuing students and clients **(Caring)**
- Advocating for students and clients
- Inspiring, and motivating by personally **connecting with God**
- Assisting the client or student to **connect with God**
- Facilitating access to resources needed for recovery from illness or to achieve healing, learning or growth.

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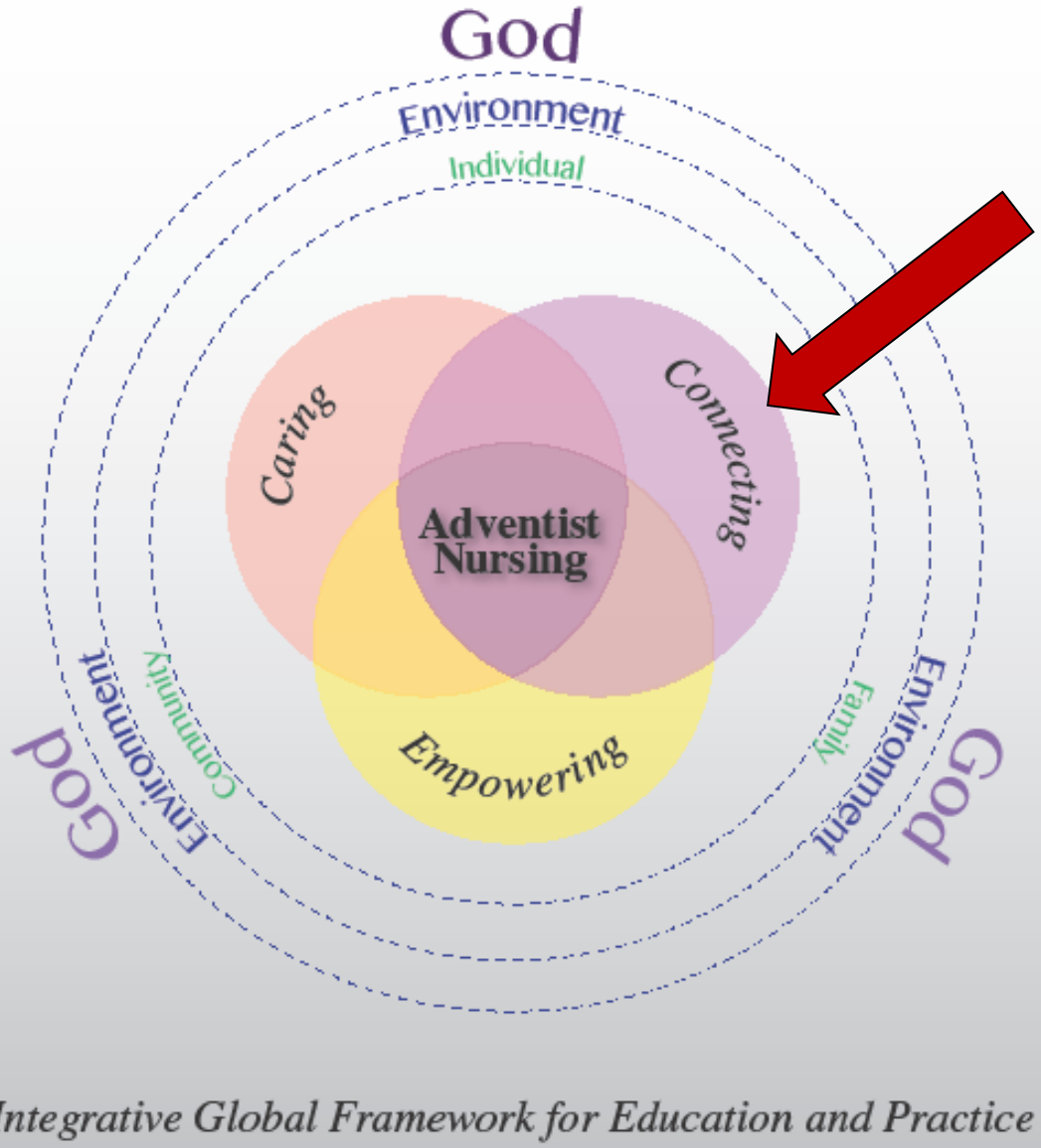
CONNECTING

Patricia S. Jones, PhD, RN, FAAN



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From the interviews—

- Interaction with other human beings—family, community
- Engaging with the environment
- Compassion
- Presence
- Prayer
- Connecting with God

‘Connecting’:

- Social interaction with other human beings
- Empathy, active listening
- Personal relationship with God
- Personal relationships with family, friends and our community

To **connect**, is to --

- To **genuinely** and **authentically** interact.

Ways human beings connect:

- Physically
- Spiritually
- Socially
- Mentally
- Emotionally
- Culturally

Physical connectedness:

- Touch (a hug, e.g.)
- Skin to skin
- Transfer of warmth, energy
- Communicates comfort, support, love

Social connectedness:

- Participating in social events
- Visiting with friends
- Family sharing and support
- Identifying with another's values and attitudes

Mental connectedness:

- Sharing ideas
- Discussing topics of interest
- Debating

Emotional connectedness:

- Being empathetic, compassionate
- Sharing in someone's grief
- Celebrating another's success or joy
- Loving someone very deeply
- EQ (Emotional Quotient)

Cultural connectedness:

- Sharing –
  - traditions and beliefs
  - language
  - way of dressing
  - holidays
  - foods

Spiritual connectedness:

- Prayer
- Singing
- Reading scripture
- Reading inspiring literature
- Meditation in nature

Connection with nature:

- The Savior's life on earth was a life of **communion** with **nature** and with **God**. In this He revealed for us **the secret of a life of power.**

MH p. 23

Christ's invitation:

- "Abide in Me, and I in you. As the branch cannot bear fruit of itself, except it abide in the vine; no more can ye, except ye abide in Me".

John 15: 4, 5

Connectedness . . .

Is a **complex construct**

It includes:

- **Inter**-connectedness
- **Intra**-connectedness

Inter-connectedness . . .

- The entire eco-system of planet earth is **interconnected**—the environment and human beings

This is not surprising:

There is one Creator!

Examples of inter-connectedness . . .

- Communication
- Interaction with others
- Interdependence

Intra- or **inner** connectedness

- Connecting with our innermost self.

- Humans have a spiritual quest for inner connectedness

Parker Palmer, 1998

Connecting with ones innermost self:

- Recognizing our fears
- Acknowledging impact of early trauma
- Understanding our motives to achieve
- Identifying our search for meaning in life

Health professionals promote . . .

Intra- and **inter** connectedness—

through healing interactions

‘Connecting’ in nursing practice . . .

- Caring presence, prayer
- Therapeutic communication
- Promoting connections in families, and communities

‘Connecting’ as **educators** . . .

- Mentoring
- Identifying individual needs
- Role modeling authentic communication
- Genuinely relating to students’ inner being

Connecting as **leaders**—

- Coordinating / planning
- Managing
- Motivating
- Inspiring

Consequences / Outcomes . . .

- Healing
- Growth
- Peace
- Strength

Inter- and Intra-Connectedness . . .

- Can promote individual and family well-being
- Improve quality of life
- Facilitate wholeness

Questions:

1. How can the framework really **guide my clinical practice?**
2. How can the framework help me to be a **more effective leader**?
3. How can the framework contribute to Adventist **nursing education**?

Application of the framework by colleagues:

- Dr. Holly Gadd, Southern Adventist University—Education
- Ms. Olga Mejia, Columbia Adventist University, Columbia—Practice

Benefits of having a framework:

- Provides a structure to orient nurses and nursing educators to **our shared mission**.
- Provides a **common language** for us to talk about Adventist nursing education and practice
- Provides **a voice to Adventist nurses all over the world** who shared their insights about Adventist nursing, and using it to construct a framework to **maintain our legacy** into the future

Challenges with cross-cultural application:

- Although the nurses interviewed were from diverse cultures, there may be differences in:
  - Underlying values of **justice** and **human rights**
  - Meaning and interpretation of the constructs:

caring

empowering

connecting

Further development:

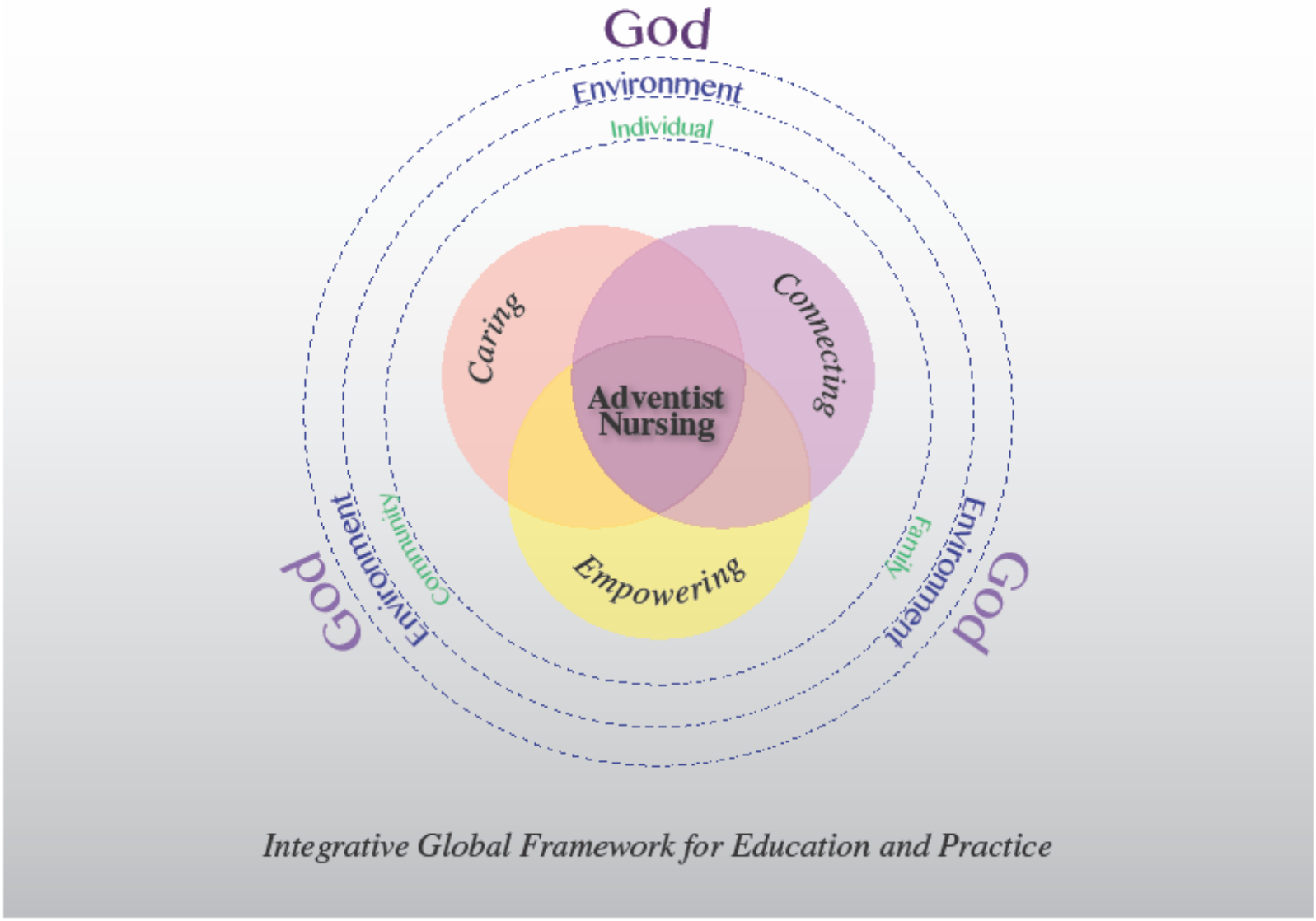
- Rich opportunities for adapting and applying the framework to enhance Adventist nursing practice and education in your cultural setting.

The framework belongs to all of us!

Let's **claim it,** and then
apply,
adapt,
test, and
improve it!

We'd love to hear from you . . .

- How it works in your institution—either hospital or educational setting
- Success or challenges—even small steps
- We will add your stories to those already developing



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