Creating a Caring Science Curriculum

An Emancipatory Pedagogy for Nursing
Marcia Hills, PhD, RN, is the Director and President of the Canadian Consortium for Health Promotion Research, and Professor of Nursing at University of Victoria, Canada. She has been actively engaged in research and evaluation for over 20 years, is the Principal Investigator on two federally funded (Canadian Institutes for Health Research) multiyear research initiatives, and is the Co-Investigator on five additional projects. She presents at numerous conferences in Canada, the United States, and abroad.

Dr. Hills is an elected member of the Board of Trustees for the International Union for Health Promotion and Education (IUHPE) and a member of the North American Regional Office (NARO). As part of her work with these organizations, she was a member of the Steering Committee for the IUHPE Global Program on Effectiveness, co-chaired the NARO Effectiveness Working Group, and was VP for the Organization of the World Conference, and Cochair of the 2007 World Conference on Health Promotion and Health Education, as held in Vancouver in 2007. Recently, Dr. Hills was invited to join a World Health Organization working group led by Erio Ziglio to develop an international project on evaluating health assets in partnership with Health Canada, the Health Development Agency (UK), and the Centers for Disease Control (Atlanta, Georgia, USA).

Jean Watson, PhD, RN, AHN-BC, FAAN, is Distinguished Professor of Nursing and former Dean of the School of Nursing at the University of Colorado. She is founder of the Center for Human Caring in Colorado, a Fellow of the American Academy of Nursing, and past-president of the National League for Nursing.

Dr. Watson has earned undergraduate and graduate degrees in nursing and psychiatric-mental health nursing with a PhD in educational psychology and counseling. She is a widely published author and recipient of several awards and honors, including an international Kellogg Fellowship in Australia, a Fulbright Research Award in Sweden, and nine honorary doctoral degrees, such as Honorary International Doctor of Science awards from Goteborg University in Sweden and from Luton University in London.

Clinical nurses and academic programs throughout the world use her published works on the philosophy and theory of human caring and the art and science of caring in nursing. Dr. Watson’s caring philosophy is used to guide new models of caring and healing practices in diverse settings worldwide.

At the University of Colorado, Dr. Watson holds the title of Distinguished Professor of Nursing, the highest honor accorded to its faculty for scholarly work. In 1998–1999 she assumed that nation’s first endowed chair in Caring Science, based at the University of Colorado.
Creating a Caring Science Curriculum

An Emancipatory Pedagogy for Nursing

Marcia Hills, PhD, RN
Jean Watson, PhD, RN, AHN-BC, FAAN
This book is dedicated to Em Olivia Bevis—mentor, colleague, master teacher, leader, visionary and loving person, and personal friend to us and thousands of others. A loving and provocative teacher, she dared you to reach the threshold of your own mind by challenging your taken-for-granted assumptions in a way that opened your heart and soul to new learning. Em often captured the imagination of hundreds of nurse educators crowded into a room to hear her speak. Her brilliance was in leading them back to themselves through critical questioning and dialogue with their colleagues, not necessarily with her.

She died too young and is deeply missed by her colleagues and friends and the nursing profession that didn’t have enough time to sit in her presence. Writing this book is a way to continue her legacy and a way to keep her vision for nursing and nursing education alive and vibrant.

Em loved nursing, and she loved nursing education more. Her words below echo her deep commitment to this wonderful profession. She writes:

There is a compelling splendor about both teaching and nursing that demands the highest form of endeavor, for their ends are linked to the magnificent miracle of human thought and human life.

They have a common core of caring about the human condition and an obligation to its improvement that confers a radiant beauty on the meanest of tasks in their service.

They are a societal trust.

And for those that combine these two tasks into the teaching of nursing, there is a moral commitment to society’s needs that requires industrious constancy in self-development efforts so that this trust will be steadfastly and excellently honored.

(Bevis, 1989, p. 153)
CONTENTS

Contributors ix
Foreword Patricia Benner, RN, PhD, FAAN xi
Preface xiii
Acknowledgments xv

UNIT I. FOUNDATIONS OF A CARING SCIENCE CURRICULUM

1. Caring Science: Curriculum Revolutions and Detours Along the Way 3
2. Beliefs and Assumptions: The Hidden Drivers of Curriculum Development 27

UNIT II. AN EMANCIPATORY RELATIONAL PEDAGOGY FOR CARING SCIENCE CURRICULA

3. Emancipatory Pedagogy: The Transformation of Consciousness Through Relational Inquiry 47
5. Engaging in Critical Caring Dialogue 87
7. Creating a Culture of Caring 123

UNIT III. CREATING A CARING SCIENCE CURRICULUM

8. Curriculum Structure and Design 137
9. Evolution of a Caring-Based College of Nursing 157
   Anne Boykin, Theris A. Touhy, and Marlaine C. Smith
10. Caring-Human Science Philosophy in Nursing Education: Beyond the Curriculum Revolution 185
    Sheila Lewis, Martha Rogers, and Rahel Naef
11. Caring in Advance Practice Education: A New View of the Future 203
    Mary Enzman Hines
CONTENTS

12. Introduction to Caring as a Pedagogical Approach to Nursing Education 217
   Mary Rockwood Lane and Michael Samuels

13. Teaching-Learning Professional Caring Based on Jean Watson’s Theory of Human Caring 245
   Kathleen L. Sitzman

UNIT IV. BEYOND EVALUATION TO AUTHENTICATION


UNIT V. ENSURING THE FUTURE OF NURSING:
EMBRACING CARING SCIENCE

15. Reflecting and Re-visioning: Bringing the Heart and Mind Together 287

Index 301
CONTRIBUTORS

Anne Boykin, PhD, RN    Professor and Dean, Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, Florida

Mary Enzman Hines, RN, PhD, CNS, CPNP, AHN-BC   President, American Holistic Nurses Association (AHNA), Certified Pediatric Nurse Practitioner, Colorado Springs Health Partners, Colorado Springs, Colorado

Mary Rockwood Lane, PhD, RN, FAAN   Associate Faculty, WCSI, Associate Professor, College of Nursing, Faculty Associate, Watson Caring Science Institute, University of Florida, Gainesville, Florida

Sheila Lewis, MHSc, BScN, CHTP   School of Nursing, Faculty of Health, York University, Toronto, Canada

Rahel Naef, MN, RN   Cantonal Hospital Lucerne, Toronto, Canada

Martha Rogers, EdD, MScN, RN   Alkinson Faculty of Liberal and Professional Studies and School of Nursing, Faculty of Health, York University, Toronto, Canada

Michael Samuels, MD   Director, Art as a Healing Force, Bolinas, California

Kathleen L. Sitzman, MS, RN, PhD   Associate Professor of Nursing, Weber State University, Ogden, Utah

Marlaina C. Smith, RN, PhD, AHN-BC, FAAN   Helen K. Persson Eminent Scholar and Associate Dean for Academic Programs, Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, Florida

Theris A. Touhy, DNP, CNS   Professor, Christine E. Lynn College of Nursing, Florida Atlantic University, Boca Raton, Florida
FOREWORD

DR. MARCIA HILLS AND DR. JEAN WATSON have written an innovative and thoughtful curriculum guide for making visible and creating a curriculum around Caring Science. They recognize that such a curriculum will require emancipatory pedagogies in order to critically reflect on what impedes the development of a curriculum that focuses on the core disciplinary knowledge, skills, and practices of caring. They wisely adopt an inclusive view of science, enlarging the scope of scientific inquiry into the human sciences, and in particular the human science of caring.

The book is permeated with a conversational and dialogical tone to encourage reflective thought about its stance and aims. The actual examples drawn from colleges and departments of nursing that have developed a Caring Science–based curriculum are helpful in laying out the assumptions, structures, and goals of a Caring Science Curriculum. They purposefully blur the distinctions between art and science with the goal of enlarging the view of science to take up and learn from art in addition to experimental research. The authors discuss the confusion over boundaries and qualitative distinctions between medicine and nursing. They are not timid about addressing “sacred cows” like evidence-based practice. Not everyone will agree with their premises and assertions, but all will confront the need to think deeply and anew on how to bring caring practices in from the margins of nursing as a science and practice.

The authors state in the first chapter:

A Caring Science curriculum seeks to create authentic, egalitarian, human-to-human relationships. This assumption is based on the notion that there is reciprocity between power, knowledge, and control, and that, in order for there to be more equitable relationships, those with power need to give up/share control, so that others may benefit and share their knowledge, thus their power.
FOREWORD

Authentic power is shared power; it is power with, not power over. (p. 17, Chapter 1)

This book has high aims and sometimes gets caught up in oppositional comparisons that clash with the collaborative and relational harmony goals of the work in their critique of traditional Allopathic medicine and Rational Empirical Science. Nevertheless, this is a significant work, calling nurses to move their caring science and work in from the margins. The value and centrality of human caring are affirmed. It is impossible to read this work without thinking new thoughts and envisioning new possibilities for nursing as a discipline.

Patricia Benner, RN, PhD, FAAN
PREFACE

WE WROTE THIS BOOK IN RESPONSE to a perception that the curriculum revolution, a hallmark event in nursing education in the late 1980s and early 1990s, had yet to fulfill its mandate to reform nursing education to embrace a human caring science perspective. Some progress has been made, but there is still much to accomplish. This book is intended to provoke further debate and discussion about Caring Science as the foundation and philosophy of nursing and to explore emancipatory approaches to pedagogy as a way to move the nursing education agenda forward in its search for clarity of its foundation as a mature discipline.

This book is not a “theory” book nor is it a “how to” book. We have attempted to present material in way that inspires further and deeper thinking about a topic. The purpose is to engage critical thinking and reflection and to assist both teachers and students to develop their own way of teaching and learning within the context of a Caring Science curriculum.

The book is structured in five Units consisting of several chapters each. The Unit overview introduces the chapters that are within it and the concepts covered in each chapter. Each chapter is structured to maximize student engagement by providing reflective exercises, called “Time Out for Reflection,” and structured learning activities that encourage the integration of theory and practice into the learning process. Also, students are requested to create learning groups or partners so that they can engage in critical dialogue while learning from the text. Finally, students are encouraged to keep a learning journal that is intended to stimulate personal reflection within the learning process. Taken together, these processes are intended to kindle a deeper level of reflection and engagement that inspires and inspirits the intersection between the personal and the professional in teaching and learning.

Marcia Hills, PhD, RN
Jean Watson, PhD, RN, AHN-BC, FAAN

xiii
ACKNOWLEDGMENTS

From Marcia

The first person that I want to acknowledge is Em Olivia Bevis. She was my mentor, friend, and godmother to my son, Benny. She taught me to have courage in the face of adversity, and she inspired me to dedicate my career to nursing education. My husband, John, has been a “rock” for me. Not only has he been encouraging and supportive, but he has read and edited the entire manuscript several times. I am sure that we caused him many headaches, but he rarely complained and gave lovingly of his time and his talents. My children, Jenna and Benny, were supportive and encouraging and really understood when I had to miss time with them to work on this book. To my students and colleagues from whom I have learned so much, I thank you for your patience and for providing me space when I needed to work on this manuscript. And, to my friend and colleague, Jean Watson, thank you for the opportunity and the love we have shared in this joint endeavor, always keeping Em’s and your vision from your original book, Toward a Caring Curriculum, close to our hearts so that we could contribute to the dream that Nursing will claim its rightful place as a Caring Science. Thanks for the journey!

Finally, I want to acknowledge Springer Publishing Company, especially Allan Graubard, Executive Editor, and Elizabeth Stump, Assistant Editor. Your support and encouragement never faltered even when my confidence wavered. Thank you.
From Jean

This work acknowledges and honors Em, and the magical happenings of the earlier era of the writings, workshops, seminars, conferences, and curriculum activities sparked by NLN. I celebrate the joy of participating in the cocreated activities with Em and Marcia, Chris Tanner, Joyce Murray, and hundreds of others during the era of the caring curriculum revolution.

I acknowledge and pay tribute to the passing of time that has sustained aspects of the sparks of that “revolution” but now is opening to a longing and a possible flame of interest for a new evolutionary era. I am deeply appreciative of the learning and teachings of and with Em; of the conferences and workshops in Canada and the United States with Em, Marcia, and others. I am grateful for Marcia and her leadership in this book, bringing forth another turn from the origins that spawned this evolution for a caring science curriculum. I think Em, looking down upon us, is excited and celebrating, radiating her big loving smile on nursing and this continuing work. The book and its energy are influenced, inspired, and dedicated to Em, and our hope for her lasting legacy. My continuing gratitude goes to Allan Graubard for his support and guidance on the original book, and his enduring support for this next phase of nursing education.
In this unit, we lay the foundations for a Caring Science Curriculum. We argue that a Caring Science curriculum offers a new disciplinary discourse. This work offers the next evolution in professional nursing education; it places humanity, human evolution, human caring, health, and healing as its foundation. A Caring Science curriculum honors and celebrates diversity among the students-teachers and among approaches to teaching and learning. It is a revolution for whole person teaching, learning, and knowing. It invites joy, a liberated human spirit, and passionate interest back into our lives and learning. It moves us toward a transformative consciousness of whole person learning as the preferred pedagogical orientation and practices. Unit 1 has two chapters.

In Chapter 1, Caring Science: Curriculum Revolutions and Detours Along the Way, we articulate the difference between the discipline of nursing and the profession of nursing and describe why understanding these differences is critical in developing a Caring Science curriculum. In addition, we describe the underlying philosophy and theory of Caring Science and its implications for developing a Caring Science curriculum.

In Chapter 2, Beliefs and Assumptions: The Hidden Drivers of Curriculum Development, we describe the underlying beliefs and assumptions that are intrinsic to a Caring Science Curriculum. In addition, we introduce some key concepts that are explored further in future chapters.
Caring Science: Curriculum Revolutions and Detours Along the Way

What about a model that inspires? That shows us what we would like to become, and infuses us with the ideas and strength needed to approximate it.
—Smith, 1982

It has been more than 20 years now since the National League of Nursing (NLN) began to call for reform in nursing education, a movement that has come to be known as the Curriculum Revolution. This was a significant time in the history of nursing education in the United States as nursing leaders banded together to deinstitutionalize the long-standing behaviorist, Tylerian model of education that nursing education had been entrenched in for more than 40 years.

This revolution called for a paradigm shift in nursing education from behaviorism and empiricism to human science and caring as foundations upon which to create nursing curricula (Bevis, 1988; Moccia, 1988; Munhall, 1988; Tanner, 1988; Watson, 1988). It demanded new pedagogies that created transformational learning and curriculum design that focused on critical thinking, problem-solving, and rather than on content to be transmitted. It challenged nursing educators to aspire to graduate nurses who were not only technically competent, but whose practice was steeped in the values and ethics of caring as the moral obligation of nursing to society.

Yet in 2003, the NLN confirmed that much of the innovation sought had focused instead on the addition or rearrangement of traditional content within the curriculum where we “switch, swap and slide content around” (Bevis, 1988, p. 27; Tanner, 2003).

In 2008, Advances in Nursing Science published a volume on the topic of the discipline of nursing. In this issue, it was noted by Newman, Smith, Pharris, and Jones (2008) that the discipline is in a transformative phase. Moreover, it was reasserted here that within “the discipline of nursing, the concepts of health, caring, consciousness, mutual
process, patterning, presence, and meaning, . . . are essential to nursing” (Newman et al., 2008; in Smith & McCarthy, 2010, p. 46). Further, Smith and McCarthy’s (2010) recent comprehensive review of seminal documents “guiding the development of baccalaureate and higher degree educational curriculum in nursing” (American Association of Colleges of Nursing [AACN], 2006, 2007, 2008) concluded: “nursing knowledge consisting of the philosophies, theories, research and practice models of the discipline was mentioned tangentially, not centrally, and rarely explicitly” [our italics] p. 49). Others (Cowling, Smith, & Watson, 2008; Willis, Grace, & Roy, 2008) have defined similar meanings attesting to the disciplinary foundation of nursing, which include the human dimensions, consciousness, caring, relationships, and so on. So, what happened to the curriculum revolution?

DETOURS ALONG THE WAY

We will examine three areas to explain the detours that drew us away from the caring curriculum revolution and inhibit nursing evolving within its disciplinary foundation:

- The false dichotomy of nursing as an art and a science
- The ambivalent and tormented relationship between nursing science and medical science
- Nursing’s fascination with evidence-based practice (EBP).

Nursing as an Art and a Science: A False Dichotomy

Nursing is an art, and if it is to be made an art, it requires as exclusive a devotion and as hard a preparation as any painter’s or sculptor’s work; for what is having to do with a dead canvas or cold marble, compared to having to do with the living body—the temple of God’s spirit? It is one of the fine arts: I would say the finest of the Fine Arts. (Nightingale, 1860)

As famous as Nightingale’s quote of “nursing as an art . . . the finest of the Fine Arts” is, it has had a conflicting and paradoxical impact on nursing as a mature distinct discipline. Nursing’s scientific evolution has tended to create an either/or approach to art and
science—resulting in a false dichotomy between art and science: thus separating caring out as “art” and medical–empirical-procedural aspects as “science.” This false dichotomy stands in contrast to a human Caring Science model within a disciplinary framework, which seeks to embrace and integrate both. As Smith (1993) states: “Science is considered as quantifiable, covering the nurse’s science of curing and treating illness whereas arts are considered expressive, covering nurse’s art of healing” (p. 42). This notion is explained further by Castledine (2010) when he states: “The scientific components of medicine have also become the scientific aspects of modern nursing, and have led us into a more dominant medical model of nursing care than ever before” (p. 937). Nurses also sustain this situation by wanting “to foster a professional, harder, rational, scientific and academic side” while maintaining the publicly held view of nursing as a caring profession. What is missing here from our perspective is the focus on nursing qua nursing, practiced as an expanded human caring science.

We argue that nursing’s ethical, philosophical, and theoretical base can integrate caring and human phenomena within its disciplinary matrix, to become Caring Science, thus further differentiating nursing from medical science. Nursing scholars and theoretical discourses have demanded a shift to differentiate nursing from medicine, toward whole person expanded views of science for several decades. For example, Newman (1986, 1992), Newman, Sime, and Cororan-Perry (1991), Parse (1987, 1992), Rogers (1970, 1989), Sarter (1988), Watson (1979, 1988, 1995) all make a case for a different paradigm to differentiate nursing from medicine.

But even now it remains difficult to achieve due to competing dynamics and shifting priorities. Indeed, a recent Position paper on Nursing Knowledge—Impact on Nursing’s Preferred Future from an Expert Panel of the American Academy of Nursing (Jones & Wright, 2010, pp. 2, 3) highlighted:

“The explosion of nursing theory in the . . . 1970s provided substance to the focus of the discipline, guided research and enhanced nursing’s ability to articulate the substantive content of nursing and a professional vision. These works offered a worldview to guide knowledge development and expansion. . . . Nursing, described as a science and a human practice discipline, uses scientific knowledge and values to promote a caring relationship with patients, families and communities . . .”.

However, within education, emphasis on integrating nursing knowledge into the educational preparation of nurses remains inconsistent.
Theory courses are often taught in isolation, frequently abandoned throughout the curriculum as a whole; some disciplinary courses are being eliminated or changed to emphasize new roles. “More recently, the growth of the doctorate in nursing practice (DNP) (in its current iteration), minimizes the inclusion and translation of nursing theory. Other trends include developing nursing research and scholarship framed in other disciplines, which further compromises disciplinary knowledge development and advancement of the discipline and profession of nursing.”

In light of the historic advancements and developments in the discipline, the current trends and detours, as noted in the AAN paper (2010), are troubling, and call forth another phase in nursing’s disciplinary evolution. However, this next phase requires a transformative way of thinking. It calls for nurses to think about the discipline of nursing as an integration of artistry within an expanded view of science. Once one places the human and caring into a model of science, the model evolves, congruent with the timeless history, heritage, traditions, and practices of nursing.

Nursing’s Ambivalent, Tormented Relationship With Medicine

Nursing has had, and continues to have, an ambivalent, tormented relationship with medicine. Nursing’s current “angst,” in this regard, must include sorting out and clarifying its relationship with medicine. Certainly, the two professions overlap (Figure 1.1). There is no question that nurses need medical knowledge in order to care for people, just as physicians need bedside caring manners to treat diseases. However, nursing and medicine are not the same.

Medicine’s main focus is on diagnosing, treating, and curing diseases (Figure 1.2), whereas nursing’s main focus is on caring for people and their experience of health-illness and healing (Figure 1.3).

Nursing and Medicine’s knowledge and competencies overlap, yes, but the essence of what each profession does, and the knowledge base from within each, is quite different.

In addition to nurses having medical knowledge about disease processes, nurses also need nursing knowledge of caring and healing and the human health–illness experience. As a result, a nurse’s domain of practice is precise: caring for the individual in relation to the individual’s experience and meanings associated with health, recovery, and
Domains of Practice are complementary

Bevis 1988; Hills in press

**FIGURE 1.1** Complementary domains of practice.

**FIGURE 1.2** Medicine’s domain of practice.
healing—not the disease process itself. Nurses use knowledge of anatomy and physiology, pharmacology, disease processes, and diagnosis to understand how a particular person is being affected by those processes. Nonetheless, that knowledge is background. In the foreground, there is focus on caring needs, relationships, and processes, the health and healing experience of a person living with a disease. Nurses are not responsible for curing diseases; they are responsible for caring for people with diseases and health-illness-healing conditions and concerns. As a result, the disciplinary foundation for nursing incorporates the ethics, philosophy, and scientific knowledge of people and caring-healing health practices. Nursing is not a science of diseases.

For years nursing education has been dominated by medical-clinical orientations and conventional medical science, not nursing as a complete discipline and profession. But now nursing is awakening to, and maturing within, its own human Caring Science foundation. As

**FIGURE 1.3** Nursing’s domain of practice.
such, this awakening and this book reignite the caring curriculum, but now within a mature Caring Science context and enlightened views of caring pedagogies. It is not an either/or approach; it is a both/and approach to two complementary professions. Society needs the best of medicine and the best of nursing.

Now as the 21st century matures, nurse educators are invited anew to teach nursing as a more evolved discipline, based on a Caring Science curriculum, rather than a medically dominated focus.

**Evidence-Based Practice**

Nursing’s current fascination with EBP is another example of how nursing continues to “follow” medicine rather than embrace its own science. The term “evidence-based nursing” evolved from the initial work done in evidence-based medicine, which was defined as “the conscientious explicit and judicious use of current best evidence in making decisions about the care of individual patients” (Sackett, Rosenberg, Gray, & Haynes, 1996, p. 71). In their landmark paper, the Evidence-based Medicine Working Group (1992) defined the primary source of evidence as randomized control trials (RCTs) and meta-analysis of RCTs.

“Despite a later effort to partially ameliorate this definition, the original definition eventually grew into the hierarchy of levels of evidence that underpin the concept of evidence-based medicine” (Sackett et al., 1996). Here, the RCT remains the gold standard with an hierarchy of evidence entrenched in a positivist, reductionist ontology, epistemology, and methodology. Although this might work for medicine, many nursing scholars have recognized that the definitions of evidence espoused by the proponents of EBM are “too narrow and exclusive to support the complexities of nursing practice” (Estabrooks, 1998; Kitson, Harvey, & McCormack, 1998; Madjar & Walton, 2001; Rycroft-Malone et al., 2004; Tarlier, 2005). Furthermore, these hierarchy definitions of empiricism and objectivism as the dominant form of evidence, are incompatible with the complex and contextual knowledge of human health illness and human caring knowledge and processes (Palmer, 2004).

For nursing, several limitations and contradictions arise when attempting to adapt to an EBM approach to practice. First, if nursing is to claim the core of its domain of practice as Caring Science, with an expanded ethic, philosophy, and epistemology, focused on people and their experiences of health and healing—using an approach to EBP
that is situated in a limited, reductionistic, positivist perspective that is in conflict with, and antithetical to, the very essence of nursing and human caring processes. As Heron and Reason (1997) state:

Orthodox research methods, as part of their rationale, exclude human subjects from all the thinking and decision making that generates and designs, manages and draws conclusions from the research. Such exclusions treat the subject as less than self-determining persons, alienates them from the inquiry process and from the knowledge that is its outcome, and thus invalidates any claim the methods have to a science of persons. (p. 280)

Further, an evidence-based approach tends to encourage nurses to overly focus on technical and technocure aspects in nursing; it is not oriented to include the more complex and sophisticated aspects of nursing’s focus: people and inner meaning, perceptions, feelings, and the complex, relational, experiential, contextual aspects of health and healing. In fact, EBP, as conventionally designed, ignores caring as the moral and ethical practice of nursing and denies nursing’s science of human caring. As Baumann (2010) suggests, “outcome-oriented EBP often fails to fully respect the primacy of the individual or to consider the importance of the meaning of the experience for the person” (p. 229).

Finally, nurses who base their practice exclusively on results from conventional evidence-based research through RCTs perhaps unknowingly reinforce the dichotomy of nursing—separating art from science, further compromising nursing’s standing as a legitimate discipline and perpetuating nursing’s ambivalent, tormented relationship with medicine.

For nursing to continue to evolve as a unique discipline, we need to critically examine our caring knowledge and practices and develop ways of revealing evidence that are consistent with the philosophical and theoretical foundation of a mature discipline and profession distinct from, but complementary to, medicine and all health professions.

**WHAT IS CARING SCIENCE?**
**THE NEXT ENTRANCE AHEAD**

For starters, “Caring Science can be defined as an evolving ethical-epistemic field of study that is grounded in the discipline of nursing and informed by related fields” (Watson & Smith, 2002, p. 456).
Throughout this book, we make Caring Science explicit as the disciplinary foundation of the nursing profession. In this chapter, we also explore the question, *What is Caring Science and why is it important in nursing education, practice and research?*

The discipline of nursing and the profession of nursing are not synonymous, and it is important for teachers and students alike to know and understand the difference between them. Understanding this difference is fundamental to designing and implementing a Caring Science curriculum.

The disciplinary foundation provides the moral and intellectual blueprint for education, practice, research, and leadership. It is the starting point for a professional orientation. More specifically, within the discipline of nursing are its knowledge and research traditions. The discipline offers the meta-narrative, worldview, historical heritage, theories, principles, assumptions, traditions, values, and the lens to view human and caring-healing-health phenomena. The discipline bridges the moral, philosophical, ethical, and theoretical foundations with practice demands and conventional expectations.

The disciplinary foundation guides the profession and the professional from the inside out, in contrast to outside in. Nonetheless, professional practice expectations and demands often result in the profession and the professional being whiplashed by the changing circumstances and external forces of our high-paced practice healthcare (sick care) system. Without disciplinary clarity, nursing can lose its way in the outer world of compromise and conformity, modeling itself on other developments (often originating from medical technology, industry, business and economics), rather than maturing as a distinct discipline in its own right. Witness the historical detours we have already noted in succumbing to outer forces: the dichotomy of art and science; the lingering, ambivalent relationship with medical science; and the limited approaches of EBP. Thus, we make explicit that there is a difference between nursing maturing within its own Caring Science paradigm and Nursing maturing within medicine’s paradigm. The two paths exist but they are divergent.

Indeed, we can now acknowledge that as soon as nursing identifies its science as encompassing the human and the phenomena of human caring and human health-illness experiences—and their meaning, relations, and context—then we must make a case for a different model for nursing science, that is, Caring Science.
Incorporating caring and human experiences in a model of science demands a relational and ethical starting point and a relational worldview, which differs from medical science.

Caring Science provides this deep underpinning for a scientific-philosophical-moral context from which to explore, describe, and research human caring–healing phenomena as integral to our humanity. As the disciplinary foundation for nursing, Caring Science clarifies for the profession, and the professional, the question of ontology, that is, what is our worldview of reality? What is the nature of Being and Becoming human in relation to the larger infinite universal field of life itself?

Here, the starting point and underlying ontology is one of relation in contrast to separation. Caring Science does not separate mind from body, heart from head, person from environment-community, the human from the ecosystem. Caring Science also addresses a core question: what does it mean to be human? It acknowledges the unity of mindbodyspirit-environment-universe, as one entity; it makes explicit that we all Belong to the wider universal field of Planet Earth, the universe, the cosmos, the mystery, the void (Watson, 2005, 2008).

Caring Science helps us reflect upon what it means to be whole, to be healed, and to be caring. It reminds us—as we place, or re-place, human caring and the human experiences within a model of science—that we have a distinctive model of science that informs and inspires the discipline and profession of nursing; a model of science underpinned by a cosmology and ethic of unity, of belonging, of relations, of connectedness with the great circle, and of the web of life itself.

In terms of more concrete practicalities, Caring Science, ethically and philosophically, seeks to avoid reducing any human, whether student or patient or any other, to the moral status of object. For example, in the conventional world of daily nursing practice, a scenario, such as the following, can be quite common:

- Person is reduced to patient
- Patient is reduced to body physical
- Body physical is reduced to machine; thus, the human is reduced to the moral status of an object.

Once a human being has been reduced to the moral status of object, we professionals can separate ourselves from one another, can justify doing things to the other-as-object that we would never do to
the other as a fully functioning human like ourselves (Watson, 2005, influenced by Gadou, previous personal communication). Furthermore, we know from humanity (including our own unique experiences) and the wisdom traditions across time that one person’s level of humanity is reflected on another. If the person/patient is reduced to object status, then so is the nurse, the practitioner, and the teacher, even if she or he is not precisely aware of it. Therefore, it is the disciplinary lens, the values and the moral imperatives located within Caring Science philosophies and theories of nursing, which guide and sustain nursing in its covenant with humanity across time and space, worlds and change.

**DISCIPLINARY FOUNDATION AS GUIDE TO ACTION**

As teachers and students engage the consciousness of Caring Science, the moral-ethical-epistemic-spiritual dimensions of caring (and healing and humanity) become more explicit as a formal guide to action. Caring Science as a disciplinary foundation acknowledges

- a philosophy of human freedom, choice, responsibility, and human consciousness evolution;
- a biology and psychology of holism; a unity of Being/Becoming;
- an epistemology that allows not only for empirics, but also for the advancement of aesthetics, ethical values, intuition, personal-emotional knowing, spiritual insights, a process of discovery, creative imagination, joy, passion, and evolving forms of inquiry;
- an ontology of time and space;
- a context of inter-subjective human experiences, events, processes, and relationships that connect with/are at-one-with the environment and the wider universe; and
- a scientific worldview that is open, guided by ethics as first principle and starting point for humans and Being-in-the-world (Levinas, 1969; Watson, 1985, p. 16; Watson, 2008);

- Caring Knowledge is, as a serious epistemic endeavor, not to be assumed or taken for granted.

A Caring Science orientation differs from conventional science and invites qualitatively different aspects of our shared humanity in the universe that are to be honored as legitimate and necessary. This is
especially true when working with humanity, human experiences, human caring–healing, life phenomena, and all the vicissitudes of human living:

Facing ourself and our humanity . . .
   Is a moral act
   And comes before clinical knowledge;
   . . . the value-laden human condition . . .
   Vulnerability, pain, suffering and discomfort,
   Are value-laden phenomena;
   They are moral realities

(Nortvedt, 2000, p. 2, in Watson, 2005, p. 44)

It is imperative to be explicit about one’s starting point and core values, since one’s moral-ethical starting point determines where one ends up. For example, if one starts with a professional, clinical-medical lens regarding humanity and one’s phenomena of focus, then that medical professional lens guides one’s approach to teaching, learning, and practicing nursing.

If we start with a disciplinary lens in Caring Science that values, honors and acknowledges the wholeness of humanity, our oneness with each other and all aspects of humanity, and our place in the wider universe, then we can be open to unknowns and the fullness of our humanity, dwelling in paradox, ambiguity, mystery, and even miracles. The overall Caring Science disciplinary lens allows for our own and others’ evolution and for transformation of consciousness. Thus, personal growth, change, insight, humility, spirit-guided inner resources, and wisdom are present in the moment in human-to-human caring relationships. This allows for caring moments to occur between student-teacher or between nurse-patient. The disciplinary foundation helps the nursing profession to sustain and enact its deep values, its raison d’être in the world, and its commitment to humanity itself. As one of our colleagues in England put it

   Any profession which loses its values becomes Heartless;
   Any professional which becomes heartless, becomes Soulless;
   Any profession that becomes heartless and soulless becomes Worthless!

(Eagger, 2001, personal communication)

Again, Caring Science differs from conventional science in several significant ways as identified in Table 1.1.
<table>
<thead>
<tr>
<th></th>
<th>CONVENTIONAL SCIENCE</th>
<th>CARING SCIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ONTOLOGY: Worldview</strong></td>
<td>Neutrality of Values</td>
<td>ONTOLOGY AS ETHIC</td>
</tr>
<tr>
<td></td>
<td>Paternalistic–External Control</td>
<td>Ethic/ontology of Belonging as first principle</td>
</tr>
<tr>
<td></td>
<td>A separatist worldview as starting point</td>
<td>Connectedness, Interdependence; Inner control</td>
</tr>
<tr>
<td></td>
<td>A stance toward clinical distance, separation, control—attempt to be neutral or value free with objective assumptions</td>
<td>A relational unitary worldview as starting point</td>
</tr>
<tr>
<td><strong>EPISTEMOLOGICAL RESTRICTIONS</strong></td>
<td>Limited Epistemology Knowledge: Objective–factual procedural, outer knowledge—empirics as starting point; reductionistic epistemology</td>
<td>Values: preserving humanity, human caring, dignity, human spirit, wholeness, integrity, unity</td>
</tr>
<tr>
<td><strong>METHODOLOGY</strong></td>
<td>Experimental scientifically controlled research methods; largely quantitative objective data is what counts as “evidence,” as knowledge</td>
<td>Expanded epistemology</td>
</tr>
<tr>
<td></td>
<td>Caring InQuiry</td>
<td>Honoring all ways of Knowing/Being/Becoming; diversity of knowledge development, cocreated from inside out and outside in; move from information to knowledge to understanding to meaning to wisdom to inner knowing. Multiple forms of “evidence” from empirics to aesthetic, noetic, poetic, personal, intuitive, ethical, mystical and even spiritual knowing . . . allowing for “elegance, beauty, simplicity and parsimony as alternative theoretical-scientific explanatory models” (Watson, 2005, p. 28).</td>
</tr>
<tr>
<td><strong>PRACTICE</strong></td>
<td>Professional scientific, clinicalized–medicalized views of humanity and human conditions; efforts to “fix the parts,” control human processes and environment, treat disease and body physical (often at all costs) from external treatments mechanisms; outer curing focus</td>
<td>Praxis—practice shifts to praxis—reflective practice informed by disciplinary foundational values, theories, philosophical-ethical stance; informed by meaning, context, relations, and knowledgeable caring-healing practices; honoring deeply spirit-filled dimensions of humankind;</td>
</tr>
</tbody>
</table>
We can see from Table 1.1 that a Caring Science *disciplinary* starting point informs and guides our approach to given phenomena. It is important for us to clarify our disciplinary starting point to make explicit the focus and direction of nursing education, of a caring curriculum, of approaches to knowledge development, of learning-teaching, of teaching strategies, and of pedagogy. In turn, our entire intellectual consciousness of Caring Science informs our professional practices and development of the profession itself. This consciousness affects our approaches to self-knowledge and to humanity in general.

A Caring Science curriculum provides the disciplinary map for teaching-learning nursing. It may be in contrast to, or even in conflict with, conventional nursing models and blueprints of education and practice that are guided by a historical, medicalized, technical, or more established professional focus.

**What Is a Caring Science Curriculum?**

It is time for the nursing educational system to question the impact our current curricular and pedagogical approaches might be having on nurses’ ability to work effectively beyond the demand for technical competence at the bedside; nurses need to be politically active, work autonomously, and create the sort of caring-healing practices that first attracted most nurses into the profession.


A Caring Science curriculum lays a solid foundation for reconnecting the heart, soul, mind, emotions, and the human spirit of students and teachers alike; it invites passion, intellect, moral ideals, and love into our classrooms and curriculum, restoring humanity and human caring-healing knowledge and practices for now and the future. Danish philosopher Logstrup helps make explicit that educators, quite literally and metaphorically, hold other people’s lives in their hands.

*By our value/attitude to the other person, we help to determine the scope and hue of his/her world; we make it larger or smaller, bright or drab, rich or dull, threatening or secure.*

*We help to shape his/her world, not by theories and views but by our very being and attitude toward other.*

*Herein lies the unarticulated and, one might say, anonymous demand that we take care of life which trust has placed in our hands.* (Logstrup, 1997, p. 18)
A Caring Science curriculum seeks to create authentic, egalitarian, human-to-human relationships. This assumption is based on the notion that there is reciprocity between power, knowledge, and control, and that, in order for there to be more equitable relationships, those with power need to give up and share control, so that others may benefit and share their knowledge, thus their power. Authentic power is shared power; it is power with, not power over. It does not negate faculty or nurses’ responsibilities, skills or knowledge. It also means standing in one’s own power, one’s own truth and integrity, without succumbing to other’s position of power, authoritarian control, and so on.

We can still acknowledge the reality that there is a difference between having authority and being authoritarian; the teacher has authority by the nature of her/his position; however, that does not justify an authoritarian, power-control stance toward knowledge, toward students, and toward control of knowledge. In a Caring Science curriculum, students also have authority in their own knowing and experiences that can be shared and jointly critiqued for deeper knowledge, understanding, integrative insights and wisdom, ultimately, resulting in transformation of consciousness.

To create such a visionary Caring Science curriculum for human caring–healing, Noddings (1984, 1988) has identified at least four ingredients of a caring curriculum that flow from Caring Science as the starting point. They are

- Modeling—not role modeling in the sense of modeling after someone else; rather assisting others to model their best self;
- Practice—living day-to-day experiences in the living relationships between and among students and faculty, and between and among students, in and out of the classroom, virtual settings, and clinical setting—creating a community of caring environment that holds the entire program;
- Authentic dialogue—in keeping with the realization that imparting knowledge is not learning, a caring curriculum creates space for students to have authentic dialogue, allowing questions and discussions, exploration of ideas and knowledge to comingle for new insights, process discovery, and transformation of consciousness;
• Confirmation—or Affirmation—This philosophical perspective guides the educator to hold the student in their highest ethical ideal of self, even if the student cannot see that ideal for themselves in the moment. (This notion transfers into the clinical setting, whereby a Caring Science practitioner holds the patient in their wholeness, even if the patient is experiencing pain and illness.)

These four ingredients are philosophical and ethical, as well as practical orientations to hold in our framework for implementing and living out a Caring Science curriculum. These ingredients flow from underlying beliefs and values that can be made explicit in a Caring Science context.

Once we are clear about the disciplinary direction for nursing, then curricular issues and directions become more consistent; we are less compromised by conventional mind-sets and the status quo. We are less tied to or caught up within previously established, limiting approaches to education, to teaching-learning, and to traditional pedagogical issues. A new horizon of moral ideals, inspiration, creativity, human spirit, liberation, intellectual passion, joy, and even spiritual freedom is available to all.

**Time Out for Reflection**

How would you define a Caring Science curriculum?

What does Caring Science offer for nursing education and practice?

What is the difference between the discipline of nursing and the profession of nursing? Why is this difference important to understand?

What are the factors that distinguish a Caring Science curriculum from another type of nursing curriculum?

**EVOLUTION OF CURRICULUM DIRECTIONS: CURRENT DILEMMAS**

Nurse educators continue to face challenges in addressing curriculum reform from nursing’s disciplinary foundation. For example, recent AACN national reports (i.e., White paper on the education and
role of the Clinical Nurse Leader; the essentials of doctoral education for advanced nursing practice; the essentials of baccalaureate education for professional nursing practice, AACN, 2006, 2007, 2008) have been critiqued as having insufficient emphasis... on the disciplinary knowledge of nursing...” (Smith & McCarthy, 2010, p. 44). This gap between educational recommendations and the need for disciplinary knowledge as foundation makes it all the more important that we in nursing education, and scholars of nursing education, review and critique such documents and reports for their strengths and shortcomings. As part of nursing maturing as a health and caring profession, distinct from, but complementary to, medicine, it is important that major educational blueprints are critiqued within the most contemporary scholarly discourse. Thus, the work of creating a Caring Science curriculum requires nursing educators and progressive educational programs and curricula to acknowledge, benefit from, and critique current reports and documents, to incorporate the most current scholarly discourse of nursing.

As noted in the recent American Academy of Nursing Expert Panel paper (2010, p. 2) “Nursing theories, developed by Academy leaders... and many others, have provided the discipline with innovative worldviews to guide practice, affect and sustain behavior change and enhance understanding of the human condition. These approaches provide strategies to help providers move away from the prescriptive... ‘this is what you should do’ strategies...” (Our emphasis).

A Caring Science curriculum seeks to move beyond conventional blueprints and relocate all generalist and advanced specialist nursing education within the philosophies, ethics, theories, research, and practice models that originate from the disciplinary foundation of nursing.

Indeed, our challenge and request is that you, as nurse educators, critique these, and any other documents, explore educational scholarship that ensures that our future nurses will be prepared, educated, informed, inspired, and passionate about nursing maturing as a Caring Science. By doing so, you help to assure that the disciplinary ground is established to distinguish and guide education, practices and research in nursing (qua nursing) for future generations.

Traditionally, curriculum has been thought of as a planned program of studies or a blueprint for learning, focusing largely on content and dissemination of objective clinical data, information, procedural
knowledge for technological competencies, and skills. Important as these dimensions are, a Caring Science orientation to curriculum takes a marked shift from those past, conventional, views. As Bevis and Watson (1989, 2000) explained, conventional nursing educators have typically shuffled content around within the curriculum structure declaring this *swapping and switching* as *curriculum change*, when no real change has actually taken place.

Despite the shortcoming and critiques of the aforementioned documents and reports, and while we are inviting still another evolutionary turn, it is important to acknowledge that curricular changes have occurred in nursing education over the past decade or so toward more humane and humanitarian approaches to teaching, learning, and practice.

At least in part, these changes have occurred due to the National League for Nursing’s *caring curriculum revolution* series of programs, publications, and conferences held during the 1980s, and were further influenced by Bevis and Watson’s (1989) redefinition of curriculum as “the interactions and transactions that occur between and among teachers and students in order that learning occur” (p. 6), with curriculum linked more than ever to a view of the person as whole. As Bevis and Watson indicated, the teacher’s pedagogical skills encompassed student-faculty learning relationships and sought inspired teaching-learning within the context of these relationships. This reorientation to the relationship between and among teachers and students, and teachers’ pedagogical skills has had a tremendous impact on the teaching of nursing over the last 20 plus years.

Of course, pedagogy is discussed at length in later chapters. We agree here, that it is the heart of curriculum development and the space that invites learning. In the meantime, we can point to inspired pedagogical changes that have spilled over from the curriculum revolution and which represent the heart of curriculum change.

Progressive nurse educators responded to pedagogical challenges identified by the curriculum revolutionaries, and, as a result, we see hopeful current changes in relational learning; a renewed interest in active learning; student-centered learning (Diekelmann, 2004; Young & Paterson, 2007); interactive learning, context-based learning (Williams & Day, 2007); story-based learning (Young, 2007); narrative pedagogy (Diekelmann, 2005; Brown & Rodney, 2007); and transformative virtual pedagogy (Watson, 2002).
Although these developments represent important progress in articulating innovative pedagogical approaches for nursing education, only a few authors (Giddens & Brady, 2007; Hills & Lindsey, 1994; Iwasiw et al., 2005; Jillings & O’Flynn-Magee, 2007) along with Boykin & Schoenhofer, 2001; Mary Enzman Hines, 2011; Mary Rockwood Lane, 2011; and Sitzman, 2007 (see chapters in this text) have attempted to outline different approaches to the structure and organizational aspects of curriculum development. All of these historic and contemporary trends and turns in nursing education are evolutionary in the sense that they each contribute to a new dimension in curriculum thinking and pedagogical processes. However, there is still another turn to be made that underpins these curricular processes and structures.

For example, other, earlier reports from national professional organizations and educational foundations reflect the authentic, evolutionary spiral still needed. The 1994 Pew-Fetzer Task Group Report on Relationship-Centered Care for all health professions, the New Essentials of Nursing Education: BS, MS, DNS document of the American Association Colleges of Nursing [AACN] (2009), and the early Boyer report (1990) addressed the need for serious reform. This need was highlighted again in the more recent Carnegie Report on Nursing Education, by Benner, Sutphen, Leonard, and Day (2010). This Carnegie report specifically recommended dramatic changes in how nurses are educated: “immersing nursing students in the discipline (our italics) of nursing during the first two years of study” (2010). Each of these reports in some way critiques the status quo for nursing and health science professional education and makes a case for caring relationships and foundational basics as the essential core of educational reform.

Although many nursing educators today seek to embrace expanded views of professional education and curriculum, nursing education on the whole has yet to actualize this broader vision proposed by earlier and more recent reports and recommendations. Indeed, in the recent publication by Caring Science scholars Smith and McCarthy (2010), faculty are encouraged to “go beyond these earlier and recent blueprints to educate generalist, advanced generalist, and advanced specialty nurses who are grounded in the philosophies, theories, research and practice models within the discipline (our italics) of nursing” (p. 44). Still, despite reports, recommendations and specific changes to make the necessary shift from teaching knowledge, techniques, procedures, and content toward authentic disciplinary learning (between
and among faculty and students), there remains a gap between the status quo and creating a caring curriculum and one that is explicitly based within its most mature, evolved disciplinary foundation—in this instance: Caring Science.

There are notable exceptions, especially the curriculum work of Lewis and Naef (2006), who describe their efforts at York University, Ontario, Canada, within a human science/caring paradigm. Their work is guided by an explicit focus on human/Caring Science, which is evolutionary in itself, moving, as it has, beyond the Bevis and Watson text that emphasized the educative paradigm of critical thinking and critical social theory. Their work is described in a later contributed chapter. Dr. Anne Boykin, with her visionary, sustained Caring Science leadership and successes with her colleagues and the college-wide programs at Florida Atlantic University, is another noteworthy exception. They have also contributed a chapter to this book. The University of Victoria in Canada is a third example in which a collaborative curriculum was based on a philosophy of caring and health promotion. You will find this program discussed in Chapter 8 to highlight different frameworks and processes for curriculum development. These current successful programs and projects serve as hopeful models and exemplars of movement toward a mature Caring Science educational model for nursing.

**NEXT TURN IN CURRICULUM EVOLUTION**

The need remains to move more explicitly toward a curriculum that is grounded in, and builds upon, Caring Science as a more evolved disciplinary guide for structural organization, content, context, pedagogical strategies, and meaningful relationships. For now and the near future, the requirement is to prepare nurses as mature caring-healing-health practitioners of nursing, informed by their distinct discipline.

In this book, we offer a guide to creating a nursing curriculum that is grounded in the disciplinary matrix of Caring Science, going beyond the conventional blueprints, offering a model that serves as an emancipatory, even passionate, ethical-philosophical, educational and pedagogical learning guide for both teachers and students, and the caring relationship for both teaching and learning. The next chapter moves us further into this territory.
REFERENCES


