Nursing Case Studies in Caring
Across the Practice Spectrum

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As co-director of the Center for School and Community Well-Being, she secured over $7 million in grants and contracts to fund nurse-managed school-based wellness centers and school nurse education programs in the southeastern United States. The nurse-managed centers in schools often provide the only ongoing access to health care for many children and families. The outcomes of improved health, return-to-class rate, and attendance served as the impetus for a substantial and sustained policy change, resulting in a school nurse present at every public school in one of the largest school districts in the United States, serving over 176,000 students.

Dr. Barry has transformed nursing practice through curricula change, community immersion, and policy development. Her publications and presentations at national and international conferences have fostered understanding of the value of caring for the most vulnerable and have impacted the professional practice of school nursing, now recognized as an expert practice and venue for access to affordable and ongoing health care for children and families in the United States, Africa, and Haiti.

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Dr. Gordon’s sustained contribution to nursing has been as an international leader in caring for children and families with persistent head lice. She is the first researcher to study the impact of persistent head lice on families and named the phenomenon persistent head lice, which she defined as distinct from resistant head lice. Her groundbreaking research and midrange theory development have transformed how persons with head lice are perceived and have influenced policy development, nursing curricula, and programs of research. Nationally certified in school nursing, Dr. Gordon serves as the founder and director of the Head Lice Treatment and Prevention Project and is actively involved in the direct care of children and families experiencing head lice.

Dr. Gordon has multiple publications in national and international nursing journals and has received national funding to support her research and service efforts in the areas of persistent head lice, disability, genital herpes, Bell’s palsy, delegation, and school nursing. Dr. Gordon was recognized in 2010 as one of the Great 100 Nurses in the State of Florida in the area of research.
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Certified as a HeartMath® trainer, Dr. King has been working with undergraduate nursing students to enhance resilience skills needed for day-to-day nursing practice. She has been recognized for countless hours of voluntary service to boards and communities in the United States and Haiti, including participating in the development of a school-based health center in Haiti. This center is providing access to health care for children and families in a rural, underserved community.

Dr. King has received funding to support her research in the areas of nursing education outcomes related to caring and school nursing. Her presentations and publications on the use of nursing situations as a teaching method have inspired the transformation of nursing education focused on the study of caring in contextualized stories from practice.
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Foreword

Nursing education is in the process of radical transformation. We can no longer call ourselves a professional discipline without engaging students in learning the content of that discipline. We can no longer sustain the great divide between didactic and practice (clinical) learning and expect graduates to see the value of theory-guided practice. We can no longer spew out facts and formulae for care to be ingested by our students and regurgitated back to us and then question why graduates cannot think critically. In this new era of nursing education, we educators must create learning opportunities where students integrate nursing science and art. Students need to learn through immersion in both real and virtual situations of care, where they can apply the generalities of the theoretical to the particularities of the “real” situation. Simulation is one method of approaching this integration. Another approach is to engage students in the study of nursing through stories of real or imagined encounters with clients (individuals, families, groups, and communities).

The Carnegie Foundation for the Advancement of Teaching’s report, *Educating Nurses: A Call for Radical Transformation* (Benner, Sutphen, Leonard, & Day, 2010), recommends four essential shifts for more effective integration of nursing science and caring practices: “(a) Shift from a focus on covering decontextualized knowledge to an emphasis on teaching for a sense of salience, situation cognition and action in particular situations; (b) Shift from a sharp separation of clinical and classroom teaching to integration of classroom and clinical teaching; (c) Shift from an emphasis on critical thinking to an emphasis on clinical reasoning and multiple ways of thinking that include critical thinking; (d) Shift from an emphasis on socialization and role-taking to an emphasis on formation” (p. 89). This groundbreaking book offers an approach to teaching/learning that embodies these four transformative shifts. The book contains nursing situations featuring diverse populations, health concerns, and settings. By engaging with these situations, students learn the salient knowledge of the discipline of nursing by actively reasoning within
the particularities of these situations. These nursing situations are stories of practice that can be used in the classroom to bridge the gap between theory and practice. The authors encourage the use of a framework for approaching the study of these nursing situations through multiple ways of knowing, and these include both critical and creative thinking. Through engagement with the nursing situations, students are called to imagine themselves being in the situation, reflecting on their thoughts, feelings, and perceptions. In this process, students come to a deeper understanding of themselves and the fullness of nursing grounded in caring.

The authors of this book, Drs. Charlotte Barry, Shirley Gordon, and Beth King, are faculty of Florida Atlantic University’s Christine E. Lynn College of Nursing. I am privileged to be the dean of this unique college, whose mission has focused on advancing the science, art, and study of caring within the discipline of nursing since the early 1980s. In 1994, Dr. Anne Boykin, former dean of the college, edited the book *Living a Caring-Based Program* (Boykin, 1994), in which the faculty at that time explicated a caring-based approach to teaching/learning nursing; it included using the nursing situation as the foundation for the study of nursing. Although faculty at the college have been committed to teaching using nursing situations for some time, the actual “how to” has been challenging. With this book, we have the structure and raw material that is needed to teach successfully from nursing situations throughout the curriculum. I am so grateful to and proud of these creative scholars for their exquisite work on this book.

The volume is organized to guide the reader through the process of understanding and applying this approach to teaching/learning. The authors’ perspective is that caring is the central domain of nursing; therefore, their approach to the study of the nursing situations is through the explicit lens of caring. Chapter 1 orients the reader to the concept of a nursing situation as a vehicle for the study of the discipline of nursing. Chapter 2 provides the philosophical and theoretical foundation in caring, knowing, and the use of stories for the study of nursing situations. Chapter 3 offers the reader a clear and practical framework for studying nursing situations using ways of knowing and calls for nursing. In Chapter 4, the authors provide a framework for integrating nursing theories (nursing’s disciplinary knowledge) into the context of the study of nursing situations. The following chapters (5 through 20) include the actual nursing situations, shared by a variety of contributors, as well as focused questions and study processes. This elegant guide is useful to any educators wanting to use a contextualized approach to teach nursing in their courses.

This seminal work provides what is needed for educators to take the next step in revolutionizing nursing education. Educators throughout the world in academic and practice settings, eager to teach and study caring and healing, will find this book essential. The approach of studying nursing through these nursing situations can accommodate diverse theoretical perspectives and levels of nursing education, from beginning students to
staff development to graduate students. This book will become a critical resource for both novice and seasoned teachers. I have been wishing, hoping, and waiting for this book for some time. Now that it is here, I offer my most sincere “thank you” to Drs. Barry, Gordon, and King for this transformative gift to those committed to teaching and studying nursing.

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Preface

This book provides a transformative approach to the study of nursing through nursing case studies in caring, described in this book as nursing situations. Grounded in the foundational belief that caring is the central domain of nursing, this book provides an innovative and exciting approach to the study of nursing from within the context of nursing situations. Nursing situations are defined as the shared lived experience in which the caring between the nurse and the one nursed nurtures wholeness and well-being.

The title of the book, Nursing Case Studies in Caring: Across the Practice Spectrum, has drawn us into deep reflection on the meaning of the concepts of case study, nursing case study in caring, and nursing situation. A traditional understanding of case studies as a teaching modality is drawn from the discipline of medicine in which the focus historically has been on disease, medical management, and cure. The term nursing case studies in caring is intended to denote a more holistic approach using multiple ways of knowing and caring science to inform the study of nursing. To avoid conceptual confusion, we prefer the simple language of the construct nursing situation to capture the disciplinary focus, to illuminate caring relationships, and to distinguish from the multidisciplinary use of the term case study. We will use the term throughout the text.

The Barry, Gordon & King Teaching/Learning Nursing Framework reflects the philosophy of Florida Atlantic University’s Christine E. Lynne College of Nursing (2012) and was developed as a useful guide to uncover the knowledge and beauty of nursing embedded in nursing situations. However, the framework can be adapted to any philosophical or theoretical framework currently used in education or practice. Using multiple ways of knowing and understanding, the framework provides direct and reflective questions to assist in uncovering the content, structure, and meaning of the nursing situation for the nurse, the one nursed, nursing, and for others. This book is a core resource for nurse educators and students at all levels who
seek to study the art and science of nursing grounded in caring. Additionally, the book is a resource for in-service educators in health care systems that specifically address caring as an essential value for practice.

We organized the chapters into two major parts. In Part I, “Foundational Concepts” (Chapters 1 through 5), we provide an introduction to the concept of nursing situations; an overview of the philosophical and theoretical perspectives grounding the framework development; an explanation of the Barry, Gordon & King Teaching/Learning Nursing Framework; a conceptual translation and application of the framework to selected grand and midrange theoretical perspectives; and an in-depth exemplar of teaching the discipline of nursing through the use of a nursing situation at the graduate level.

In Part II, “Nursing Situation Exemplars” (Chapters 6 through 20), we present examples of nursing situations across a variety of populations, health concerns, and practice settings that can be woven into a range of courses. The exemplars were selected from nursing situations gathered from nursing faculty and students over many years of teaching/learning nursing. Focused and reflective questions, designed to guide mutual student and faculty engagement and co-creation of nursing responses, are not intended to be exhaustive. We encourage the development of additional questions to guide understanding of caring between the nurse and one nursed. Suggested learning activities including journaling exercises, movie reviews, and aesthetic re-presentations are presented.

This book answers the clarion call for a framework from which nursing can be studied with contextualized stories from day-to-day practice. Teaching/learning from this perspective brings the lived experience of nursing into the “classroom” as students and faculty explore the impact of caring on health concerns experienced by individuals, families, and groups. We invite your responses to the usefulness of this framework for teaching/learning nursing from nursing situations.

Charlotte D. Barry
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REFERENCE


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We are grateful to our role models and mentors, Drs. Anne Boykin, Savina Schoenhofer, and Marilyn Parker, who fueled our love of nursing with ideas and language, all the while inspiring us to reach higher and delve deeper into understanding the fullness of nursing, the liveliness of caring.

We are indebted to our many colleagues, faculty, and students who not only inspired the idea of the book but motivated and supported us in its design and creation.
PART I

Foundational Concepts
CHAPTER 1

Introduction to Nursing Case Studies in Caring as Nursing Situations

Grounded in the foundational belief that caring is the central domain of nursing, this book provides a distinctive transformative approach to the study of nursing through nursing case studies in caring, described as nursing situations. The authors intentionally use the simple language of the construct nursing situation in place of nursing case studies in caring to capture the disciplinary focus, illuminate caring relationships, and distinguish from the multidisciplinary use of the term case study. Nursing situations are stories from day-to-day practice defined as the shared lived experience in which caring between the nurse and the one nursed nurtures wholeness and well-being. Nursing situations reach beyond the medical story to incorporate multiple ways of knowing and understanding in caring for individuals, families, or groups. The nursing situations presented in this book illustrate a practical, dynamic approach to the study of nursing concepts at the undergraduate as well as the graduate level. Although nursing knowledge embedded in a nursing situation is contextual, the application of that knowledge to other nursing situations that are both similar and divergent is spectacularly unlimited. Nursing situations draw readers in—turning the focus away from the disease, desk, chart, doorway, or machine—with an urgency to touch, feel, participate with, and experience what it is like to be together at this moment, at this time, in this complex particularity (King, Barry, & Gordon, 2014). This is the foundation for understanding self and others as living caring in nursing situations and as the seedling to co-create nursing responses that nurture wholeness and well-being of persons and environment in caring (Florida Atlantic University, Christine
E. Lynn College of Nursing [FAU, CON], 2012). Individuals are unique and irreducible, interconnected with others and the environment in caring relationships. The nature of being human is to be caring. Humans choose values that give meaning to living and enhance well-being. Well-being is creating and living the meaning of life. From this lens, the individual defines what wholeness means to him or her, what is necessary for well-being, and what matters most at that time for the one nursed.

BACKGROUND

National groups and scholars (American Association of Colleges of Nursing [AACN], 2010; Benner, Sulphen, Leonard, & Day, 2010; The Carnegie Foundation, 2010; Chinn, 2014; Hills & Watson, 2011; Institute of Medicine, 2011; Kagen, Smith, Cowling, & Chinn, 2009; Sullivan, 2008; Watson, 2010) have called for transformation in the way nurses are educated; these include innovative educational approaches that help illuminate and unify the complex, divergent dimensions that must be studied in order to practice nursing thoughtfully and competently. In response to these calls, this book presents a framework to support the study of nursing situations, described as the “co-created lived experiences in which the caring between nurses and persons enhances well-being” (FAU, CON, 2012). The study of nursing situations allows the reader to uncover the knowledge, skills, and practices most relevant to the real-life, day-to-day practice of nursing. National reports, including the Phase I project overview from Quality Safety Education in Nursing (2005), Core Competencies for Nurse Educators (National League for Nursing [NLN], 2005), Core Competencies of Nurse Practitioners (National Organization of Nurses Practitioner Faculty [NONPF], 2011), The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2010), The Joint Commission’s National Patient Safety Goals (2014), and Healthy People 2020 (U.S. Department of Health and Human Services, 2014), were analyzed to identify essential concepts related to nursing education for practice. As a result, the following concepts were identified and utilized for selection and inclusion of the nursing situations: (a) caring, (b) leadership, (c) patient safety, (d) evidence-based practice, (e) research/inquiry, (f) communication, (g) interprofessional collaboration, (h) health policy, (i) advocacy, (j) social justice, (k) health care disparities, and (l) professional values/ethics.

PEDAGOGICAL APPROACH

The pedagogical approach of this book to teaching/learning nursing is from a disciplinary perspective that caring is the central domain of nursing knowledge (Boykin & Schoenhofer, 2001; Leininger & McFarland, 2010; Newman,
Sime, & Corcoran-Perry, 1991; Smith, 2013; Swanson, 1991; Watson, 1979) and the belief that the knowledge of nursing is embedded in contextualized stories of practice nursing situations (Boykin & Schoenhofer, 2001; Paterson & Zderad, 1988; Touhy & Boykin, 2008). Nursing situations are examined using theoretical and philosophical perspectives of caring and various ways of exploring the meaning and practices of nursing by weaving together clinical and classroom experiences to assist the student in making the connection between theory, research, and practice.

The poem, “I Am Nurse” (see Box 1.1; Barry, 1990), as an aesthetic re-presentation of a nursing situation, illuminates the connection between theory, research, and practice. Aesthetic re-presentations, described in depth in Chapter 3, enable the student to use artistic expression to display the essence of caring from a nursing situation in a creative way. This poem is a stylized series of vignettes from the day-to-day practice of a home health nurse, and communicates the value of caring in nursing. This poem has been shared with students and colleagues around the globe and has elicited a common understanding of what is nursing and what it means to be a nurse.

Chapter 3 describes an innovative framework for teaching/learning nursing from nursing situations.

MULTIPLE APPROACHES TO TEACHING/LEARNING FROM NURSING SITUATIONS

The main theme of this book is that nursing situations constitute an ideal text–context configuration of details that focus the study of nursing science on the core value of nursing—which is caring—and integrates a range of relevant characteristics around that core. The following exemplars illustrate how nursing situations offer a “practical organic” approach to the study of nursing at the undergraduate as well as the graduate level. The exemplars are part of a data set gathered during a study of the usefulness of using nursing situations to teach nursing (King, Barry, & Gordon, 2014). A common thread of the experience of teaching using nursing situations was how nursing situations were woven into a range of courses revealing a tapestry of unique creativity.

One participant described nursing situations as the “bedrock of nursing education, practice, and research.” She shared her use of students’ nursing situations across a curriculum, but focused on a particular undergraduate course. In an early course, traditional students studied general nursing situations with “healthy” individuals of all ages. A corequisite practice course immersed the students in learning how to come to know and care for individuals in community-based settings such as preschools; elementary, middle, and high schools; older adult day care; and other congregate living facilities. Students wrote in their journals weekly, recording their reflections...
I: FOUNDATIONAL CONCEPTS

Box 1.1  Aesthetic Re-presentation: The Poem, “I Am Nurse”

By Charlotte D. Barry

I am nurse, my name is not remembered
But my caring practice names me nurse and defines nursing for my patients
I am nurse and I transcend the moment
With Bob and Mark
isolated from the world
and from each other by the cold iron bars of the hospital bed
I say— “Mark—get in bed with your partner and do it now
I know you understand the urgency
You know Bob’s process of transcending this life
Get in bed and warm him and warm yourself.”

I am nurse and I transcend the moment
With Meghan
Meghan is suffering with AIDS, a beautiful young woman
Reminds me of my daughter with her crisp good looks and hope for the future
I go through the process of admission to the home health agency and I ask this lovely
young married 32-year-old woman
“Do you have any problems with your heart?”
And she thinks for a moment and looks at me and says
“Only that my heart is broken.”
And my heart breaks and we transcend the moment through my tears.

My name is nurse and I transcend the moment with Edith
Suffering with cancer of the liver, struggling with
The restraints of limited resources,
Unable to pay the rent since she’s been sick,
Unable to get her TV repaired—her only diversion from her reality.
I transcend the moment by securing resources from the church, fellow nurses and
a woman suffering with cancer who understands
what it’s like to have your back up against the wall
And Edith’s last days are spent with a few dollars, sufficient food, a rent subsidy
and cable TV.

My name is nurse and I transcend the moment with Ann
Suffering with uterine cancer, isolation and fear—
She longs for the peace, hope and safety she felt in Brandenberg—
wishing she were there
I ask if she would like me to take her on a trip to a safe place, a place where she
could feel hope and healing and she agrees.
Through guided imagery we embark on a journey together toward the light of healing
and we’re both transformed forever.

I am nurse
I live in my relations and
I grow and change by my relationships
And so does nursing but my name remains nurse.
on coming to know themselves and the one nursed as living caring in nursing situations. Works by Roach (1992) and Mayeroff (1971) were used to identify caring concepts, and Carper’s “Fundamental Patterns of Knowing” (1978) linked knowledge needed to nurse an individual/group or family. The following is adapted from a student’s journal:

Journal entry: We were visiting a woman in a continuing care retirement community and having a conversation about her life. The woman shared that her eyesight was deteriorating and she could no longer write notes. We asked, “How can we be helpful to you?” and she asked us to help her write some long overdue notes. We agreed and my colleague went to find stationery and pen while I sat with the woman. I looked closely at the woman’s eyeglasses and asked if it would be alright if I washed them; she said yes. I went to the sink, washed the eyeglasses and removed layers of what was later identified as hair spray film from the lenses. I returned the glasses to the woman, who put them on and was amazed and overjoyed that she could see again. We were also amazed and overjoyed that through our intention to care for her we could make such a difference with our simple nursing interaction. Back in the classroom we shared an aesthetic re-presentation of this nursing situation. We built a huge pair of wooden eyeglasses and decorated it with the words that exemplified caring in our nursing situation: Knowing, taking the time to sit and talk to this woman; Compassion, feeling her sadness at not being able to write to her family and friends anymore; and the Courage to ask if we could wash her glasses.

Another faculty described a different approach to teaching using nursing situations. In an undergraduate pharmacology course, this faculty flips the classroom. Lecture notes and reading assignments are uploaded on a website platform and students are expected to come prepared to apply principles of pharmacology to nursing situations. The faculty provides nursing situations from a broad practice perspective. The core caring ingredient is focused on caring for the one nursed by competence in not only knowing drugs, dosages, interactions, allergic reactions, and side effects, but also in understanding the context of the person’s life. Issues such as literacy, health literacy, poverty, affordability, vision, refrigeration, availability of help, accessibility to a pharmacy, and manual dexterity stretches the students toward compassion and advocacy for access parity and health equity.

Similarly, the complexity of an undergraduate adult health nursing course is taught by faculty members who weave nursing situations into lectures. The students are challenged to reflect and integrate ways of caring and knowing with questions such as, “What would you do, if you were the nurse in the following nursing situation?”
Daisey was dying in the cardiac care unit. Her preacher wanted to visit and bring along other church members outside posted visiting hours. The nurse let them in a secret back door to the unit. The door to Daisey’s room was closed to give them privacy and their singing gospel music was loud and soothing.

On reflection the nurse said, “If Daisey doesn’t make it out of here we need to make sure her last hours are spent nurturing her wholeness and well-being.”

Reflecting on another nursing situation, the students are challenged to think beyond asking the usual assessment questions of “How do you feel?” or “Did you have a good night?” or “How is your breathing today?” Alice, a concert pianist, was very ill. The nurse asked, “What matters most to you today?” Alice responded, “Playing the piano, but I don’t think I ever will again.” Hearing this distinct call for nursing, the nurse enlisted the help of colleagues, a piano was rolled from the lobby to the hall outside the patient’s room, and Alice sat down and played. The faculty underscored the importance of knowing not only Alice’s physiological state in order to be a competent practitioner and to pass boards, but also to listen to the heart of the patient’s concern.

In another example, on the first day of class, an experienced faculty member invited graduate students to an online nursing theory course to write a nursing situation. A definition of a nursing situation and guidelines for writing were posted to help the students recapture the experience of caring between the nurse and the one nursed. Students shared their nursing situations with the faculty and fellow students. If a student posted a case study—a story about diagnosis and treatment—the story was revised and refined with faculty input to uncover and shine a light on the caring between nurse and nursed. The faculty member stated that she “wants the students to begin with a nursing situation so the course content has relevancy to their practice.” She added, “Posting their nursing situations for all to read provides the milieu of shared values and respect for each other as they create a type of sisterhood and brotherhood of nursing in the course.” Students reported this learning activity reawakened their love for nursing and rediscovery of the beauty in practice.

Similarly, a graduate course on evidence-based practice (EBP) and research was taught from the lens of nursing situations. Students were invited to write a nursing situation to use as an inspiration to develop a study question. Using the PICOT (population, intervention, comparison, outcome, and time) format, questions were used to structure a focused review of the literature and the development of an evidence-based practice question (Melnyk & Fineout-Overholt, 2010). The faculty stated: “Using nursing situations to develop these studies refines the general intention of EBP as a medical process into a process of nursing focused on understanding individuals in the context of a health experience.”

The specific advanced practice courses of a curriculum are taught from the perspective of the Willow family, a fictitious family created by the faculty.
The faculty describes using the nursing situations of the Willow family to bring complex concepts to life for the students. The Willows experience the usual and sometimes unusual complexities of a contemporary family. Students embrace the family and its unfolding, as they study advanced practice in nursing situations related to pregnancy, birth, health and illness, relationships, growth, job loss, relocations, members moving in and out, aging, and death.

Nursing situations are described by another faculty member to guide the study of health care policy in a doctoral course. The students are asked to reflect on a nursing situation near and dear to their hearts that had an implication for policy change. One student described working in an intensive care unit (ICU) that had restricted visiting hours, despite all the research findings on the benefit of open visiting hours. She went on to describe how painful and sad it was for her patient and his wife, who came to visit during her lunch hour but was not allowed because of visiting hour restrictions. Just as she was about to enter the unit, doctors started making rounds and she was told she could not enter when rounds were taking place. She waited as long as she could to visit her husband but had to leave to return to work, and did not see him. The student identified compassion and courage as the essence of caring in this situation. The student spent the semester working on effecting a policy change for visiting hours based on the beneficial evidence to support a revised policy.

Chapter 5 provides a full description of teaching/learning using nursing situations in a graduate course focusing on the discipline of nursing.

MULTIPLE APPROACHES TO UNDERSTANDING CARING IN NURSING

A. Boykin (personal communication, April 10, 2014) states: “There is no predetermined nursing. The study of nursing situations evokes a unique understanding for both the faculty and student of the artistry of nursing practice and how each may experience the caring between in a different way. The intentional appreciation of the differences in apprehending the caring essence of a nursing situation contributes to the beauty of practice.” This idea of the individual appreciation can be experienced in reflecting on the exemplars provided earlier. Although, both faculty and students had identified essential caring components in the nursing situations, re-presentation invites readers to experience the nursing situations anew and discover their own unique expressions of caring.

Mayeroff’s (1971) philosophical work on caring in teaching is very useful for nursing. His thesis, “to be human is to be caring,” has multidisciplinary appeal and rings particularly true for nursing. The eight caring ingredients—knowing, honesty, humility, alternating rhythms, trust, hope, courage, and patience—give immediate voice to nurses struggling to describe their nursing practice. Likewise Roach’s (1987/2002) six Cs—compassion, commitment, conscience, comportment, competence, and confidence—developed for
nursing practice have an immediate heuristic appeal to nurses and students of nursing and provide an “a-ha” moment of “Yes, that’s what went on between my patient and myself today.” Roach’s work also draws nurses and students of nursing into a purposeful practice of reflection intent on understanding self and other as living caring the best as it can be in a particular moment.

The caring concepts of Mayeroff (1971) and Roach (1992) offer a basis of understanding caring in nursing, but there are others. Paterson and Zderad’s (1988) description of presence is well described; and Boykin and Schoenhofer (2001) further conceptualize presence as authentic presence. In addition, Kolcaba’s ideas on comfort (2010), Purnell’s on intentionality (2002), Dunn and Riva’s conception of compassion energy (2014), and Erikson’s concept of love (1994) are examples of concepts that capture a unique experience of caring in nursing situations. But there may be others identified and conceptualized as teachers and students capture and identify meaningful expressions of caring. Chapter 2 presents a fuller description of caring in nursing.

MULTIPLE THEORETICAL APPROACHES TO STUDY NURSING SITUATIONS

The authors’ approach to the study of nursing situations is from a particular lens of caring in nursing grounded in the philosophy of the Christine E. Lynn College of Nursing. Nursing is “nurturing the wholeness and well-being of persons and environment in caring” (FAU, CON, 2012, para. 1). The authors, however, acknowledge the usefulness of various theoretical approaches to study nursing from nursing situations.

Chapter 4 presents a comparison of guiding questions from the Barry, Gordon, and King (2013) Teaching/Learning Nursing Framework, with guiding questions adapted to several nursing theoretical perspectives that are commonly used in schools of nursing and practice settings. The language of selected theories is translated into language suitable for the analysis of nursing situations highlighting focused outcomes for the one nursed, the nurse, the nursing profession, and others in a rippling effect of meaning. The grand theories are Nursing as Caring (Boykin & Schoenhofer, 2001); Human Caring (Watson, 2010), Self-Care Deficit (Orem, 2006), The Theory of Culture Care Diversity and Universality (Leininger & McFarland, 2010); and the Roy Adaptation Model (Roy & Zahn, 2010). The two middle range theories included and compared for application to nursing situations are the theories of uncertainty in illness (Mishel & Clayton, 2008) and comfort theory (Kolcaba, 2010).

LANGUAGE

This book is written in a distinctive manner that focuses on the nurse and the one nursed. The words “client” and “patient” have been avoided unless they
appear as a direct quote from a description of a nursing situation. Buber’s philosophical work *I and Thou* (1958) has served as a foundation for many contemporary theories of nursing and serves as grounding for the respectful language of this text. In a translation of Buber’s work, Stiles (2011) relates the caring between the nurse and the one nursed as a sacred space in which each beholds the other as Thou. This view of the other as Thou is the inspiration for the authors to write this text intentionally free of language that expresses or implies bias, disrespect, or prejudicial preferences for the other.

The notion of respectful language has been specifically promulgated by scholars of nursing and the American Psychological Association publication manual (American Psychological Association, 2009), and yet language that objectifies others and puts them in a box that limits our understanding is commonly heard, read, and used. This is not the situation with children with disabilities. Respectful language was introduced as an essential component of the Individuals With Disabilities Act (Family to Family Network, 2013). IDEA is known as the “person-first” law, recognizing the child first and disability second. The law forever changed language from handicapped children to children with disabilities, focusing attention on the individual and not on a condition or label.

Hills and Watson (2011) assert, “Caring Science, ethically and philosophically, seeks to avoid reducing any human, whether student or patient, or any other, to the moral status of object.” (p. 12).

Once a person becomes an object, like a DNR (do not resuscitate) medical order, we as nurses can separate ourselves from the humanity of the other and in doing so lose some of our own humanity (Purnell, 2001). Buber calls us to experience the other as a human being; through this connection and interrelationship, we experience a fuller understanding of ourselves as human beings and as nurses.

Nursing situations are the touchstone and heart of this text, focusing on persons as individuals and not as cases of illness or disease such as “the diabetic patient” or “the DNR.” In all instances, persons will be described as the individual with diabetes or the person with a DNR order or the individual with Alzheimer’s disease. The authors envision a future in which nursing language always places the focus on the individual rather than the health concern.

**SUMMARY**

This chapter introduces the notion of nursing situations—contextualized stories from the day-to-day practice of nursing—as a repository of nursing knowledge and an innovative approach to teaching/learning nursing. This approach is developed in response to a call from national leaders and scholars to transform nursing education using methods that illuminate and unify the complexity of contemporary nursing practice. The tenets of narrative
pedagogy provide the basis for this innovative approach and exemplars of teaching undergraduate and graduate students are offered. Various philosophical and theoretical approaches to nursing are presented as frameworks to examine nursing situations for knowledge and meaning. The authors conclude with a description of the use of specific language in this book that focuses on persons being cared for and not on the individual’s health concern.

REFERENCES


CHAPTER 14

Caring Between a Nurse and an Adult Transitioning From Acute Care to Home Care

This chapter presents a nursing situation focused on caring of a young adult male admitted with chest pain and his nurse. Using the philosophical perspective of caring (Florida Atlantic University, Christine E. Lynn College of Nursing [FAU, CON], 2012), which focuses on nurturing the wholeness and well-being of persons in caring relationships, the nursing situation highlights the nurse’s growing understanding of caring.

Directions: As you prepare to intentionally enter the world of the other, reflect on the following question: What are the expressions of caring between nurse and the one nursed?

NURSING SITUATION

Written by Shelina Davis, ARNP, GNP-BC

BOB AND HIS DOGS

Recently, I met a young male who presented to the emergency department with chest pain. I will just call him Bob. He underwent a cardiac catheterization and was found to have severe multivessel coronary artery disease and was referred to the cardiothoracic surgical team. I introduced myself to the small-framed gentleman and began to talk to him and ask him my usual questions. He rested on the recovery stretcher, very relaxed and very
attentive to everything I explained. He asked questions along the way and seemed very accepting of (a) his newly diagnosed severe artery disease, (b) learning that he was a poor candidate for nonsurgical revascularization, and (c) being told that surgeons were prepared to take him for bypass grafting the next morning! I remember Bob coming to his decision rather quickly without any vacillation or discernible trepidation. The more I explained, the more eager he was to learn more.

After almost 2 hours of speaking with Bob and getting to know him, I learned he was a bit of a loner. He had never been married. His family lived in another state and he had not seen them in years. However, he had neighbors that were willing to help him at any time. I wrapped up the consult and began preparing him for the day’s events. I remember thinking to myself how unusual this was for me because I normally would have needed more time for patients and family members to think and digest everything. Not Bob! By his verbal and nonverbal cues, I could tell he was ready for more. He was open to every aspect of his hospital stay that I discussed—from preoperative testing to discharge home—and accepting of things to come. I ended my extended visit with Bob and I asked him if there was anything we had not covered that was important to him or any questions that I had not answered or needed clearing up. He smiled widely and replied, “Nope. I think I am ready.” He went off to surgery the next day.

Bob did very well postoperatively. I saw him every day throughout his recovery and continued to build a solid patient–provider relationship with him. He was discharged on postoperative day six with a follow-up scheduled in the office to see me. He presented for his first postoperative visit and had developed drainage, swelling, and pain at the distal end of his sternal incision. I opened the incision by sterile technique and realized the area of drainage was very large. I admitted him back into the hospital for incision and drainage of the entire area. Through it all, again, he was a trooper. A wound vacuum system was placed on the wound in the operating room and I saw him the next morning. I felt very good about his short stay and was even more excited that all had gone so well. Besides, I had more teaching to share about things to come.

Just as I had done before, I explained to him everything to come. I explained that he would go home with the wound vacuum system and that nurses would come in every other day to change the foam packing. This time he was very quiet. I continued on without missing a beat. Later that evening, I briefly thought about him but I wasn’t sure why. By the end of the week, postoperative day three, he was scheduled for discharge. As the nurse was preparing Bob for discharge, he began to have chest pains. Diagnostic testing was unrevealing and he was monitored over the weekend. I made rounds on Monday morning and Bob seemed to be doing very well. I reviewed everything that happened over the weekend and I began to recall my last encounter with Bob. Therefore, I decided to hang around for a couple of hours.
Later his nurse began to go over discharge information with him and he began to complain of chest pain and dizziness. I entered the room and he looked terrified. He was pale, very fearful, and avoiding eye contact. He looked nothing like the Bob I had come to know. I asked the nurse to give us some time and I sat down beside him and we began to talk. Eventually he revealed how he could not go home. He expressed how he felt no fear facing his own mortality after being diagnosed with severe coronary disease and undergoing open-heart surgery. He continued to tell me that everything had gone just as he had learned through my teaching. He felt no fear until I told him that nurses would come into his home to do dressing changes. As it turns out, Bob had two dogs that were deemed very aggressive. He knew he could not have anyone in his home, but he didn’t know how to tell me. He didn’t know that he had options. He was afraid that his dogs would suffer as a result of his care needs and feared that they may be taken away.

I realized then that I had missed something very special with Bob. His dogs were his close family. His dogs loved, comforted, and protected him. With them, he had no fears and felt he would be fine at home. Due to his special needs, I made arrangements for Bob to come into my office Monday, Wednesday, and Friday for dressing changes. He was very thankful, and so was I. He taught me a valuable lesson.

Within half an hour, Bob was chasing the nurse down the hall for discharge information, asking questions, and being very attentive to his instructions for skin care and managing the wound vacuum system. He went home that afternoon and continued to eagerly learn as he recovered from his surgical experience. Nursing is learning and connecting to what matters most to the patient and trying to make health care fit his or her needs; the care of the patient affects his or her experience in health, illness, and recovery.

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**STUDY PROCESSES**

The Barry, Gordon & King Teaching/Learning Nursing Framework process is a broad guide to study and analyze nursing situations, focusing on the caring between the nurse and one nursed. In caring for Bob, the nurse followed her routine of educating Bob prior to surgery and following up with discharge teaching. The following analysis guides and inspires understanding of nursing from the philosophical perspective of caring (FAU, CON, 2012), focusing on nurturing the wholeness and well-being of persons in caring relationships.

**What Was the Caring Between the Nurse and the One Nursed?**

The nurse cared for Bob through her competent teaching about his surgery and discharge care. She was committed to understanding why Bob became
symptomatic each time he was getting close to being discharged. As the nurse realized that Bob was telling her something, she became more fully present and he shared his concern about strangers coming into his home and his fear of losing his family—his dogs. The nurse genuinely listened to Bob and trust had been established. What mattered most in the moment to Bob? What other caring ingredients are present in the situation? How did the nurse instill trust with the one nursed? How did the nurse’s competence influence the situation?

Using the Ways of Knowing, How Can We Understand the Call(s) for Nursing?

How does each of the ways of knowing—personal, empirical, ethical, sociopolitical, spiritual, emancipatory, unknowing, and aesthetic—inform understanding of caring in this nursing situation (Carper, 1978; Kagen, Smith, Cowling, & Chinn, 2009; Munhall, 1993; White, 1995)?

Personal knowing: What is conveyed by the nurse and Bob as a caring person? What can be learned from Bob regarding the definition of family? What past experiences with aggressive dogs might influence the nurse’s caring? What do you need to know about yourself to care for Bob?

Empirical knowing: What knowledge is needed to provide nursing care for a person undergoing a coronary bypass surgery? What knowledge is needed to care for a person with a wound vacuum system? What is the research related to preventive measures for coronary heart disease? What is the influence of a person’s mental health on physical health? What does Bob need to know as he transitions from the acute care setting to his home? What evidence informs transitional care? What knowledge of family theory is needed to care for Bob? What are the laws for animals that are designated aggressive?

Ethical knowing: What ethical issues are present in this nursing situation? How do ethical codes guide nursing practice? Who should pay for the additional hospital stays?

Sociopolitical knowing: What is the sociological impact of coronary artery disease? What preventative health measures are covered by insurance companies? What are the cost comparisons between in-home and in-office postoperative wound care? How does Bob’s cultural belief impact his health? What measures could be taken to assist Bob with his dogs labeled as aggressive?

Spiritual knowing: How can the nurse support Bob’s spiritual beliefs and practices?

Emancipatory knowing: What bureaucratic constraints are present in this nursing situation? What advocacy actions are needed?

Unknowing: What mattered most in the moment to Bob? What must it be like for Bob to live in fear that his dogs will be taken away from him?
What did the nurse unknowingly communicate to Bob through her actions and communication?

Aesthetic knowing: How did the nurse support Bob’s hopes and dreams? How would you aesthetically represent this nursing situation?

**What Are the Calls for Nursing?**

The nurse heard the call to provide patient teaching and education for Bob regarding his coronary artery disease, bypass surgery, and postoperative care. She also heard his call to understand his fear of losing his family (dogs). What other calls would you identify in this nursing situation?

**What Are the Responses to the Calls for Nursing Present in the Situation?**

The nurse initially responded to the call for education and patient teaching, but once she listened she addressed his issue with home care. What other responses might you create? What expressions of caring are present? How did the ways of knowing inform the nurse’s response? Which way of knowing was most informative in the responses?

**What Was the Outcome of the Response(s) in Relation to the Call(s)?**

The nurse used the philosophical perspective of caring (FAU, CON, 2012), which focuses on nurturing the wholeness and well-being of persons in caring relationships. In what way did the outcomes reflect this theoretical lens?

*For the person nursed, Bob:* What mattered most to Bob was his family—his dogs. He was fearful of transitioning to home care because of his dogs’ past behavior with strangers. As plans for him to receive care at the nurse’s office evolved, his fears were allayed and he was now eager to go home.

*For the nurse:* The nurse learned to be more fully present through active listening and realized the need to make health care fit the person’s unique circumstance.

*For the nursing profession:* This nursing situation exemplifies the uniqueness of calls and responses and the need for nurses to listen to each individual and what matters most to the person at that moment in time.

*For others:* What is the value of being cared for? What is the value of understanding the meaning of family? How does coming to know an individual facilitate economical transitional care?
**How Did the Study of This Nursing Situation Enhance Your Knowledge of Nursing?**

What did I learn about myself as I studied this situation? What did I learn about caring science? What new possibilities can be created from this nursing situation?

**LEARNING ACTIVITIES**

*Journal:* Reflect on the importance of knowing others through active listening and authentic presence. Write a nursing situation from your practice exemplifying the value of understanding what matters most to the person.

**BOX 14.1 Reflective Journal**

What are your thoughts on caring expressed by the nurse in this situation?

*Aesthetic re-presentation:* How can this nursing situation be aesthetically re-presented?

**BOX 14.2 Aesthetic Re-presentation**

How would you aesthetically re-present this nursing situation?

**REFERENCES**


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**LEARNING RESOURCES**


