Barriers and Facilitators to Teaching

*Culture of Health* Concepts in
Tennessee Schools of Nursing

A Modified Delphi Study

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Culture of Health

• Where good health and well-being flourish across geographic, demographic, and social sectors;
• Where fostering healthy equitable communities guides public and private decision making;
• Where everyone has an opportunity to make choices that lead to healthy lifestyles.

(Plough, 2017)
Nurses Leading the Way

Nurses are essential partners in promoting health

... a traditional part of nursing history

“The call to the nurse is not only for the bedside care of the sick but to help in seeking out the deep-lying basic cause of illness and misery, that in the future there may be less sickness to nurse and cure.”

Lillian Wald, 1915
Founder of the Henry Street Settlement
But are We Educating Nurses to Fill this Role?

• Seeking consensus through Modified Delphi studies

• Arkansas Center for Nursing (2017)

• Tennessee Action Coalition (2018)
Expert Panel:
Ten Deans/Directors

- Each grand region of the state represented
- Undergraduate enrollments ranged from 265 to 11,000
- Private and public colleges/universities
- Degree offerings ranged from ASN to DNP and PhD
- Settings included urban areas with population of more than 600,000 and rural areas with populations of less than 10,000
Interview Questions

• What are your thoughts about integrating population health, social and environmental influences on health and Culture of Health (COH) concepts into the nursing curriculum? Is this something you are already doing in your school and if so, talk about the kinds of components or activities that are taking place.

• Why do you think learning about population health, social and environmental influences on health and COH is important for nursing students?

• What do you think are the barriers to integrating the concepts into the curriculum?

• What do you think are the facilitators to integrating the concepts into the curriculum?
SURVEY FINDINGS: CONSENSUS
Integrating COH Concepts is Important

64% Extremely important
23% Very important
13% Moderately important
I think we are all coming to understand that population health and thinking about prevention is an area we have not had in our curriculum and that is going to be the thing that will move the dial so to speak on the nation’s health.
Start at Undergraduate Level

- 45% 1st year undergraduate
- 18% 2nd year undergraduate
- 32% 3rd year undergraduate

FROM HERE TO ANYWHERE
Health Promotion Strategies Are Vital

82% Extremely important
14% Very important

Extremely important  Very important  Moderately important  Slightly important  Not at all important
Nurses who Learn COH Concepts Deliver Better Care

57% Strongly agree
29% Agree
14% Neither agree nor disagree
At the end of the day, we have to meet patients where they are and work through that, and appreciate that, and respect that.
Nursing ought to be ... health promotion, risk factor identification, illness prevention, and then maintenance.
Faculty are Primary Academic Facilitators

- 10% Diverse faculty
- 38% Faculty buy-in for integrating COH concepts
- 20% Innovative, flexible faculty
- 20% Faculty willingness to engage
- 18% Empowering students

- Having a diverse student body
- Having a diverse faculty
- Faculty buy-in for integrating COH concepts
- Innovative and flexible faculty
- Faculty willingness to engage with students
- Empowering students to embrace nursing's unique potential to change health care

FROM HERE TO ANYWHERE
SURVEY FINDINGS: LACK OF CONSENSUS
Where are we in Tennessee?

- 5% Fully integrated
- 45% Moderately integrated
- 40% Slightly integrated
- 10% Not at all integrated

Integration in planning stages
Academic Barriers

- 38% Amount of content in current curricula
- 21% Nature of content in NCLEX
- 12% Faculty resistance to change
- 14% Faculty knowledge deficit
- 12% Lack of student exposure

- Amount of content in current nursing curriculum
- Nature of content covered on the National Council Licensure Examination (NCLEX)
- Faculty resistance to change
- Faculty knowledge deficit surrounding Culture of Health concepts
- Institutional concerns about placing students in community settings for clinical experiences
- Lack of student exposure to community needs
We need...strong preparation in ... patho and pharmacology, but we can’t let go of the social populations or social determinants of health that go with it.
Health Systems Barriers

- **29%** Focus on disease management
- **20%** Lack of collaboration
- **15%** Lack of health promotion focus
- **15%** Economic structure
- **20%** Lack of role models in practicing nurses
Institution-Related Facilitators

- **7.5%** Program setting
- **33%** Clinical experiences set in the community
- **23%** Community agencies open to having students
- **20%** Teaching economics of health care
- **15%** Raising practice entry level

- Extending the time frame of the nursing curriculum
- Nursing program setting that is close to communities with evident need
- Clinical experiences set in the community
- Having community agencies open to having nursing students
- Teaching economics of health care, including cost benefit of prevention versus illness care
- Elevating practice entry level requirements beyond the associate degree
Discussion

• Recognition of need
  – National Academy of Medicine (IOM)-Future of Nursing Report
  – Robert Wood Johnson Foundation
  – IHI Triple Aim focus on quality
  – Rising health care costs and poorer health outcomes
  – Nurses’ unique position
    • Partners with patients
    • Most numerous--4 million in the nation (NCSBN)
    • ~ 60,000 registered nurses in TN
    • Most respected profession
Adopting Change

• Examples of change in curricula
  – Concept-based curriculum at Belmont
  – Redesign at Thomas Jefferson University-Curriculum for health is H.E.R.E (Bouchard et.al., 2016)
  – Simulation experience (Mauro et al., 2018)
  – Concept-based curriculum at Indiana University (Decker, Hensel, Kuhn & Priest, 2017)
  – SDOH project for FNP students at UAB (Buys & Somerall, 2018)
Adopting Change

• Updated population health courses
• Clinical experiences in communities
• Community-based experiential learning
• Service learning projects at University of Arkansas and in Tennessee

(Bryant-Moore, Bachelder, Rainey, Hayman, Bessette, & Williams, 2018; IHI, 2017; Lantz, 2018; Mahoney & Jones, 2013; Murray, 2017)
Limitations

• Three interviewers
• 51% response rate
• Lack of consensus
Next Steps

• We have the perceptions and ideas of Tennessee nursing education leaders
• Similar to peers in other states
• Sharing today with Tennessee deans/directors
• Hosting a workshop with deans/directors and faculty to brainstorm ways to move forward
The Future of Nursing: Campaign for Action

Everyone in America can live a healthier life, supported by nurses as essential partners in providing care and promoting health equity and well-being.
The Choices We Make Are Based on the Choices We Have
References