**Anne Boykin Institute for the Advancement of Caring in Nursing**

**Social Justice Modules**

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*Social Justice is love made public.*

The Anne Boykin Institute (ABI) for the Advancement of Caring in Nursing presents summer academies on various topics pertinent to caring and nursing. In support of Christine E. Lynn College of Nursing’s mission, ABI’s mission, “…provides the global leadership for nursing education, practice, and research grounded in caring; promotes the valuing of caring across disciplines” (Christine E. Lynn College of Nursing, Florida Atlantic University, n.d., para. 2), ABI offered the Summer 2019 Summer Institute framed by the theme, *Call to Social Justice as Caring Action*.

One of the charges for a group of ABI board members was the development of a nursing education application on social justice and caring. Three members met virtually to create modules that might be selected by faculty across nursing curriculums. The intent was to provide modules, represented as pages (Canvas Learning Management System), that added to course material on social justice. Whether included in a learning management system such as Canvas or presented in another way, faculty would be free to use the content, references, and suggested assignments.

The group discussed creating a document that could be enhanced by participating faculty. As faculty used the materials, content, methods, resources, and assignments, they might add embellishments over time to increase the currency and relevancy of the caring and social justice materials. Authors hoped that faculty could sign in to the toolkit, sign an agreement to share back recommendations and changes, and renew the documents through updates.

Group members obtained course details from several doctoral courses of the Christine E. Lynn College of Nursing. They matched the following courses’ learning outcomes to the modules: Florida Atlantic University, Christine E. Lynn College of Nursing, Doctor of Nursing Practice Program; NGR 6673, Objective 2, 7, 10, 12; NGR 7941, Objective 2a, 2b, 5a, 5b, 5 c, 6c; NGR 7943C, Objective 3b, 6b; 7793 4a, 5a, 6a, 6b, 7a, 7b, 7c. They also matched the learning outcomes with American Association of Colleges of NursingEssentials(2019): II, III, VIII, IX; Match with DNP Essentials II, V, VII, VIII.

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**Module 1: Critical Social Theory and Caring in Nursing Theory: Framing Social Justice**

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| --- | --- | --- | --- | --- |
| **Unit** | **Content:**  | **Student Learning Outcomes** | **Assigned Readings/****Instructional Activities** | **Evaluation Strategies** |
| I. | Critical Social Theory and Caring Science: IntersectionsCritical Social TheoryExploring critical social theory and feminist critical social theoryExamining false assumptionsRecognizing who person is and how various influences, such as historical, power, oppression, culture, racism, stigma, and marginalization, can guide relationship and nursing care receivedExemplarsDiverse persons, homeless persons, LBGTQ persons, people with addictions, marginalized persons, and resulting different challenges for person and nurseApplied Critical Social TheoryIncreased awareness to social issues, oppressive sociopolitical conditions, e.g., social determinants of health influencing health and health careAdvocate for changeObligations of NursesRelationship developmentSet aside differencesWork in harmony with patients, families, and communities with caring, concern, and mutual participationNurse Awareness/Understanding Antecedent to developing relationships with persons’ cared forPersonal attitudes, behaviors, preferences, biases, values, strengths, and limitations and how this relates to engaging with othersNurse Understanding. Guiding Interactions with Others, Influencing their Interpretation of OthersBased on own world: race, culture, gender, age, sexual orientation, economic, political forces, ways used to address challenges, etc.Peace as Commitment and ActionPraxis: deliberative actionEmpowerment: active engagement with others of shared values; taking in. forming strengthAwareness: knowledge of self, others, worldCooperation: active commitment to group solidarity & group integrityEvolvement: commitment to growth where change and transformation are conscious and deliberate | * Identify core concepts of Critical Social Theory.
* Describe the intersection of selected theories of caring and Critical Social Theory.
* Analyze a case study using a theory of caring and Critical Social Theory.
* Develop self-awareness of own attitudes, behaviors, preferences, biases, values, strengths and limitations and how these influences engaging with others.
* Reflect on nurses’ responsibility to identify
 | Core Books:Chinn, P. L. (2013). *Peace and power: New directions for building community* (8th ed.). Jones & Bartlett Learning. Chapter 2: PeaceFowler, M. D. (2019). *Guide to nursing’s social policy statement: Understanding the profession from social contract to social covenant.* American Nurses Association.  | Case study framed by Critical Social Theory and caring theory and self-reflection |

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**Module 2: Social Justice Concepts and Nursing**

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| **Unit** | **Content** | **Student Learning Outcomes** | **Assigned Readings/****Instructional Activities** | **Evaluation Strategies** |
| I. | **Nursing and Social Justice**Social Justice for Vulnerable PopulationsMoral Foundations and Ethical ValuesHealth as common goodPopulation-based preventionJustice as ethical principleEquity, equality, beneficenceCore Concepts of Social JusticeDistribution of rights and responsibilitiesDistributive justiceInherent human dignityFreedom, justice, peaceNursing’s MandateCode of Ethics and social justiceEmancipatory knowledge and practice (Kagan, Smith, Chinn)Nurses Professional Values Scale-R: Instrument (Weis & Schank)Nursing’s Social MandateAmerican Nurses Association: Nursing’s Social Policy StatementSocial contract: 16 elementsCommon goodCitizenship, civic engagement, civic professionalismNursing’s involvement in public and global healthNursing’s Role in Health PromotionSocial Activism Promotion and guidance used to cultivate changes in business practices, business policies or the government to influence social change. The duties of a social activist include communicating with policy makers, researching for the cause, and organizing responses for the mediaPeace and PowerAssumptionsTheoretical frameworkConcepts: power, peaceEmancipatory processSocial Justice: convergence with caring in nursing’s ethical foundations | * Identify core concepts of social justice.
* Position social justice activities in ethical values.
* Explore nursing’s professional mandate.
 | Model of Social Action Engagement (Hill, M., Watson, J., & Cara, C. [2019, May 30]). *Practice evaluation as authentication in a caring science curriculum: Transcending the behaviorist paradigm*.Greenville, SC: IAHC Conference). Moyer, B. Four roles of social activism. <https://commonslibrary.org/the-four-roles-of-social-activism/>Nursing Manifest. <https://nursemanifest.com/>REDdress Campaign. <https://globalnews.ca/news/2257745/red-dress-campaign-looks-to-raise-awareness-about-missing-murdered-indigenous-women/>Anderson-DeCoteau. <https://www.youtube.com/watch?v=IpKjtujtEYI>Social Activism. Definition. <https://www.reference.com/world-view/social-activism-f976daed19cdd577>White, J. (1995). Patterns of knowing: Review, critique, and update. *ANS, 17*(4), 73-86. | Short Paper: Case Study-Nursing Situation on Vulnerable Population; matching nursing citation |

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**Module 3: Social Determinants of Health**

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| --- | --- | --- | --- | --- |
| **Unit** | **Content:**  | **Student Learning Outcomes** | **Assigned Readings/****Instructional Activities** | **Evaluation Strategies** |
| I. | Social Determinants of Health and Social InfluencesSocial Determinants of Health (Canada)Income and social statusEmployment and working conditionsEducation and literacyChildhood experiencesPhysical environmentsSocial supports and coping skillsHealthy behaviorsBiology and genetic endowmentGenderCultureRace/RacismBenefits and BurdensEntitlementsDistributionEconomicsCultureSocial Determinants of Health: Examples (United States) Availability of resources to meet daily needs (e.g., safe housing and local food markets)Access to educational, economic, and job opportunitiesAccess to health care servicesQuality of education and job trainingAvailability of community-based resources in support of community living and opportunities for recreational and leisure-time activitiesTransportation optionsPublic safetySocial supportSocial norms and attitudes (e.g., discrimination, racism, and distrust of government)Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)Socioeconomic conditions (e.g., concentrated poverty and stressful conditions that accompany it)Residential segregationLanguage/LiteracyAccess to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)Social Determinants of Health: Examples United StatesNatural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)Built environment, such as buildings, sidewalks, bike lanes, and roadsWorksites, schools, and recreational settingsHousing and community designExposure to toxic substances and other physical hazardsPhysical barriers, especially for people with disabilitiesAesthetic elements (e.g., good lighting, trees, and benches)Nursing’s Commitment to Health Promotion and Caring Values | * Examine how social determinants of health intersect with social justice action.
* Describe the effect of social influences on social determinants of health
* Describe personal and institutional commitment to developing employees’ and students’ commitment to framing social justice challenges with social determinants of health.
 | Father Greg Boyle of Homeboy Industries. <https://www.youtube.com/watch?v=BChZ57Z-h_Q>USDHHS, ODPHP. Healthy People 2020. Social determinants of health. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health> | Short Paper: Case Study-Nursing Situation on Vulnerable Population; matching nursing citation |

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**Module 4. Racism and Bias in Health Care**

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| --- | --- | --- | --- | --- |
| III | RaceSelf-awareness for health professionalsCultural sensitivity, awareness, competenceAttitudes, beliefs, ideologyRacial and ethnic disparitiesEnhancing cultural competence among health care providersRacism: Systemic and InterpersonalInterrelationshipCultural competence training: impactLink to mortality and morbidity among racial minority groupsAnti-RacismRacism defined; complexityEvidence, policy, and activism: orienting anti-racism interventionsCharity versus activismCritical consciousness and social justiceCommunity involvementAdvisory committeesFeedback during program implementation throughout implementation to end of program evaluationHealth care agencies’ strategies to reduce systemic racismMeasuring Implicit Attitudes (Bias)Caring Behaviors, Self-Assessment, and Developing Critical Consciousness | * Explore personal awareness of race in context of health care
* Describe multicultural considerations with health care staff and patients
* Compare systemic to interpersonal racism
* Describe the sustained impact of cultural competence training
* Define anti-racism
* Identify strategies used to involve community members in health care interventions and programs
* Examine aspects of the Implicit Bias Test.
 | Ferdinand et al. (2017) Shepherd et al. (2019) | Self-administer four areas of diversity using Harvard’s Implicit Association Test |

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**Module 5. Microaggression and Health Care**

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| --- | --- | --- | --- | --- |
| IV | Microaggression and Health Care: BiasDefined: Behavioral indignities: behaviors that ambiguously disempower racial minorities and othersBrief and commonplace; verbal, behavioral, and environmental; intentional or unintentional; target person or groupForms: microassault, microinsult, microinvalidationSystemicHealth disparities and racism in health careInstitutional racismWhite privilegeClinical encountersSubtle racismRacial microaggressionsPatients’ experiencesPatients’ perceptions of racial microaggressionHealth care: authority and dominant culture, marginalization, failure to address culturally insensitive interactions and denial of prejudice normalized culturally insensitive interactionsMicroaggression in Health Care ScaleMistaken identity, mistaken relationships, fixed forms, entitled examiner, pervasive stereotypes, intersectionalityStudents’ experiencesUnderrepresented minority nursing studentsSchool institutional climateRaising the Bar from Caring in Nursing Theory and Practice | * Self-assess the impact of microaggressive actions on comfort level during interactions
* Describe examples of forms of microaggression
* Examine patients’ and nursing students’ experiences with microaggression examples
 | Cruz et al. (2019)Snyder et al. (2018) | Nursing Situations: positive and negative perspectives on microagressionsClinical exemplars |

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**Process Notes**

Nursing Situation: Format short writing assignment using Nursing Situation as Case Terry

Article selection by student to match population, the best article; choose it and use in short paper

Sharing Module for Spring 2020 courses: Practicum; Ethics; Leadership; etc. (Claire’s course), MSN, PhD, DNP curricula

MSN (critical social theory, theory, practicum courses),

DNP (leadership, ethics),

PhD one caring courses (FAU)

NOTES

Nursing Situation Case Study: Semi-structured interview by students using Nursing Situation structure

Critical social theory and influence of understanding of what people say they need.

Implicit bias instrument Harvard; part of nursing situation interview structure (Marcia Hill)

Expanded version, social political knowing: Carper ways of knowing: critical social theory, emancipatory; advocacy White

Check YouTube Powerlessness indigenous people Environmental Caring: Climate Change; where people reside; access to services

Relevance across programs. BSN essentials.

Need mechanism to people who do not have Canvas: add to ABI site to import materials into their course

Agreement development: Welcome, free update, share back

Social Justice Modules: Pick and Zoom

Need mechanism to people who do not have Canvas: add to ABI site to import materials into their course

Some way that sign to use; agreement share back; update

Agreement development: Welcome, free update, share back

**The Essentials of Doctoral Education for Advanced Nursing Practice**

The DNP curriculum is conceptualized as having two components:

1. DNP Essentials 1 through 8 are the foundational outcome competencies deemed essential for all graduates of a DNP program regardless of specialty or functional focus.

2. Specialty competencies/content prepare the DNP graduate for those practice and didactic learning experiences for a particular specialty. **Competencies, content, and practicum experiences needed for specific roles in specialty areas are delineated by national specialty nursing organizations.**

***Essential I: Scientific Underpinnings for Practice***

The DNP program prepares the graduate to:

1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.

2. Use science-based theories and concepts to: determine the nature and significance of health and health care delivery phenomena; describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and evaluate outcomes.

3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.

***Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking***

The DNP program prepares the graduate to:

1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.

2. Ensure accountability for quality of health care and patient safety for populations with whom they work.

a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.

b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.

c. Develop and/or monitor budgets for practice initiatives.

d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.

e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.

3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

***Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice***

The DNP program prepares the graduate to:

1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.

2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.

3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.

4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.

5. Use information technology and research methods appropriately to:

collect appropriate and accurate data to generate evidence for nursing practice;

inform and guide the design of databases that generate meaningful evidence for nursing practice;

analyze data from practice; design evidence-based interventions;

predict and analyze outcomes; examine patterns of behavior and outcomes; identify gaps in evidence for practice

6. Function as a practice specialist/consultant in collaborative knowledge-generating research.

7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes.

***Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care***

The DNP program prepares the graduate to:

1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.

2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.

3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.

4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.

5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.

***Essential V: Health Care Policy for Advocacy in Health Care***

The DNP program prepares the graduate to:

1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.

2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.

3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.

4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.

5. Advocate for the nursing profession within the policy and healthcare communities.

6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.

7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.

***Essential VI: Interprofessional Collaboration for Improving Patient and Population***

***Health Outcomes1***

The DNP program prepares the graduate to:

1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.

2. Lead interprofessional teams in the analysis of complex practice and organizational issues.

3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.

***Essential VII: Clinical Prevention and Population Health for Improving the Nation’s***

***Health***

The DNP program prepares the graduate to:

1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.

2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.

3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

***Essential VIII: Advanced Nursing Practice***

The DNP program prepares the graduate to:

1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.

2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.

3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.

4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.

5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.

6. Educate and guide individuals and groups through complex health and situational transitions.

7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.

Source: American Association of Colleges of Nursing. (2006, October). The essentials of doctoral education for advanced nursing practice. http://www.aacn.nche.edu/publications/position/dnpessentials.pdf

**The Essentials of Master’s Education in Nursing March 21, 2011**

The nine Essentials addressed in this document delineate the knowledge and skills that all nurses prepared in master’s nursing programs acquire. These Essentials guide the preparation of graduates for diverse areas of practice in any healthcare setting.

Essential I: Background for Practice from Sciences and Humanities-Recognizes that the master’s-prepared nurse integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.

Essential II: Organizational and Systems Leadership-Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making, effective working relationships, and a systems-perspective.

Essential III: Quality Improvement and Safety-Recognizes that a master’s-prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.

Essential IV: Translating and Integrating Scholarship into Practice-Recognizes that the master’s-prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent, and disseminates results.

Essential V: Informatics and Healthcare Technologies-Recognizes that the master’s-prepared nurse uses patient-care technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care.

Essential VI: Health Policy and Advocacy-Recognizes that the master’s-prepared nurse is able to intervene at the system level through the policy development process and to employ advocacy strategies to influence health and health care.

Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes-Recognizes that the master’s-prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.

Essential VIII: Clinical Prevention and Population Health for Improving Health-Recognizes that the master’s-prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations.

Essential IX: Master’s-Level Nursing Practice-Recognizes that nursing practice, at the master’s level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master’s-level nursing graduates must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care components.

American Association of Colleges of Nursing. (2019). AACN Essentials. <https://www.aacnnursing.org/Education-Resources/AACN-Essentials>

**Nursing Situation**

“The nursing situation is the locus of all that is known and done in nursing” (Boykin & Schoenhofer, p. 13). From the perspective of the faculty of the Christine E. Lynne College of Nursing (CON), “the experience of nursing takes place in nursing situations: lived experiences in which the caring between the nurse and client fosters well-being within a co-creative experience.”

The difference between telling a story of a nursing situation and a typical case study lies in the focus. The focus of a nursing situation story is to describe nursing that has taken place – what happened between the nurse and the one nursed - while a typical case study presents “the medical assisting activities performed by the nurse” (Boykin & Schoenhofer, p. 31). Nursing situations can be presented in many aesthetic forms: such as narratives, poems, songs, plays, paintings, sculptures, etc.

“The professional nurse, schooled in the discipline of nursing, brings expert knowledge to the nursing situation” (Boykin & Schoenhofer, p. 15). At the completion of this course you will bring expert ethical knowledge to all nursing situations.

**Ways of Knowing**

Coming to know nursing requires multiple ways of knowing ourselves and our patients. Nursing is not solely an art, a science or an ethic but rather it is a unity of knowledge. As you study nursing from within nursing situations, we consider the following questions developed by Boykin & Schoenhofer (1993, 76-77). The questions help us to focus on multiple ways of knowing to know person and to organize the knowledge needed for nursing practice.

**Personal Knowing**

Who is the nurse and nursed in the moment?

How are the nurse and nursed expressing caring in this moment?

What are the unique calls for nursing?

**Empirical Knowing**

What nursing related research exists on topic relevant to the nursing situation?

What factual knowledge and/or skill is needed to be competent in this particular situation?

**Ethical Knowing**

If nursing is practiced from the perspective of nursing as caring, what obligations are inherent in this situation?

How is the nurse demonstrating the value that all persons are caring? Respect for person as person?

**Aesthetic knowing**

How is the nurse supported to live dreams of nurturing wholeness through caring?

What are the unique nursing responses in this situation?