The Personal Tutor as a role model for students: humanising nursing care.

Key words: humanising care; personal tutoring; role modelling.

- Humanisation is key to the undergraduate nursing programme in one Higher Education Institution because it encourages students to consider compassionate, caring client centred humanised care provision.
- The role of the Personal Tutor is fundamental in helping students explore humanisation, building resilience and strategies which challenge those who are providing dehumanised and ritualistic care.
- Nurse academics are instrumental in role modelling and enable students to see humanising concepts in everyday life outside of practice placements.

Abstract: This paper explores how nurse academics in one British university uphold and role model the humanising framework (HF) developed by Todres et al., (2009). Firstly it gives a brief overview of nurse education in the United Kingdom. Next it outlines the nature of the personal tutor role. It will then offer an overview of the Humanising framework, its background and embodiment through the undergraduate nursing curriculum. It explores how nurse academics role model humanisation and how this influences and impacts on students ability to live and apply the humanising dimensions to enhance patients lived experience of care. It concludes with examples of how this encourages positive meaningful relationships between students and tutors.

Reflective Questions

1: How does care you offer uphold humanisation?
2: What action would you take if you see dehumanised care?
3: How do you enable students to offer humanised care?

Introduction:

The advances in healthcare and the evolving nature of 21st century healthcare services (Glasper 2010) have led to a requirement that all nurses need to be safe, effective evidenced based professionals who meet the needs of the people in their care. Consequently from September 2013, all pre-registration nurse education in the United Kingdom (UK) was required to be at a minimum of degree level. The Nursing and Midwifery Council (NMC) (the regulatory body for nurse education in the UK) set standards for education which need to be adhered to (NMC 2010). Presently they require 50% of the programme to be undertaken in Practice Placements outside the Higher Education Institution (HEI) (Rogers et al. 2013); consequently the academic year is significantly longer for nursing students than other HEI students. Data also suggests that UK pre-registration undergraduate nursing students (from here on called 'students') differ from other HEI students insofar that the student intakes tend to have more mature students, however as the funding arrangements changed in 2017 our data is presently suggesting that there is a younger student demographic; i.e. we have more 18 year old students commencing the programme and they have different needs, expectations and experiences than mature students. Recruitment and retention of nurses globally is a significant problem (Clements et al. 2016). Cameron et al (2011) identified that the intensity of the academic course, financial problems and stressful placement experiences are some of the reasons why students do not complete nursing courses—a problem which impacts on workforce planning. Workforce planning needs to be a robust process that predicts the correct number and qualityof staff required by

the NHS, and involves predicting how many qualified nurses will be required three years in advance and negotiating the education of these students with HEIs (Health Education England, 2017).

The need to belong, receive support and positive student-staff relationships are acknowledged as important factors in students' experiences (Levett-Jones et al. 2009; Thomas et al. 2017). Gammon and Morgan-Samuel (2005) suggest that structured tutorial support is influential in reducing stress and helps to promote students' self-esteem. Braine and Parnell (2011) suggest that to help with student satisfaction and retention, high-quality support is required and is pivotal to managing programme requirements and developing resilience. Healthcare is emotionally demanding and students need space to reflect on the effects of caring for patients, develop resilience and the capacity to recover quickly from difficulties (Arrogante & Aparicio-Zaldivar 2017). Support to do this required includes:-

- 1:1 contact time
- structured personal development planning
- academic writing assistance
- support whilst on practice placements
- time for reflection.

Therefore in the author's HEI students are allocated a personal tutor at the beginning of the programme, who supports students' during their personal, academic and professional development.

Roles:

Mcfarlane (2016) discusses the many variations on the tutoring role and how several models (such as pastoral, professional and integrated) and other mechanisms are used to support students. These variations also include a variety of terms used (such as student adviser, student support, academic tutor, personal tutor and academic adviser) and currently each HEI takes a different stance. In the authors' institution the personal tutor supports the student through the whole of their programme. Dobinson-Harrington (2006) identified that the tutor is vital in terms of transition support as students develop their confidence and skills and become effective learners. Thomas et al. (2017) identify that the transition to HEI learning is challenging and Ross et al., (2014) emphasised that having a consistent point of contact promotes opportunities to build trusting relationships, where students are valued and respected. However Braine and Parnell (2011) identified that the tutor role is complex and needs specific skills, such as:-

- good communication skills
- ability to manage transition
- upholding professional, caring and morally responsible attitudes.

Yet the positive experiences gained from tutoring are a shared understanding, mutual trust, engagement and respect.

In the authors' institution personal tutors assist students to reflect on placement experiences, their progression, concerns and issues. The tutor helps to make clear links between practice and academic components of the course. Authors such as Schon (1983) and Rolfe et al (2001) identify that 'reflection-on- action' is an essential for all practitioners' because reflective practices have the potential to help nurses learn from, and enhance, their professional practice as they demonstrate analytical thinking skills, the ability to make rational and informed decisions and the confidence to accept responsibility for their actions, while potentially understanding more about 'the self' (Rees 2013). Part of the reflective process in the authors' institution is to relate practice experiences to humanisation.

The concept of Humanisation:
Humanisation is to uphold what it means to be human. It is based on a lifeworld philosophy and phenomenological analysis of what it means to be human as perceived by individual's person experience. Lifeworld relates to the 'world' in which we each live and how this is different for every person depending on their experience, their background and the meaning it has for us (Dahlberg et al., 2009). Lifeworld philosophy suggests that each individual has their own subjective view of the world in which they live, depending on their background, their experiences, and the meaning their experiences have for them (Dahlberg et al, 2009). Lifeworld philosophy recognises the complexity of the personal, social and psychological relationships between people. It also encompasses wellbeing and the existential dimensions of freedom and vulnerability (Dahlberg et al, 2009).To help nurses with these ideas Todres et al., (2009; proposed a humanising conceptual framework (HF) as a value base for guiding care involving seeing wellbeing as a complex interconnected whole. The HF provides eight bipolar constructs each offering the humanising and dehumanising features of care (see Box

1). Galvin (2010) describes how this has several intertwined dimensions:

- intersubjectivity (our social-self),
- embodiment (our feelings and expressions),
- spatiality (our attributes)
- temporality (our state of existing within past, present or future).

Integral to this is to practice a 'head', 'hand' and 'heart' philosophy (Galvin 2010; Galvin and Todres 2013; 2009; 2007. Todres et al., 2014). This is about developing the capacity to care and to do this one must combine the knowing how to and associated evidence base (the head) with the ethical dimensions (the heart) and the art of action (the hand).

Box 1: Humanising and Dehumanising Dimensions

1. Insiderness or Objectification (our own view of the world)
2. Agency or Passivity (ability to make own choices)
3. Uniqueness or homogenization (the human's unique view of their world)
4. Togetherness or Isolation (sense of belonging)
5. Sense making or loss of meaning (ability to understand their life)
6. Personal Journey or Loss of Personal Journey (personal life plan)
7. Sense of Place or Dislocation (sense of place – i.e. home)
8. Embodiment or Reductionist body (recognition of who we are as a human)

Todres and Galvin (2009)

In the authors' institution the humanising philosophy, framework and dimensions are taught in year one. Nursing values and how these relate to practice and the student's ability to make choices (agency) and their sense of belonging (togetherness) are discussed. During their first placement students explore the dimensions with their practice mentor and relate the dimensions to real life patient care and link this to the Head, Heart and Hand philosophy; student also reflect on these during 1:1 personal tutorial sessions and university recall days. During year 2 students undertake a module where service users discuss their lived experience of health needs; here they explore the personal, cultural and structural aspects that impact on the delivery of humanised and dehumanised care.

Nursing Values:
Contemporary nursing requires nurses to have clear values, which include being professional, compassionate, caring and skilled (Willis 2015; Cummings and Bennett 2010). Therefore to guide students through the programme the authors feel that tutors need themselves to be a credible, compassionate, professional authentic role model. This is significant in supporting the professional identity and socialisation of students (Felstead 2013). Jack et al., (2017) discuss the powerful effect of a positive academic role model, where students are valued and respected and how these are important for their personal and professional development. Therefore, a tutor who role models the characteristics of humanisation is instrumental in helping students to believe in and live humanisation with their patients. Tutors can do this by positively engaging with their students. Being student centred and viewing students as individual and unique, is shown to achieve positive learning outcomes (Giles and Kung (2010; Jack et al., 2017). This is an example of 'Insiderness' and 'Togetherness' (Todres and Galvin 2009) as tutors assist students during their professional and 'Personal Journey' to becoming a nurse.

Teaching:
Academics' personal values and role modelling of self-awareness, self-evaluation and self-efficacy are associated with humanising the teaching process, leading to authentic, critically reflective and inquiring teaching (Cranton 2011). Trigwell and Shale (2004) suggest the concept of 'pedagogic resonance' or true student-focused teaching, such as providing clear theory practice links, exists when academics are aware and attuned to concerns, subject matters, emotions, perceptions of their students. Students are unique with their own concerns, perceptions and emotions and academics that are concerned not only for students' professional and academic development but who values students as individuals, demonstrates good practice and the humanising concept of uniqueness. Tutors who value students and upholds this in their teaching, are living compassion and caring *about* and *for* students.

Humanising pedagogy enables learning situations to become dynamic and fluid, supporting congruency and authenticity between the role model teacher and student. It is akin to constructivist teaching which upholds that learning occurs if learners are actively involved in the process of understanding meaning and the construction of knowledge and which includes drawing on prior knowledge and reflection. It has long been recognized that reflective practice is a valuable tool in nursing care (Adams 2016; Gustafsson et al., 2007) and essential in providing and improving ethical and holistic nursing care which is the essence of humanisation. Consequently in the authors' institution this commences upon entry to the programme (Scammell et al., 2017). Here the tutors' role embraces the concept of 'personal journey' from the humanising framework by respecting and engaging with students as they progress to become a qualified nurse. Many students at various stages of their programme experience concerns, issues and negative emotions, (such as a distressing incident in placement or a poor mark for an academic assignment) and the tutor, who works with the students for the whole of the programme, are in the privileged position of getting to know, support and advise the student or as Benner's (1984) states is the concept of presencing. Presencing is where there is deliberate focused attention, openness to the other person, persistent awareness of the other's shared humanity and the concept of 'being there'.

Part of teaching is marking and giving feedback to students on their academic assignments. The authors' institution has a strategy where 'feedforward' is provided (Kruse 2016). Feedforward consists of information and encouragement so that students know what is expected from them before they tackle an assignment or learn a skill. This is provided in a constructive and positive way to help with student development and wellbeing and is discussed in their one-to-one termly meetings, module tutorials and other tutorials. This helps students to have a positive sense of belonging to the organisation as the tutor

also offers students advice about welfare and joining university student volunteering, green issue or sports groups.

Often the positive meaningful relationship between the tutor and student results in the student wishing to recognise their influential tutor and in the authors' institution students can offer praise and recognition in a number of ways; these include module evaluations or via online feedback tools. However, many use the Student Union *'You're Brilliant'* award scheme where staff are given a certificate in recognition of their role. Some examples of feedback on these certificates include: "In the future, I will model what I have learnt from you"; "As my tutor you have been a true inspiration, and constantly go above and beyond to help myself and others"; "You have really motivated empowered and supported me"; "My tutor has been an inspiration, with her positive outlook, extraordinary knowledge and ability to make her students look at nursing with a compassionate attitude". These have a positive effect, as the academic also needs to feel unique and have a sense of place and belonging.

In conclusion this paper has demonstrated how the personal tutor role in the authors' institution is instrumental in helping student nurses to succeed not only in their undergraduate nursing programme but in their personal and professional development journey to becoming a registered nurse; one who is caring and compassionate, who considers the people being cared for in a humanised way and one who has the resilience to challenge those who are not demonstrating humanised care.

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