

TRINITY WESTERN UNIVERSITY SCHOOL OF NURSING VISION, MISSION & PHILOSOPHY

VISION

Equipping nurses who think deeply, act justly, and care generously

MISSION

Excellence in nursing practice, research, leadership and education that embodies covenantal caring, fosters a spirit of inquiry, and contributes to the good of the world and the glory of God.

VALUES

As part of a Christian liberal arts university, the TWU School of Nursing holds that the educational experience should cultivate knowledge and personal development to serve humankind. The School of Nursing is guided by distinctive core values:

- Covenantal caring: faith-informed commitment; inestimable value of humans; compassionate response to human suffering and support for the flourishing of life
- Collaboration: person- and family-centred care; partnerships and teamwork; shared vision
- Culture of Inquiry: trust, respect and generosity; curiosity, creativity and reflection; knowledge generation and mobilization
- Transformation: reconciliation and impact on culture; character formation; responsive values-based leadership and mentorship
- Equity: inclusivity and hospitality; dignity and opportunity for health; moral mandate to attend to structural vulnerability and inequities

PHILOSOPHY

Trinity Western University supports holistic student development. All courses are informed by a Christian worldview.

The TWU School of Nursing philosophy draws on Christian perspectives regarding the nature of people, health, environment, nursing, nursing scholarship and nursing education, described as follows:

Nature of PERSONS and PERSONHOOD

Human beings are formed as reflections of God's nature, *Imago dei*; as such, they are co-creators and holders of a steadfast commitment to nurture, sustain, and redeem, or facilitate positive transformation, of their world, others, and themselves. We believe that all human beings are of inestimable value and

equally share the legacy of *imago dei* regardless of age and maturity, ancestry and identity, intellectual ability, or physical or mental disability, injury or illness.

We believe that ‘person’ and ‘personhood’ are relational constructs that are reflected in the Personhood of God exemplified in the nature of the Trinity: trifold facets of three Persons eternally relational in a dynamic *gestalt*. Human beings as individuals reflect a similar interior *gestalt* of body, mind, spirit; they also reflect an exterior relational rootedness in family and community. Meaning-making in the form of career, vocation, and life place make up a third relationship that form exterior relational rootedness.

Even in the midst of relationship, each person is unique and experiences uniqueness. Their experience and life journey is distinct; as such, diversity is to be cherished as a gift to community and a strengthening of society. Seeking equity and justice for all individuals and groups marginalized by structural and social factors groups of persons is rooted in a recognition of a shared legacy of *Imago dei* and a living out of relational wholeness that seeks to nurture, sustain, and facilitate positive transformation of persons, families, communities, and society. Shared histories of colonization, displacement and land dispossession, and loss of culture and traditions have undermined such relational wholeness. In the Canadian context of colonization of Indigenous peoples, reconciliation involves our focused and sustained engagement.

We understand our whole beings to encompass physical, mental, emotional, social, and spiritual aspects of human experience, which are lived in balance. Person-centredness in nursing attends to these aspects (Öhlén et al., 2017).

Holding hope for persons experiencing hopelessness, finding joy in those who have lost their joy, seeking peace in internal conflict, strengthening supports in communities, are ways that honoring of individuals, and their families and communities is realized and the vision of persons as *Imago dei* is lived out.

Nature of HEALTH

Health is a central focus of nursing care and intersects with all aspects of human experience. As defined by the World Health Organization (1948), health can be viewed as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Health is not equivalent to the absence of disease but can often be experienced amidst adverse circumstances. Health intersects with quality of life, which has been further defined as “an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment” (World Health Organization, 1997).

Health is not simply a goal but also a resource for human flourishing, or “the natural human desire to flourish despite frailty, illness, disability or unavoidably difficult living circumstances” (Meehan et al., 2018, p.2264). People find health in their circumstances as they discover the resources to bring meaning and to cope with their personal situations. A person’s health is influenced by the priorities and meanings an individual assigns to different life circumstances and experiences. Physical, social, economic, and political conditions influence health and are influenced by health in complex, but also predictable ways. Individuals can make choices that contribute to healthy living. Societies can promote health through focusing on equity and the social determinants of health. A significant focus of nursing care is to be and

work with individuals, families and communities to ensure that nursing interventions and accessible healthcare services enhance conditions relevant to the health, wellbeing and human flourishing.

Nature of ENVIRONMENT

A created environment that sustains and regenerates surrounds humankind. God invites us to be partners in co-constructing a world of human flourishing, wholeness and delight (Doornbos et al, 2005). People shape, and are shaped by, this environment. The wellbeing of the planet (i.e., planetary health) directly impacts the sustainability of habitable environs and the wellbeing of people. Therefore, nurses advocate for environmental stewardship which plays a role in sustaining the health of humankind (Astle et al., 2020).

Nursing is concerned with the global community, the health care community and the community of significant relationships that surround and impact each individual. Increasingly, nurses live and work within a global community. Changes that impact the health and well-being of one nation have far reaching consequences. Nurses need to be informed and concerned over global health issues, particularly inequitable conditions that create and sustain poverty and oppression, and thereby act as social determinants of health. Nurses work at group and societal levels for the promotion of health by examining social, political, and economic factors that place constraints upon health, and by lobbying for change.

Nurses share responsibility for the social community called health care. Nurses work to foster accessible, equitable, caring health care communities where individuals work together for the promotion, maintenance and restoration of health. As global citizens, nurses have a critical role and responsibility to the nursing profession (Mill et al. 2010; Simpson et al. 2015) to engage in our local, national, and international community. This entails an *inward* personal awareness and commitment to global issues, as well as an *outward* action on local and global issues. Nurses are concerned with social communities such as families, where individuals form their significant relationships and find interconnectedness. An atmosphere of love and acceptance within these relationships are foundational to health and well-being. Finally, nurses are concerned with the immediate physical environments of clients. They work to create safe, comforting and healing environments both within communities and health care organizations.

Nature of NURSING

Nursing practice is facilitating, supporting and assisting individuals, family, communities and/or societies to enhance, maintain and recover health, and to reduce and ameliorate the effects of illness. Nursing's relational practice and science are directed toward the explicit outcome of health related quality of life within the immediate and larger environmental contexts (Thorne et al., 2002).

Nursing as a practice profession dates back four centuries in Canada, and is rooted in a Christian ethos of caring for strangers as a societal obligation. Commonly described as both a science and an art, nursing draws on fundamental and enduring patterns of knowing: **empirics** (science of nursing), **aesthetics** (art of nursing), **personal** (Self and Other in nursing), **ethics** (moral component of nursing) and **emancipatory** knowing (praxis of nursing) (Carper, 1978; Chinn & Kramer, 2018). In the spirit of reconciliation, **Indigenous** and traditional knowledges add liberatory, honouring, and enriching ways of knowing to inform our practice. Together, these ways of knowing serve the moral end of nursing, the promotion and restoration of health. The profession is best served by epistemological diversity where knowledge is sought and legitimized to support biological and humanistic aspects of nursing practice.

Nursing within a Christian worldview supports the concept of covenantal caring, caring that has a moral foundation in God's covenant with humankind. Caring is a sacred trust. In caring for the health of others, nurses ultimately serve God and creation. Covenantal caring, as a theological concept introduced into nursing by scholars including Stenberg (1979), Cooper (1988), and Bradshaw (1994), is rooted in the foundational belief of the image of God in humankind and thus the absolute value of human life. Covenantal caring is characterized by principles of mutuality, respect, and stewardship. Covenantal caring and spiritually supportive care requires nurses to be self-aware and responsive to patients' personal beliefs, spiritual practices, and the social context of spirituality and religion as expressed in health care and societal settings (Reimer-Kirkham, 2019).

Nature of NURSING SCHOLARSHIP

Scholarship in nursing encompasses a full range of intellectual and creative activities that may include the generation, validation, synthesis, and/or application of knowledge to advance the teaching, research and practice of nursing. (CASN, 2013).

Rooted in a spirit of inquiry and aimed towards practice excellence, nursing scholarship is concerned with the development, synthesis, transfer, and exchange of new knowledge. Nursing scholarship contributes to evidence-informed practice by “building a scientific body of nursing knowledge (***scholarship of discovery***), inquiry that supports the pedagogy of the discipline and the transfer of knowledge to learners (***scholarship of teaching***), generation and use of specialized nursing knowledge outside the academic setting (***scholarship of service***), the advancement of nursing knowledge through expert practice (***scholarship of application***), and the development of new insights as a result of interdisciplinary work (***scholarship of integration***).” (Boyer, 1990; Riley et al., 2002, cited in CASN, 2013).

Based on the assumption that all nurses in academia have a responsibility to engage in and advance scholarship (CASN, 2013) and that engagement in scholarship is a central part of nursing leadership, TWU values the pursuit, critical evaluation and sharing of rigorous scholarship, considering these to be central to educational and professional vitality in nursing. We recognize the value of creating a culture of inquiry that is fostered by collaboration and collegiality (i.e., a community of scholars), intellectual engagement and critical reflection, openness and innovation, and adequate support and resources.

Nature of NURSING EDUCATION

Nursing education at TWU is grounded in the historical Christian tradition and fosters a culture of inquiry and spiritual-intellectual integration to prepare students for professional nursing practice and a life of learning and service. As a Christian liberal arts university, TWU seeks to nurture the whole person by facilitating academic, professional, leadership, spiritual and character development in community. The liberal arts foundation prepares students to deal with complexity, diversity and change TWU nursing provides educational experiences that, together with courses in humanities, sciences and the arts, prepare students for professional practice in nursing and a life of learning and service. Through the range of their experiences at TWU, nursing students have opportunity to develop: knowledge and its application; cognitive complexity; inter- and intra-personal wellness; spiritual formation; social responsibility and global engagement; leadership (TWU SLOs, 2012).

Inquiry-based learning encourages students to actively seek, critique, and synthesize knowledge as the basis for evidence-informed practice. Guided by highly-supportive faculty, students develop and apply

knowledge grounded in scientific evidence, theory, clinical expertise, personal experience, patient perspective, moral principles and understanding of social, cultural, historical and political influences on health care. Students are guided in careful deliberation in identifying which sources of knowledge serve as foundations for “best practice” in particular client situations.

Considering the learning of life balance important to future success in nursing practice, the School of Nursing strives to establish an educational climate that allows students to pursue their studies effectively. Key to this climate is creating hospitable learning environments, developing student uniqueness, fostering partnership within realistic boundaries, focusing on personal excellence rather than group competition, and providing efficient and just administrative support structures. Faculty emphasize learning process and outcomes through a range of teaching approaches in classroom, lab and clinical settings, including lectures and discussion; simulated, digital and online technologies; research; and clinical practice.

References

- Astle, B., Bourque-Bearskin, L., Dordunoo, D., Egert, A., Houweling, R., Moen, N., Plamondon, K., Radu, R., Sanderson, D., & Smith, C. (2020.01.07). *Nurses for planetary health: A call to action*. Blog; Nurses and Nurse Practitioners of British Columbia. <https://www.nnpbc.com/nurses-for-planetary-health-a-call-to-action/>
- Boyer, E. L. (1990). *Scholarship revisited: Priorities of the professoriate*: Princeton: The Carnegie Foundation for the Advancement of Teaching.
- Bradshaw, A. (1994). *Lighting the lamp: The spiritual dimension of nursing care*. Middlesex England: Scutari Press.
- Canadian Association of Schools of Nursing (2013) Position Statement on Scholarship in Nursing. Statement. Retrieved from: <https://casn.ca/wp-content/uploads/2014/10/ScholarshipinNursingNov2013ENFINALmm.pdf>
- Carper, B. A. (1978). Fundamental patterns of knowing. *Advances in Nursing Science*, 1, 13-23.
- Chinn, P.L. & Kramer, M.K. (2018). *Integrated theory and knowledge development in nursing* (10th ed.). St. Louis, MO: Elsevier.
- Cooper, M. C. (1988). Covenantal relationships: Grounding for the nursing ethic. *ANS. Advances in Nursing Science*, 10(4), 48-59.
- Doornbos, M.M., Groenhout, R.E. & Hotz, K.G. (2005). *Transforming care: A Christian vision of nursing practice*. Grand Rapids: Wm. B. Eerdmans.
- Meehan, T. C., et al. (2018). Fundamental care guided by the Careful Nursing Philosophy and Professional Practice Model[®]. *Journal of Clinical Nursing* 27(11-12): 2260-2273.
- Mill, J., Astle, B. J., Ogilvie, L., & Gastaldo, D. (2010). Linking global citizenship, undergraduate nursing education, and professional nursing: Curricular innovation in the 21st century. *Advances in Nursing Science*, 33(3), E1-E11, doi: 10.1097/ANS.0b013e3181

- Öhlén, J., Reimer-Kirkham, S., Astle, B., Håkanson, C., Lee, J., Eriksson, M., Sawatzky, R. (2017). Person-centred care dialectics in palliative care—Inquired in the context of palliative care. *Nursing Philosophy, 18*(4).
- Rajamohan, S. (2021). Enhancing personhood in the care of older adults with dementia: A biblical perspective. *Journal of Christian Nursing, 38*(1), E1-E4.
- Reimer-Kirkham, S. (2019). Complicating nursing's views on religion and politics in healthcare. *Nursing Philosophy, 20*(4). doi.org/10.1111/nup.12282.
- Simpson, S. Jakubec, S., Zawaduk, C., & Lyall, C. (2015) Integrating global citizenship through local teaching practices. *Quality Advancement in Nursing Education - Avancées en formation infirmière: Vol. 1: Iss. 2, Article 2.*
DOI: <https://doi.org/10.17483/2368-6669.1031>
- Stenberg, M. J. (1979). The search for a conceptual framework as a philosophic basis for nursing ethics: An examination of code, contract, context, and covenant. *Military Medicine, 144*(1), 9-22.
- Trinity Western University (2012). *Student Learning Outcomes*. Retrieved from <http://www.twu.ca/news/2013/2012-11-twu-slo.pdf>
- World Health Organization (1946). *Constitution of the World Health Organization*. Retrieved from <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>
- World Health Organization (1997). *WHOQOL: Measuring Quality of Life*. Division of Mental Health and Prevention of Substance Abuse. Retrieved from http://www.who.int/mental_health/media/68.pdf