

January 2013

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Karen Pennington

Associate Professor, Loretto Heights School of Nursing, Regis University, kpenning@regis.edu

Judy Crewell

Associate Professor, Loretto Heights School of Nursing, Regis University, jcrewel@regis.edu

Traci Snedden

Assistant Professor, Loretto Heights School of Nursing, Regis University, tsnedden@regis.edu

See next page for additional authors

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Recommended Citation

Pennington, Karen; Crewell, Judy; Snedden, Traci; Mulhall, Margaret; and Ellison, Nicole (2013) "Ignatian Pedagogy: Transforming Nursing Education," *Jesuit Higher Education: A Journal*. Vol. 2: No. 1, Article 6. Available at: <https://epublications.regis.edu/jhe/vol2/iss1/6>

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Ignatian Pedagogy: Transforming Nursing Education

Authors

Karen Pennington, Judy Crewell, Traci Snedden, Margaret Mulhall, and Nicole Ellison

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Karen Pennington

Associate Professor, Loretto Heights School of Nursing

Regis University

(kpenning@regis.edu)

Judy Crewell

Associate Professor, Loretto Heights School of Nursing

Regis University

(jcrewell@regis.edu)

Traci Snedden

Assistant Professor, Loretto Heights School of Nursing

Regis University

(tsnedden@regis.edu)

Margaret Mulhall

Assistant Professor, Loretto Heights School of Nursing

Regis University

(mmulhall@regis.edu)

Nicolle Ellison

Department of Learning Technologies

Regis University

(nellison@regis.edu)

Abstract

Despite the ever-changing complexity of health care delivery, nursing education must continue the commitment to the provision of holistic care, supported by critical reflection. The Ignatian Pedagogy Model presented in this article, a teaching-learning strategy, asks critical reflective questions that focus on context, experience, action, and evaluation that support the nursing tradition of a holistic focus. This article provides explanation and application exemplars of this Ignatian Pedagogy Model in addition to descriptive survey results pertaining to use of this strategy.

Introduction

The nursing profession strives to provide holistic care to the individual by incorporating philosophies, models and theories into practice. However, it is the author's opinion that current teaching-learning strategies in nursing education lack intentional, consistent focus on critical reflection in practice for instructing students in holistic care. This article will address the Ignatian Pedagogy Model, a teaching-learning strategy implemented by a western Jesuit University designed to provide students with instruction for

critical reflection throughout the curriculum. This strategy facilitates the move from *mere information* to *individual formation*, a move that can be easily integrated into nursing and other professional educational settings. Although emanating from a Jesuit tradition, this strategy is a universal approach regardless of whether an institution is faith-based or secular, because it encourages the development of critical reflection in nursing practice.

This article presents both an account of the development and infusion of the Ignatian

Pedagogy Model into a nursing curriculum and the results of a recent survey that measured faculty and student perceptions. The survey examined the use and acceptance of this strategy by students, alumni, and faculty at this University. The aims of the survey were to: (1) determine current integration of the Ignatian Pedagogy Model into courses, (2) identify applicability of Ignatian Pedagogy Model as a teaching-learning strategy by faculty, and (3) discuss perceived student outcomes from use of the Ignatian Pedagogy Model.

Background

Ignatian Pedagogy has its foundation in the *Spiritual Exercises* of St. Ignatius of Loyola and seeks to develop men and women of compassion, competence, and conscience for their vocation. Self-reflection, a key component of this Model, has long been recognized as essential for professional competence.¹ Although knowing oneself is supported in education literature,² it is often not found in curricula that profess to be student-centered. Ignatian Pedagogy is one reflective tool among many in the literature but one that has an impressive history of success in Jesuit education dating back to the 1500s. Its usefulness in increasing engagement with reality and transforming students at their deepest core is central.³

The concept and use of reflection in education is supported in literature.⁴ Self-reflection has become a noteworthy practice by nurses as it reminds nurses that they are people caring for other people. Reflective practice guides professionals in exploring experiences within this process. Chris Johns' article explains reflection as a personal responsibility, in particular the act of reflection itself evaluates *action* in *context* by asking critical questions to improve future actions in practice.⁵ Johns also suggests that guidance is needed for reflective practice to facilitate understanding and learning. He notes the benefits of reflective practice in providing structure in the clinical setting and by enhancing the development of personal knowledge with the goal of implementing and promoting consistent reflective practice. An important factor in achieving this goal is the guidance of faculty who are competent in teaching the skill of self-reflection.⁶ The Ignatian

Pedagogical Model meets the definition of reflective practice by promoting self-awareness and personal growth while being applicable to both reflection-on-action (retrospective analysis) and reflection-in-action (while practicing) in a student-centered nursing curriculum.⁷

Adoption of Ignatian Pedagogy Model

In implementing the new American Association of Colleges of Nursing (AACN) Baccalaureate Essentials,⁸ the School of Nursing sought a teaching-learning strategy that would guide curriculum revision and incorporate holistic patient care. A faculty taskforce was formed to investigate instructional models as they relate to the values and mission of the School of Nursing, and the University's Strategic Plan. Prior to this initiative, the school did not utilize a common teaching-learning strategy. Based on the unique fit of Ignatian Pedagogy with the nursing process, the University's values, and the recommendation of the taskforce, the Ignatian Pedagogy Model was adopted by the faculty as a meaningful teaching-learning strategy. Monthly faculty development opportunities provided education on the Ignatian Pedagogy Model and its applications. As the School of Nursing faculty gained understanding of the model, they applied its concepts in various courses.

Ignatian Pedagogy asks critically reflective questions that focus on **context**, **experience**, **action**, and **evaluation** that promote attitudinal and behavioral change in the student.⁹ Discussions exploring worldviews and personal and professional values encourage the Jesuit value, *cura personalis*, that connotes care of the whole person. As such, the model is iterative and can be used beyond the educational setting for personal and professional growth through its key questions: 1) how one's own and the patient's **context** is affecting their learning, 2) how **experiences** both personal and professional have a bearing on learning, 3) what **action** is required from the learning obtained, and 4) through **evaluation** how is one personally and professionally transformed from this learning experience. In summary, this model supports understanding between patient and health care provider through recognition of values and views of both. See Figure 1.

Ignatian Pedagogy Conceptual Model

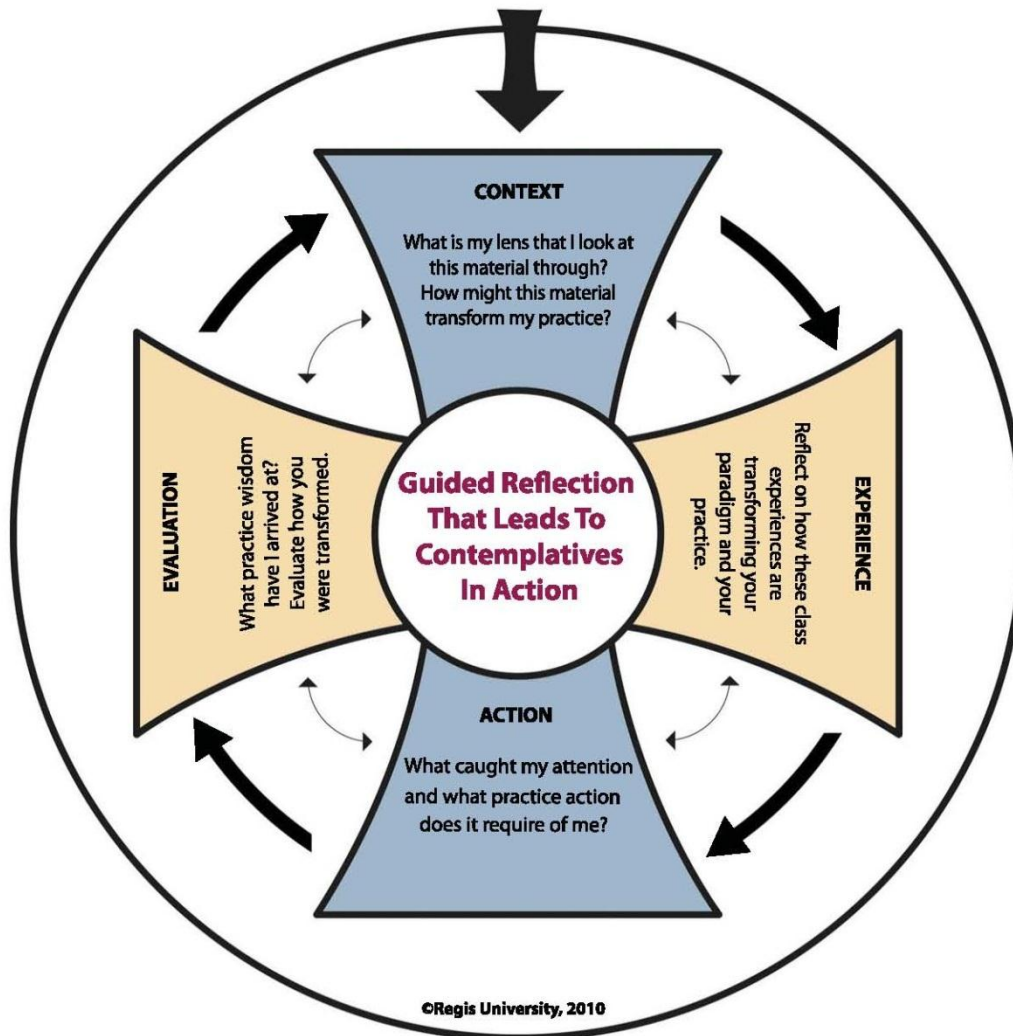


Figure 1

Integration of the Ignatian Pedagogy Model into the Curriculum

The following examples illustrate the integration of the Ignatian Pedagogy Model as a teaching-learning strategy in various curricular applications.

Example #1-Clinical learning

The Ignatian Pedagogy Model, as it applies to nursing, is an integrated way of knowing that promotes the wisdom of holistic practice through contemplative reflection. Lab and clinical experiences provide one of the primary methods of infusing the model into nursing courses.

Reflection guides questions generated from the concepts central to the model and in some courses students chose a concept or topic for study that was most in line with their experience and that of others. Students were asked to reflect on their nursing actions on a weekly basis and faculty responded to their reflections and in this manner students gained insights into the world of the nursing practice. Holistic practice was enhanced as students engaged in patient care activities and the student nurse was encouraged to become, in effect, a “contemplative in action.”

Example #2-Classroom learning

Through the use of the model students have found new insight into the depth and breadth of their nursing education while faculty further utilized the model as the rubric for writing the final Capstone paper. The faculty commented on how in-depth and formative the papers were compared to previous frameworks used in the course. The addition of the model assisted the students to reflect in a deeper and more thoughtful manner.

Example #3-Senior practicum

The senior nursing student practicum experience is ideal for using the Ignatian Pedagogy Model. Students' texted course faculty with "aha" moments they were experiencing during the practicum. The faculty responded by asking them to further elaborate on their experiences using the reflective questions of the model and to share these moments with their preceptors. This interaction encouraged students to develop reflective practice concerning their nursing actions. Again, the application of the model encouraged deeper learning through guided reflection using technology, classroom, and clinical opportunities.

Example #4- Service learning

The Ignatian Pedagogy Model also is used as the rubric for writing a blog about their service learning activities. Service learning is an integral part of the curriculum of the school of nursing in that students thereby develop self-knowledge related to the principles of values, justice and leadership. As students participate in service learning across the curriculum, the blog provides a continuous journal of reflections that reveal deeper and more meaningful growth in contemplative practice over time.

Evaluation of Educational Effectiveness

In order to thoughtfully examine the results of the implementation of the Ignatian Pedagogy Model into pre- and post-licensure nursing curriculum, a

study using an exploratory descriptive design was chosen. A web-based survey tool was utilized to obtain perceptions of faculty and students. Following University IRB approval, a pilot of the student survey was conducted with 27 graduating students. Content and face validity were obtained for the faculty survey by content experts and the information was used to revise questions on the final tools. Fifty-eight faculty were surveyed with a 38% response rate (n=22) over a period of four weeks via an internal email invitation to the web-based survey tool. The student survey was made available through the School of Nursing Facebook page for both current and alumni students. All students were prompted via email at regular intervals for a period of two months to take the survey. Current students (n=1700) and alumni response rates could not be determined due to the nature of Facebook access, however, 97 students and alumni responded to the survey.

Survey Findings

The following results of students, alumni, and faculty surveys reveal a learning strategy that is accepted by all and shows potential for increasing reflective practice among our students. Although it was used in both pre- and post-licensure curriculum courses it was prevalent in the following courses: pre-licensure courses in professional role development and pediatrics; post-licensure courses in leadership and advanced health assessment of the family.

Student, Alumni, and Faculty Demographics

Faculty

The majority of the faculty surveyed had taught nursing for six to ten years and had taught nursing at Regis University between one and ten years. Most faculty held a doctorate degree and were between 46 and 65 years of age.

Students

The majority of students were graduating in 2013 from the pre-licensure program in the accelerated

Having used the Ignatian Pedagogy Model in your teaching/instructional strategies, please rate your level of agreement with the following statements: The inclusion of the Ignatian Pedagogy Model in my teaching/instructional strategies produces students who....



Figure 2

nursing option. The majority of the students had earned a prior bachelor's degree and were in the age range of 26 to 35 years.

Faculty Perception

Most faculty (77%) agreed or strongly agreed that using the model as a teaching-learning strategy had positive student outcomes. Faculty felt that the Ignatian Pedagogy Model helped develop students who have deeper quality reflections, are more engaged with course content and are more aware of the associated clinical area of expertise. They also affirmed that the model guided students in their practice in the clinical setting and consequently were more engaged with the clients. Faculty also noted that critical thinking was enhanced and led to contemplative action. Overall, they felt that the students would continue

to use the Ignatian Pedagogy Model in their reflective practice. See Figure 2.

Perceived Student Outcomes

Students' perceptions of outcomes from use of the Ignatian Pedagogy Model were mostly positive and supportive of the Model. Most students (72%) agreed that use of the model caused deeper quality reflection, led them to greater contemplation in action, and they planned to use the model in their own practice. A small percentage of students disagreed with the model's potential in clinical settings to increase engagement with clients or to guide practice. Some students also did not see critical thinking enhanced by use of the model. However, the majority of students surveyed planned to use the model in their own reflective practice. See Figure 3.

9. Please rate your level of agreement with the following potential outcomes: Because of my experience with the Ignatian Pedagogy Model...						
	Strongly Disagree	Disagree	Agree	Strongly Agree	Rating Average	Response Count
My reflections are of deeper quality	6.8% (4)	25.4% (15)	50.8% (30)	16.9% (10)	2.78	59
I am more engaged with course content	5.1% (3)	30.5% (18)	61.0% (36)	3.4% (2)	2.63	59
I am more aware of content area	6.9% (4)	37.9% (22)	53.4% (31)	1.7% (1)	2.50	58
I am more connected/engaged with clients in the clinical setting	5.2% (3)	27.6% (16)	48.3% (28)	19.0% (11)	2.81	58
I use the Model to guide practice in clinical	8.5% (5)	37.3% (22)	47.5% (28)	6.8% (4)	2.53	59
My critical thinking is enhanced by use of the Model	10.2% (6)	28.8% (17)	47.5% (28)	13.6% (8)	2.64	59
The Model leads me to contemplative action	6.8% (4)	18.6% (11)	57.6% (34)	16.9% (10)	2.85	59
I plan to continue to utilize the Ignatian Pedagogy Model in my reflective practice	5.1% (3)	20.3% (12)	59.3% (35)	15.3% (9)	2.85	59

Figure 3

Discussion

Overall, the survey provided valuable information from both student and faculty perspectives regarding the integration of the model. The students' most memorable component of the model was the act of reflection. The majority of student respondents agreed that 1) they understood the model, 2) they liked the model, 3) and the model fit their area of expertise and professional philosophy. One student noted in her service learning experience that she obtained a deeper quality of reflection: "I learned that I shared a goal of heart and mind with the 5th graders in terms of a desire to help others... the experience revealed the caring nature of nursing and related to the role of advocate that is integral to the nursing profession."

The overriding theme for faculty was that they desired more education about how to incorporate the model into their courses. Their current most

common use of the model was in guided reflection and class discussion. The most applicable component of the model was reflection, and the least was context. By far, the faculty liked the model and felt that it produces students with deeper reflective practice. The implications from this preliminary study reveal the need for more education on the importance of all four areas of the model, but especially of context.

Conclusions and Future Directions

This is a continuing journey to develop practice wisdom by the use of the self-reflective process of the model. Practice wisdom is more than just knowing "how" to be a nurse, but personally knowing the "why" of nursing practice. Faculty continue to develop ways to integrate the Ignatian Pedagogy Model into the curriculum in order to assist students in self-reflection on particular nursing content and in self-actualization and

personal formation as goals of Ignatian Pedagogy. This strategy offers the profession an approach in developing men and women of compassion, competence, and conscience in this noble vocation.

It is evident that context is very important in nursing experience and has implications for thoughtful and safe patient care. Far too often nurses rely on action before fully assessing the situation and fully taking into consideration the context. Future directions include encouraging integration of the model and providing more education to faculty about how to integrate and assess outcomes of its use. A web-based self-guided orientation to the model is being explored as a learning tool and further research is needed to evaluate the continued efficacy of the model as a teaching-learning strategy as well as its ease of use and more extensive integration into the curriculum. HJE

Notes

¹ Karen Mann, Jill Gordon, and Anna MacLeod, "Reflection and Reflective Practice in Health Professions Education: A Systematic Review." *Advanced Health Science Education Theory and Practice* 14 (2009): 595-621.

² Jennifer A. Lindholm and Helen S. Astin, "Spirituality and Pedagogy: Faculty's Spirituality and Use of Student-centered Approaches to Undergraduate Teaching." *Review of Higher Education* 31, no. 2 (2008): 185-207.

³ Adolfo Nicolas, S.J., "Depth, Universality, and Learned Ministry: Challenges to Jesuit Higher Education Today. Keynote address presented at: Networking Jesuit Higher Education: Shaping the Future for a Humane, Just, Sustainable Globe," April 23, 2010, Mexico City.

⁴ Ruth A. Kupier and Daniel J. Pesut, "Promoting Cognitive and Metacognitive Reflective Reasoning Skills in Nursing Practice: Self-regulated Learning Theory," *Journal of Advanced Nursing* 45, no.4 (2004): 185-207.

⁵ Johns, "The Value of Reflective Practice for Nursing."

⁶ Ibid.

⁷ Dawn Freshwater, Beverly J. Taylor, and Gwen Sherwood, *International Textbook of Reflective Practice in Nursing* (Oxford: Blackwell Publishing, 2008).

⁸ American Association of Colleges of Nursing, *The Essentials of Baccalaureate Education for Professional Nursing Practice* (Washington, D.C.: AACN, 2008),

<http://www.aacn.nche.edu/education-resources/baccessentials08.pdf>.

⁹ George W. Traub, S.J., *A Jesuit Education Reader* (Chicago: Loyola Press, 2008).

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