Culture of Care in a School of Nursing: Faculty Embark on a Quality Improvement Plan

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Abstract: We embarked on a quality improvement plan to improve culture care in a school of nursing. The nursing workforce is experiencing escalating occupational stress, leading to high turnover. When faculty role model caring, they empower themselves and the future workforce with strategies for self-care and resilience. A faculty self-assessment of caring behaviors and caring relationships was conducted before a caring science workshop. The workshop used Watson's Caritas Processes to introduce caring micro-practices. Qualitative interviews with faculty after the workshop generated two themes: self-awareness of self-care and caring pedagogy. Themes revealed faculty value this approach for continuous improvement in a caring culture.

Keywords: caritas; nursing; faculty; qualitative; Watson

Nursing faculty role model the ethic and art of caring through an evolving teaching-learning relationship with nurse colleagues and students (Labrague et al., 2015). Influencers of a caring style are personal and professional experiences with caring. Watson (2008) describes caring experiences as transpersonal caring moments that encompass a nurses' art form. The transpersonal caring relationship within a nursing school fosters a caring culture and creates a lasting impact on nursing students who are preparing to enter the workforce (Watson, 2008). The need to nurture a transpersonal caring relationship between faculty members and students is a precursor to a caring transpersonal relationship between nurse and patient (McEnroe-Petitte, 2011; Vitali, 2018).

Evidence suggests that registered nurses (RN) transitioning from nursing school to the workforce struggle to maintain the inner caring ethic due to escalating occupational and traumatic stressors within their work environment (Melnyk, 2020). These stressors can lead to high turnover and burnout (Dzau et al., 2018; Melnyk, 2020; Sarafis et al., 2016). Concern about this trend sparked attention from the Institution for Healthcare Improvement (IHI) and the American Nurses Association

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(ANA). The IHI incorporated the need to improve purposeful work (joy) by caring for the caregiver as a priority to achieve the quadruple aim (Bodenheimer & Sinsky, 2014; Perlo et al., 2017) while the ANA introduced the Healthy Nurse Healthy Nation initiative (ANA, n.d.). The impetus of the ANA initiative was to develop strategies for self-care health and well-being so nurses could mitigate hazards inherent in the profession.

Attention toward caregiver health and well-being is addressed in the *ANA Code of Ethics for Nurses* Provision 5 (Fowler, 2015). The provision describes the nurse's moral responsibility and duty to promote and protect the health safety and well-being of *self* and others. Despite this professional directive there is still evidence of nurses not caring for themselves. In fact the Joint Commission (2019) and the National Academies of Science Engineering and Medicine (2019) called for organizations to implement specific strategies for clinician well-being and resilience. Meanwhile nurses are collectively using their voices to sound the alarm and share the conflict of how the job negatively affects their health and well-being despite their passion for the profession (AMN Healthcare, 2017; Edmonson et al., 2020).

Nurse faculty and nurse leaders should intentionally accept the call to embark on an organized plan to improve the culture of care for self, nurses and ultimately patients. Together they can narrow the gap between what is innately known as ethical caring professionals and what is role modeled and operationalized by nurse faculty and healthcare leaders (Hilton & Anderson, 2018; Torregosa et al., 2016). Nurse faculty and healthcare leaders' commitment to cocreate positive caring practice environments with evidence-based (EB) strategies to promote care and resilience will equip nurses to mitigate professional hazards and stressors in the future (Dzau et al., 2018; Melnyk, 2020; Sarafis et al., 2016).

To close the gap nurse faculty at a local university embarked on a quality improvement plan with the aim to cultivate a culture of care. To accomplish this goal faculty conducted a baseline self-assessment to evaluate caring behaviors and their ability for caring relationships prior to orchestrating a Plan-Do-Study-Act (PDSA) continuous improvement cycle to strengthen the culture of care for themselves their team and their students (IHI, 2021). Nursing faculty learned specific caring micro-practices which align with Watsons's Caritas Processes (Sitzman & Watson, 2018) in order to role model and operationalize caring for self and resiliently care for others

Review of Literature

The goal of this literature review is to increase understanding of what measures of caring have been studied in schools of nursing and to apply the impact of their findings to this improvement plan. The review identified quantitative and qualitative evidence by searching multiple electronic databases with a focus on faculty measurement of caring behaviors and caring ability.

Caring is identified as an instrumental component of human relationships, which is essential to nursing, and may grow with experience (Bagnall et al., 2018; Drumm & Chase, 2010; Labrague et al., 2016; Li et al., 2016; Ma et al., 2013; Rossillo et al., 2020; Sharma et al., 2016; Wade & Kasper, 2006). The definition of caring continues to evolve in the nursing profession (Norris, 2017). Caring theories by Mayeroff (1971) and Watson (2008) are used and Mayeroff's definition of caring involves "helping another grow and actualize himself," a process which is learned, and begins with self-awareness (as cited in Larin et al., 2013, p. 30; Sayman et al., 2018). Watson's (2008) theory of human caring also values self-awareness as a step toward caring for others and cultivating transpersonal caring relationships.

Review of Faculty Caring Behaviors

Caring behavior is more than a theoretical concept. Caring is the ability to demonstrate caring values and to incorporate them into daily behaviors as a way of enhancing the caring environment (Kuntarti et al., 2018). Nursing faculty's caring behavior is acculturated and adapted by students (Labrague et al., 2016). Examples of this transference of caring behavior to students highlight the effectiveness of incorporating diverse teaching strategies to enhance caring behavior (Li et al., 2016). In the framework of a nursing program, the faculty–student relationship is formidable in the adoption of caring behaviors. Faculty serves as students' central role model and is responsible for incorporating caring behaviors into the curricula by adding caring pedagogies to the teaching-learning environment (Kuntarti et al., 2018; Wolf et al., 2018). Wolf et al. (2018), Drumm and Chase (2010) found the nursing students' self-report of inner caring and caring behavior increased in response to a caring curriculum. These studies reinforce the importance of role modeling and teaching caring behaviors to nursing students and provide evidence that these behaviors may improve nurse resilience (Rossillo et al., 2020).

Review of Caring Ability of Faculty

Conducting an inventory of caring ability is important to evaluate the ability of a person to care when involved in a relationship with others, such as faculty–faculty or faculty–student. A review of nine research studies using Nkongho's (2019) Caring Ability Inventory (CAI) measured the caring ability of both faculty and students. The impact of a caring relationship on nursing students accounted for most of the publications, exposing the need for more research measuring the caring ability of faculty.

A national study provided an in-depth analysis of CAI and the impact on school climate (Hayne et al., 2019). Of the 2,097 nurse faculty responses, the overall CAI was within Nkongho's (2019) medium range for nurses and suggests that faculty perceive they do possess a caring ability (Hayne et al., 2019). In this study, the faculty's perception of the ability to care contributed to a positive caring work environment. They concluded evaluating faculty's ability to care and understanding the impact on the culture of care is needed (Hayne et al., 2019).

Research supports the importance of measuring and understanding caring of both nursing faculty and students. For nurse faculty to ensure students possess high levels of caring competence, faculty should first foster an understanding of their individual caring behaviors and the ability for caring relationships. This is needed to prepare future nurses with a holistic foundation to build upon throughout their professional careers (Bagnall et al., 2018).

Method

Setting and Participants

The setting is a state-funded, school of nursing (SoN) in Northwest Florida. The SoN is accredited by the Commission on Collegiate Nursing Education (CCNE) with baccalaureate and graduate nursing programs. The nursing faculty consists of 36 nursing faculty (full time and adjunct), hired by August 1, 2019. Two full-time nursing faculty were excluded from the baseline survey since they were principal and coinvestigators. The remaining 34 faculty were invited to participate in the baseline self-assessment survey and initial PDSA cycle (IHI, 2021).

PDSA Model

The PDSA model (IHI, 2021) is widely used as an EB framework to guide improvements through implementing small tests of change. The model uses four, action-oriented steps to scientifically guide the change process. These steps are PDSA and test a change in the work setting by planning for the change, implementing the change, observing results of the change, and then acting on lessons learned prior to deciding on the next PDSA cycle. There are three fundamental questions to ask before initiating the PDSA cycle: (a) What are we trying to accomplish? (b) How will we know that a change is an improvement? (c) What change can we make that will result in an improvement? (IHI, 2021). The quality improvement plan will use the PDSA model to answer these questions.

Project Description

The project is a continuous quality improvement plan for nurse faculty to cultivate a culture of care within the SoN. In order for nursing faculty to ensure students possess high levels of caring competence, the faculty must understand their individual and collective assessment of caring behaviors and ability for caring relationships. The project began with faculty participating in a baseline self-assessment of personal caring behavior and their caring ability. This assessment ignited the first PDSA cycle, which was August 2019–August 2021 (see Figure 1).

Ethical Considerations and Data Collection

Baseline Faculty Self-Assessment. The university institutional review board (IRB) approved the quality improvement plan. The baseline self-assessment survey was conducted over 4 weeks to measurably understand the caring culture and current state of caring among the nurse faculty. The university Qualtrics measurement system was used to electronically disburse the survey link to nurse faculty via university email. The survey was open in July 2019 and concluded mid-August 2019. Aggregated results provided a baseline understanding of faculty perception of caring behaviors and their caring ability.

Faculty caring behavior was evaluated using Watson's Caritas Self-Rating Scale (WCSRS) (www.watsoncaringscience.org). Investigators received approval to use this measurement tool, which evolved from Watson's Caritas Processes and is foundational to Watson's theory of human caring (Brewer & Watson, 2015). Responses to five questions were recorded on a Likert scale of 1 (*never*) to 7 (*always*), and two questions were open-ended. The open-ended questions were: (a) Share

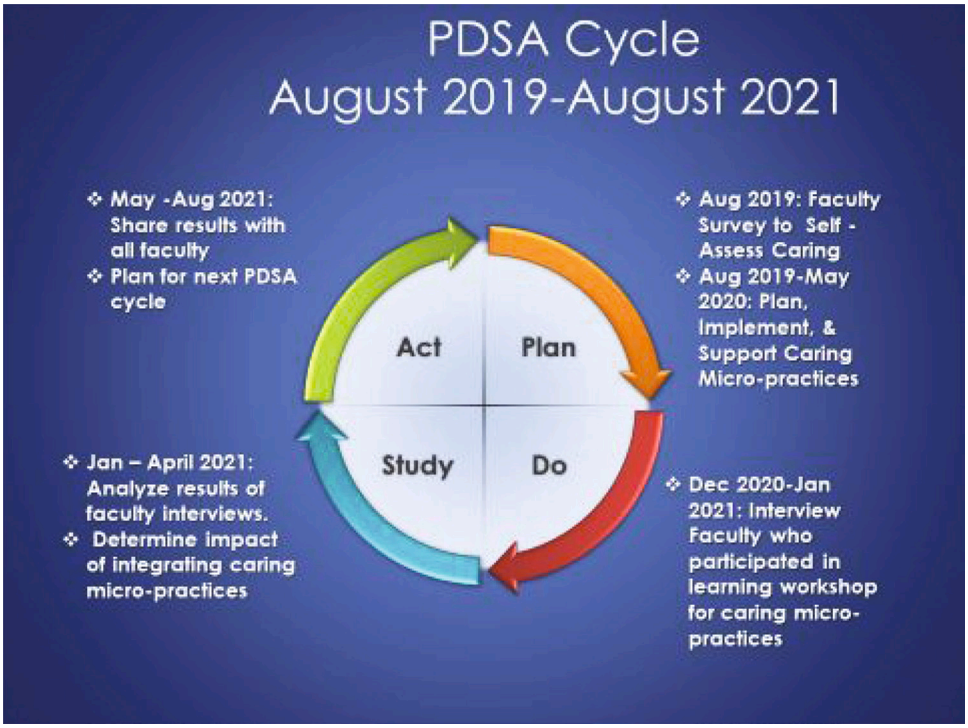

Figure 1. PDSA Cycle August 2019–August 2021.

Note. Free template available with creative commons license and downloaded from www.slidehunter.com

examples of caring/uncaring and (b) Share examples of caring strategies you use when teaching.

The faculty used the WCSRS to self-assess their caring behaviors such as loving-kindness, trusting-healing relationships, caring environment, self-care, and honoring beliefs and values. The tool is valid and reliable with Cronbach's alpha 0.88. Exploratory factor analysis using principal components with varimax rotation resulted in asingle factor with 64% explained variance. Loading ranges were from 0.69 to 0.87 (B. Brewer, personal communication, November 1, 2019).

The faculty evaluated their ability to establish caring relationships with others by using Nkongho's 37-item CAI survey (Nkongho, 2019) that is based on Mayeroff's theory. The investigator received approval to use the survey tool which has been used in multiple studies since the 1990s. Faculty self-responses were recorded on a Likert scale of 1 (*strongly disagree*) to 7 (*strongly agree*). The CAI has three subscales which include Knowing (knowledge of self and others), Courage (being open to deal with the unknown), and Patience (being tolerant in times of disorganization or confusion). A statistician used Statistical Analysis Software (www.sas.com/en_us/home.html) to calculate overall mean CAI in addition to the mean for each of the three subscales. When calculating the results, the appropriate questions were reverse-scored. Nkongho's CAI has established norms for low, medium, and high ability for caring relationships. The CAI survey is reported to have an internal consistency of 0.84 and the test–retest coefficient is 0.75 for the overall CAI range (Hayne et al., 2019; Nkongho, 2019).

Demographic characteristics of the participants were determined with six questions. These questions included gender, ethnicity, full-time or adjunct status, and total years of experience as a RN to include the years in clinical practice and academia.

Results (Phase I)

Demographic Characteristics of Faculty Participants

The majority of the 21 respondents who participated in the self-assessment survey were women (81%); 52% were full-time and 48% adjunct nursing faculty. Ethnicity was 71% White, 19% Black/African American, and 5% Asian American. Overall nursing experience of the respondents exceeded 20 years (57%), yet the years in academia for 57% of respondents were under 5 years.

Faculty Perception of Caring Behaviors

In Table 1, the mean and standard deviations (*SD*s) of the five-items assessed using the WCSRS are listed. The caring behavior with the highest mean is *I value my own beliefs and faith* (M = 6.48; SD =

TABLE 1. Faculty Caring Behavior's From Watson Caritas Self-Rating Score (N = 21)

	Mean	*SD*	Min-Max
Value beliefs	6.48	1.21	2-7
Caring environment	6.05	1.16	3-7
Helping-trusting relationships	6.00	1.58	3-7
Loving-kindness	5.57	1.36	2-7
Self-care for basic needs	5.38	1.43	2-7

Note. Mean = mean score for 21 responses; *SD* = standard deviation; Min-Max = minimum and maximum score.

1.21), and the caring behavior with the lowest mean is *I practice self-care* (M = 5.38; SD = 1.43).

Two open-ended questions on the WCSRS allowed narrative expression of caring and uncaring. The first question asked faculty to share examples of caring and/or uncaring. When faculty described caring, themes included listening, coaching, advocating, empowering, and offering hope. When faculty described uncaring, themes included examples of faculty incivility, disrespect, feelings of being unheard or ignored, and being quick to assume. The second open-ended question asked faculty to share current caring practices used when teaching, which included examples from online and face-to-face environments including being respectful, open-minded, and supportive of students.

Faculty Perception of Ability for Caring Relationships

In Table 2, the mean scores for overall CAI and each subscale is shared. The overall mean CAI for the 21 study participants was 218.7 and the range was 183–241. This mean score falls within Nkongho's (2019) published benchmark of 203.1–220.3, which is a medium range for nurses. The mean CAI for Knowing is 82.7, Courage 74.5, and Patience 61.5. Both Knowing and Patience are within Nkongho's medium range for nurses, while Courage is in the high range. Further benchmarking was available nationally and among state universities using a study by Hayne et al. (2019) and is used with permission.

Intervention: Plan and Implement a Workshop to Learn Caring Micro-Practices

After the baseline faculty self-assessment, aggregated results were shared with all nursing faculty at a monthly staff meeting. Faculty were then invited to attend a 1-hour workshop to introduce and practice specific caring micro-practices. The workshop was developed and led by a nurse faculty member who is a Caritas Coach and assisted by a graduate student intern. The intervention followed the PDSA model for continuous improvement (Hilton & Anderson, 2018). The *Plan* step involved planning and implementing the learning workshop for the nursing faculty to reflect, discuss, and practice caring strategies, called *caring micro-practices*. Caring micro-practices are described by Sitzman and Watson (2018) as small activities/practices used to translate the core value of care into everyday nursing practice. These caring micro-practices can be integrated into the individual faculty members' personal and professional practice. For the purposes of this project, two of Watson's Ten Caritas Processes (CP) (Watson, 2008) were used to provide the framework for these caring micro-practices.

To demonstrate alignment with CP #1: *Show Loving Kindness Towards Self* (Watson, 2008), the nurse faculty practiced centering and mindfulness with breathing exercises, touchstones, and essential oil. Each received a reflective journal for monthly caring intentions (Radford, 2019) and completed a self-care checklist. Healing art was facilitated by using colored pencils to create a visual depiction of each participants' inner-critic and allow for reflection and respectful dialogue (Samuels & Rockwood Lane, 2013).

To demonstrate the alignment with CP #4: *Nurture a Trusting-Healing Relationship* (Watson, 2008), the nurse faculty participated in specific activities to expand their transpersonal caring relationship. They discussed how to routinely share brief caring intentions before faculty meetings and before starting student classes. They reflected on ways to celebrate the human experience or caring moments among faculty and with their students. They participated in an authentic listening exercise and discussed ways to show gratitude for exemplary care by faculty and students.

Seven faculty attended the workshop (7/34) and shared their appreciation for learning the-caring micro-practices. They shared a desire to

TABLE 2. Faculty Overall Caring Ability Inventory (CAI) Comparison in Schools of Nursing

	University of West Florida	State Universities*	National Universities*	Nkongho**		
KNOWING				Low	Medium	High
n	21	822	1,855			
Mean	82.7	83.29	83.21	<76.4	76.4–84.0	>84.0
SD	9.2	6.4	6.4			
Min-Max	54–92	54–98	31–98			
COURAGE				Low	Medium	High
n	21	851	1,888			
Mean	74.5	70.32	69.95	<62.5	62.5–74.0	>74.0
SD	7.7	8.95	8.91			
Min-Max	59–91	23–91	23–91			
PATIENCE				Low	Medium	High
n	21	853	1,890			
Mean	61.5	62.08	62.02	<61.0	61.0–65.2	>65.2
SD	5.2	3.93	3.94			
Min-Max	49–69	40–70	40–70			
OVERALL				Low	Medium	High
n	21	741	1,647			
Mean	218.7	215.67	215.28	<203.1	203.1–220.3	>220.3
SD	17.0	14.97	14.88			
Min-Max	183–241	148–254	148–256			

Note. CAI = Caring Ability Inventory; *N* = number responses; *M* = mean score; *SD* = standard deviation; Min-Max = minimum and maximum score.
*National and State University data replicated and adapted with permission from Hayne et al. (2019). **Nkongho (2019) Range for Nurses.

continue to use caring micro-practices for themselves and expand to their students. Self-care micro-practices resonated with involved faculty who decided on an organized approach to support monthly, 30-minute self-care activities for the rest of the 2019–2020 academic school year.

Study of Intervention

In this *Do* phase of the PDSA cycle, the investigators received approval from the university IRB to gather qualitative data from nurse faculty and understand how the new knowledge ofcaring micro-practices was infused into their personal and professional lives. In November 2020, seven faculty who attended the 1-hour workshop were invited to be interviewed. Four faculty volunteered to participate in the interview using a semistructured interview guide (see Figure 2). Interviews took place via Zoom due to pandemic restrictions on campus. Interviews were recorded and auto-transcribed verbatim. These willing faculty participants allowed the focus to remain on what was working well in the tradition of appreciative inquiry.

Results (Phase II)

There are two major themes and four subthemes identified from analysis of the four faculty interviews. Table 3 offers a synopsis of these themes and helped answer the fundamental questions of the PDSA cycle. For the purposes of this PDSA cycle, the investigator evaluated alignment between the identified caring micro-practices to two CP #1 and #4, although other CP did emerge.

Theme One: Caring for Self and Others

Subtheme: Self-Care (Caritas Process 1). All four participants spoke about self-care. Participant 1 described their incorporation of relaxation techniques; focused breathing and simply shutting down after work to focus on family as part of their self-care routine. The participant noted that creating balance is important to maintain resiliency and avoid burnout. They opened and closed their workday with a quiet reflection or daily devotional.

Subtheme: Awareness (Caritas Process 1 and 4). All four participants described improved

1. Tell me about your experience with caring micro practices. Start wherever you like, with what is most important to you. Please take the time that you need. I will listen first, I will not interrupt, and I will just take some notes for afterwards.
2. Tell me how have you incorporated caring micro practices into your teaching/learning environment, since the learning workshop August 2019?
3. Tell me more specifics about the caring practice.
4. Tell me about the outcome of the caring practice.
5. What did you learn from the experience?
6. What would you do differently next time and why?
7. Would you be willing to share documents, artifacts, examples, de-identified student feedback?

Figure 2. Semi Structured Interview (SSI) Guide.

TABLE 3. Summary of Major Themes and Sub Themes

Major Theme: Caring for Self and Others	Selected Indicators from Interviews
Subtheme: Self-Care • Use relaxation techniques • Focused breathing • Physically/Emotionally shutting down after work • Create balance • Add a quiet reflection • Read devotionals	• "You know if there's stressful situations, I close my eyes and do some focused breathing exercises to help me shut down from work at the end of the day…the laptop is closed and shut down. I'mtryingnot to look [at my phone] every five minutes to check email. I am trying to have a balance in taking care of myself…" • "I have a quiet reflection time… I've been [reading] different devotionals spiritually for the past few months."
Subtheme: Awareness • Set an active intention/regimen • Integrate exercise • Physically and emotionally prepare (i.e., get gym bag ready) • Invite a friend • Create sense of accountability	• "I visualized …an escalator as the metaphor for my own self-care. I visualized myself going up the escalator. But if I stopped my self-care, I was no longer going up the escalator, I wasn't even in the same place, I was actually going back down a level…" • "I …set an active regimen to go to the gym. I put a bag together the night before so that in the morning when I didn't feel like going I would actually just go ahead and go because there was no reason I shouldn't now. I was able to get a friend to go just to further reinforce my sense of duty to go because I'm not going to let a friend down... creating a sense of accountability."
Major Theme: Caring Pedagogy **Subtheme: Self-Care Toolkit for Students** • Create avenue to introduce students to self-care • Award bonus points • Provide links to YouTube videos on self-compassion and self-care • Use consumer products for self-care (magazines; essential oils; meditation apps; light metronome; art projects; music, etc.)	• "I don't get a lot of buy-in from students to do self-care. So, I created a self-care website and I send my students to it to get them turned on to different avenues of self-care. I share resources, pictures, poetry, and ideas to care for self and others. I give them a couple of bonus points to visit the site, try a couple of activities, report to the course, and respond to two student peers." • "Once you turn your mind on to self-care, you start to see [resources] everywhere. You can now find consumer products like magazines on meditation and self-care, essential oils, journals, light metronome for sleeping, rock painting, adult coloring books, music, …"
Subtheme: Authentic Presence • Connect to students • Create opportunities for student engagement • Check-in with students • Remove the hierarchy of office hours	• "I became... intentional …while visiting each student as they worked on things or as they discussed things. I stayed after class [for 15 minutes]… trying to create those kinds of opportunities [check-ins]… Creating this opportunity changed the mindset because sometimes students just need someone to get to know them a bit better to feel engaged, it doesn't always have to be about academic work."

Caritas Process 1: Cultivating the practice of loving-kindness and equanimity toward self and other.
Caritas Process 4: Developing and sustaining a helping-trusting caring relationship.

awareness of self-care as a way to show up fully in a genuine and holistic way for themselves and their students. Participant 4 demonstrated a renewed personal awareness through use of an escalator metaphor. The participant visualized their self-care journey as going up an escalator. The escalator represented the changing environment and how they responded to any change. This became a personal barometer and they shared they are moving up and down the escalator in an ever-changing state of wellness.

Theme Two: Caring Pedagogy

Subtheme-A Self-Care Toolkit (Caritas Process 1 and 4). Participant 2 described a toolkit ofcaring resources that they created in their course to teach students the importance of self-care. To get student buy-in they awarded bonus points for participating in the self-care activity. They created a self-care repository of resources on a professional website. They asked students to visit the site and explore the self-care resources. The purpose of this activity was to make students aware of the various self-care tools available to them to help mitigate burnout. The participant then asked students to try some activities/resources and report to classmates in a discussion forum on how they thought the resource contributed to the students' own self-care.

Not only did this caring pedagogy create awareness of self-care practices for students, but it also prompted a caring relationship between peers. Students began to share additional self-care resources they found helpful in their own practice. This caring pedagogy created a safe space for students to pause and center themselves in the midst of a hectic day to care for themselves so that they were better prepared to care for others.

Subtheme: Authentic Presence (Caritas Process 4). Participant 1 noted a need to have better connection with students and create ways to actively engage them. They began a strategy to purposefully improve their presence. They increased visibility and stayed in their classroom for 15 minutes after class to check-in with students. They noted that this change improved student engagement and students were more willing to ask questions, seek help, and engage in a meaningful way. They also noted that the interactions catalyzed a transpersonal connection between faculty–student.

Watson (2018) noted that caring presence creates a transpersonal caring moment, which in turn can become a healing moment. This single caring moment between the faculty and student goes beyond the present moment and becomes part of a larger complex pattern of relating that extends to the universal field of love that surrounds and encompasses all (p. 98).

Discussion

The three fundamental questions of this PDSA cycle are answered (IHI, 2021). *What are we trying to accomplish*? The goal of the quality improvement plan was to cultivate a culture of care. Culture change evolves over many years and, despite the small sample of faculty participants, the SoN has quantitative and qualitative data to measure cultural improvements over time. As a Caritas Coach, there is a gained appreciation for small, micro chasms, which cause a rippling effect. The faculty self-assessment of care began a ripple within the SoN. The overall result of the baseline survey was faculty participants are within established national norms for ability for caring relationships and they perceive self-care practices (which are ways of expressing loving-kindness for self) as an area of opportunity. These ripples of change will usher in the next PDSA cycle and interest may cascade to more nursing faculty.

How will we know a change is an improvement? The qualitative results from the four faculty interviews provided the initial understanding of the intervention impact both personally and professionally. Each faculty interview included specific examples of how they gained a new appreciation and awareness for loving-kindness toward self by routinely adding specific caring micro-practices. These personal adjustments then opened a path toward nurturing a transpersonal connection with others, including students.

What change can we make that will result in an improvement? The culture of care will be strengthened in the SoN as faculty improve self-perception of caring behaviors, ability for caring relationships, and integrate caring micro-practices into their teaching-learning pedagogy.

Limitations

Limitations of this improvement plan include the small sample size of faculty participants for self-assessment and the first PDSA cycle. Results of this first improvement cycle are not generalizable due to the homogeneity of participants. In addition, there was local, regional, and global disruption in 2020–2021 due to the coronavirus pandemic. The pandemic sparked rapid cycle change in the

teaching-learning environment with downstream impact on the faculty and students. Despite not fully understanding the long-term impact of the pandemic, the heightened awareness of a caring culture in nursing school is paramount.

Conclusion

Nursing faculty took a vulnerable step to conduct a self-assessment of caring culture before embarking on a quality improvement plan. A small sample of faculty expanded their awareness of strengths and weaknesses with individual caring behaviors and their ability for transpersonal caring relationships. The self-assessment and PDSA cycle fueled the internal motivation to cocreate a culture of care and caring pedagogy within the SoN.

The faculty found that instilling caring micro-practices into their personal and professional lives was a way to promote a caring culture with self-care, well-being, and resilience. Participation in the intervention activity allowed for inner reflection, rekindled an awareness of caring practices, and a desire to adopt specific practices to align with a theoretical caring framework. With a recent pandemic, faculty understood the heightened need to strengthen the future nursing workforce's capacity to be resilient in the face of stress and trauma in healthcare.

The results of this improvement plan are promising and influenced revisions to the 2020–2021 SoN strategic plan during a time of unprecedented change. Implications for further PDSA cycles are multiple. There is great potential to build caring micro-practices into the nursing curriculum to improve work climate, caring, teamwork (between faculty and with students), and trust over time. In addition, it is important to identify how caring micro-practices may be incorporated into curriculum design to improve students' caring ability and behavior so that effective caring, resilient strategies are transferred from theory to practice.

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