Role modeling excellence in clinical nursing practice

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Summary Role modeling excellence in clinical nursing practice is the focus of this paper. The phenomenological research study reported involved a group of 8 nurses identified by their colleagues as exemplary. The major theme revealed in this study was that these exemplary nurses were also excellent role models in the clinical setting. This paper details approaches used by these nurses that made them excellent role models. Specifically, the themes of attending to the little things, making connections, maintaining a light-hearted attitude, modeling, and affirming others are presented. These themes are discussed within the framework of Watson [Watson, J., 1989. Human caring and suffering: a subjective model for health services. In: Watson, J., Taylor, R. (Eds.), They Shall Not Hurt: Human Suffering and Human Caring. Colorado University, Boulder, CO] "transpersonal caring" and [Bandura, A., 1997. Social Learning Theory. Prentice Hall, Englewood Cliffs, NJ] "Social Learning Theory." Particular emphasis in the discussion is on how positive role modeling by exemplary practitioners can contribute to the education of clinical nurses in the practice setting.

Nurses working in clinical settings are observed. Patients, family members, students, and other nurses watch their actions and interactions. Often these nurses are role models potentially influencing the behaviors and attitudes of others in either positive or negative ways. Knowingly or unknowingly their words and actions become living lessons. The focus of this paper is how positive role modeling by exemplary practice nurses can be an effective teaching strategy in the clinical setting especially for students and novice nurses. For clarity, in this paper newly graduated nurses are referred to as "novice" nurses (Benner, 1984).

The phenomenological study which is the basis of this paper was of exemplary clinical nursing practice. A major theme was that the exemplary clinical nurses were also excellent role models. What made them outstanding role models? Secondary themes which were role modeling behaviors...
include; attending to the little things, making connections, modeling, and affirming others. The themes are also discussed within the framework of Watson’s (1989) “transpersonal caring” and Bandura’s (1997) “Social Learning Theory.” Also highlighted is the importance of role modeling as a strategy for sharing “craft” knowledge.

**Literature review**

A review of the literature helps to situate this exploration of role modeling excellence in clinical nursing practice. Role modeling is defined and the influence of role modeling on the education of practice nurses is considered. A link is made between role modeling and the sharing of craft knowledge.

**Defining role modeling**

The term ”role model” was coined by Merton (Holton, 2004). Merton defined a role model as someone who sets a positive example and is worthy of imitation (Holton, 2004). Bartz (2007) observed, role models ”serve as a catalyst to transform as they instruct, counsel, guide, and facilitate the development of others” (p. 7).

Role modeling was considered by Kohlberg (1963) to be based on identification with the other and by Bandura (1997) to be based on social learning theories. Bell (1970) determined that people attempt to emulate a role model’s behavior and assimilate the role model’s attitudes and values.

**How role modeling facilitates the education of practice nurses**

Practice nurses provide hands on care to ill individuals. These nurses consider their profession to be practice-based necessitating that a large part of learning the profession takes place in the clinical area (McAllister et al., 2007). Stuart (2003) observed that while it is recognized that important learning, including the teaching of concepts, theory, critical thinking skills and research happens in the classroom, these are best integrated with skills learned in practice settings. Theory is needed to advance the discipline and create an evidence base, yet practice is a defining aspect of the discipline’s identity (McAllister et al.). For this reason, learning in the practice setting is an essential component in the education of nursing students and novice nurses.

Exposure to positive role models provides student and novice nurses with ”opportunities to master diagnostic and therapeutic skills” (Chow and Suen, 2001, p. 350). According to Belinsky and Tataronis (2007) role models teach professional thinking, behaviors, and attitudes. Further positive role modeling facilitates the learner’s development of beliefs and practices that assure the future provision of quality care (Belinsky and Tataronis, 2007, p. 11). Role modeling supports the integration of theory and clinical practice and contributes to the future development of the profession (Price, 2004). According to Price (2004) role modeling is a tool that helps exemplary clinical nurses translate theory into practice so that they can share their skills with other more novice nurses. Some authors have labeled this knowledge shared by exemplary practice nurses in the clinical setting as ”craft knowledge” (Price and Walker, 2007).

**Teaching craft knowledge**

How do practice nurses share their professional craft knowledge with student nurses and less knowledgeable colleagues? The ”craft” of nursing is considered by Price and Walker (2007) to be that ”which happens when nurses combine practice observations, clinical experience, knowledge and skill, to a specific patient-centered purpose” (p. 49). These authors contend that the craft of nursing is strongly founded on experience and it is passed on to others in the clinical setting. Because craft knowledge is learned in the clinical setting and is most often taught by practicing clinical nurses it is also called practitioner knowledge (Bartunek et al., 2003; Richens et al., 2004).

Exemplary clinical nurses have an enormous storehouse of craft or practitioner knowledge. Because craft knowledge is resident in the knowledge base of the exemplary practitioner, and usually not documented and in an accessible format for sharing with others, it may remain unshared. Yet, effective sharing of this knowledge has the potential to greatly enrich the base upon which students and novice nurses can draw when making decisions and solving problems (Hockey, 2007, p. 155). In their discussion of a practitioner knowledge base for teaching, Richens et al. (2004) suggested that practitioner knowledge is important precisely because it reflects experience with specific problems of practice.

Practitioner or craft knowledge is difficult to pass on for many of the same reasons that it is important: contexts are idiosyncratic and practical knowledge is difficult to share beyond immediate colleagues. Under these circumstances,
practitioner or craft knowledge often remains tacit (Polanyi, 1967) or serves only to strengthen practice in small, interconnected communities (Muth et al., 2006, p. 51). Role modeling presents as a strategy that can tap hidden craft knowledge making it more accessible to learners. There is limited research investigating how role modeling by exemplary practitioners can be used to teach nursing in clinical practice arenas. The study described here provides a beginning point for an exploration of this phenomenon.

Research methodology

To study exemplary nursing practice an interpretive research approach was used. The goal of interpretive research is the full description and interpretation of what is being investigated from the participants' viewpoint (Leininger, 1985). The philosophical underpinnings of this interpretive study are based on phenomenology. Van Manen (1997) describes phenomenological research as beginning in the world of those being studied with the aim being "to transform lived experience into a textual expression of its essence" (van Manen, 1997, p. 36). Benner and Wrubel (1989) maintain that phenomenology is appropriate when studying human experience in complex, elusive and still largely unexplored area such as exemplary nursing practice.

Study participants

The participants were nurses identified by their colleagues as exemplary. They were selected in the following way. First, all of the nurses on a unit in a large tertiary care hospital were asked the question, "If you were ill, which of your nurse colleagues would you want to have care for you?" The assumption was that nurses would choose colleagues who were exemplary. The names of those nurses selected were sent to the investigator anonymously. From those nominated eight nurses were randomly chosen to participate in the study. Of the eight nurses seven were female. All eight had more than five years of clinical experience. Two were baccalaureate prepared and six had nursing diplomas. The average age of the participants was 32 years.

Data collection

Data were collected through interviews, conversations, and observations over a period of 320 h. Each participant was interviewed two times in a private location of the participant's choice. One participant was interviewed on three occasions. The follow-up interviews allowed for further opportunities for nurses to share their experiences. The interviews and conversations were unstructured with the researcher asking opening questions such as "Tell me about how you care for your patients" or "Tell me about the care situations when you provided what you consider excellent nursing." The interviews were tape-recorded and transcribed. Transcriptions were returned to participants for their review. Changes were made to the transcripts based on the nurses' input.

The researcher also spent time engaged in informal conversations with participants. Key points from these conversations were recorded in a research journal.

The researcher, who is also a registered nurse, was a participant observer. The patients and the participant nurses consented to being in the study. The researcher recorded her observations daily in a research journal.

There are limitations to this study. The subjects of this study, exemplary nursing practice and role modeling behaviors, are difficult to describe. Thus one limitation is the ability of the researcher to be attuned to the subtleties of the experiences and to find means to convey the essence of these themes to readers. The complexity of human interactions makes it difficult to capture and convey the multiple facets accurately and sensitively. It is freely acknowledged that the themes and analysis presented here represent only one researcher’s perspective on the data.

It is also possible that having the researcher observing nurse—patient, and nurse—colleague interactions may have influenced the interactions. According to the Hawthorne Effect a participant’s behavior may be influenced temporarily by being observed (Macnee and McCabe, 2008, p. 202).

Data analysis

In interpretive research, data gathering and analysis occur simultaneously in a spiral of increasing complexity rather than alone in a linear continuum. Polit and Hungler (2001) contend, "There are no systematic, universally accepted rules for analyzing and presenting qualitative data" (p. 329); however, in approaching data analysis, there are principles to be upheld. For example, to be true to the participants the nurses' words are used in reporting the findings. Comments made by participants are provided verbatim and kept in context.
This allows knowledge to be revealed without forcing interpretation. Also, there is no step-by-step method for analyzing phenomenological research data (van Manen, 1997). As van Manen (1997) states, "the aim of phenomenological analysis is to construct an animated, evocative description of human actions, behaviors, intentions and experiences... to bring into awareness that which tends to be obscure" (van Manen, 1997, p. 18).

Although there is no formula for analysis of phenomenological data First et al. (2002) suggest the use of narrative analysis and van Manen (1997) describes poetic interpretation as routes to analysis. Both processes were used to analyze the data in this project. First, the process of narrative analysis began with the researcher reading all transcripts to obtain "a feel for them." During this reading the researcher attempted to hold in abeyance presuppositions. Next, from each source, significant statements and phrases were identified and meanings were formulated from these. The meanings were organized into themes which could be displayed as a description of the experience.

The data were also analyzed using poetic interpretation (van Manen, 1997). Short original poems were written to attempt to capture the essence of the interaction within the limitation of words. According to van Manen (1997) poems are the perfect medium for giving voice to the tacit and for articulating the emotion of the interaction.

Results

In summary one major finding of this study was that exemplary nurses are also outstanding role models for nursing colleagues, particularly for student and novice nurses. The exemplary nurses’ role modeling behaviors included attending to the little things, making connections, actively role modeling, and affirming others.

Exemplary role models attend to the little things

For nurses to be exemplary role models they must have considerable professional or craft knowledge and outstanding psychomotor, technical, and interpersonal skills. Beyond this, to be truly outstanding role models, they must also be attentive to the little things. What they say and do, and the way they say and do these things, is foundational to their success as role models. New nurses may have learned the textbook steps for a nursing procedure but it is from watching an exemplary role model actually perform the procedure that they learn the art of providing top-notch care.

One exemplary nurse role model named Rose put it this way. "One thing I am definitely learning is that the most effective and powerful part of many nursing interventions are not the complex, time consuming ones, but the simple ones that are often taken for granted or forgotten." Another nurse said, "it is sometimes not what I do, it is how I do it that matters."

I watched an exemplary nurse named Mary maintain the dignity of a man through the way she changed his dressing. Again in this situation it was the way she did the procedure that made her work outstanding, specifically the subtle ways she showed respect for her patient. It was the little things, the gentleness of her hands, the confidence of her voice, the extra drape placed discreetly over exposed parts of his body during the dressing change that made her care outstanding. Part of the field note written after the observation reads,  

She gently removed the bandages from the large wounds on his horribly disfigured body. It moved me when she placed an extra drape over his shoulder to ensure some privacy as this was the only part of his body that didn’t need to be exposed in order to change the dressings. As she worked her eyes stayed focused on her task at hand but simultaneously she managed to stay connected with her patient inquiring often regarding how he was experiencing the procedure. When she was finished she didn’t leave until she was certain that he was comfortable and comforted.

Exemplary role models made connections

Nurses in the study who were effective as role models were able to make meaningful connections with others, including patients and colleagues. The nurses observed used various strategies for achieving a sense of positive alignment with the other. One specific approach observed was facilitating the connection by seeking out something they held in common with the other person. For example, one nurse said who was partnered with a nervous young student exhibited what I noted in my research journal as "tremendous tolerance" in guid-
ing her through medication administration. When I asked the accomplished nurse about her feelings regarding the events of the day when we were alone in the conference room after her shift she said, ‘I felt for her [the student]. It may have been quite a few years since I was a new grad but I have never forgotten how it feels to have someone watching over your shoulder.’” The nurse’s comments helped to explain the sense of connection she felt with the student, a connection that resulted from her memories of being a student herself. This sense of connection likely enhanced the role model’s level of patience and compassion for the learner allowing her to be much more effective.

The outstanding nurses seemed to be open to purposefully finding connections with others. One caregiver said, “it is often not something you would immediately expect would be the thing that would connect you. I have to really be observant, to watch and to listen, to find what we have in common. Yet once I get past this and we discover that we share something in our beliefs or experiences we can work together more smoothly.” The willingness on the part of the exemplary nurse to be mindful of the importance of this connection, and to actively seek it, seemed to be one approach that helped to make a role model outstanding.

Exemplary role models model

Although it may seem obvious, to be role models nurses must be willing to purposely model effective actions and interventions, and to facilitate the opportunity for novice caregivers to observe them doing so. Nurse participants in the study agreed that many of the intricacies of truly outstanding nursing care cannot be learned by reading a textbook or studying the Internet. As one nurse Donna commented, “I am constantly reminded by what the students say that I am likely the most important textbook that they ever read.” She went on to explain, “I take every chance I get to show them how I do things. You know, the little tricks I have learned along the way. If I am starting a clysis and I know that there is a student on the unit who hasn’t done one I invite her to come and be my extra set of hands. Then as I do the procedure I talk my way through it – although I often make it seem like I am explaining it to the patient, I am also teaching my technique to the new nurse.”

Through role modeling the exemplary nurses in the study were not only able to teach practical nursing procedures, they were also able to teach the often tacit or unspoken aspects of exemplary nursing care, their craft knowledge. Researchers Donaldson and Carter concluded that, role modeling is extremely important within the clinical learning environment where these difficult to describe nursing procedures often occur (2005, p. 355). For example, the nursing intervention of using silence as an effective communication tool can perhaps only be learned by observing a role model. Silence is a very advanced nursing intervention (Perry, 1998), one that takes great skill and sensitivity on the part of the nurse if it is to be used effectively. Most times these therapeutic silences are not empty or void, they are rich in non-verbal communication. Especially at very difficult and emotional moments when no words can match the intensity of the situation, or when there are no words that are the right words, silence can be the only means of effective communication (Perry, 1998).

How does someone learn how to use silence effectively except by observing a colleague do so? In fact, many exemplary nurses in this study who used silence explained that they had learned about the power of silence by watching another nurse use it with success. Donna commented that she learned from watching others that “saying the right thing” often meant saying nothing at all. Wendy said, “It overwhelmed me when I saw a nurse I considered very capable calm an agitated patient without a word by sitting with him and posturing in the same way he was.” After learning the nursing skill of effective use of silence from role models themselves, these now outstanding caregivers were role modeling this technique to the next generation of nurses.

Exemplary role models affirm others

Another important approach used by outstanding nurse role models was affirmation of the value of the other person. Through their actions and words exemplary role models took deliberate steps so that others they crossed paths with during their work day knew that they were valued. The most vulnerable among us are especially at risk for loss of feelings of worth. Exemplary role models are sensitive to this vulnerability and show compassion letting the vulnerable know that they see them as real people, not just as novice or student nurses.
As the exemplary nurse in the following comment acknowledges, the affirmation process can be a learned skill that is practiced purposefully by effective role models.

In the stressful environment of a nursing unit people really want to know that what they are doing is valued and appreciated. This was something that as a bedside nurse myself, would be the one thing I would really want to hear, especially on the days where stress rang supreme. Once I started taking on more leadership roles with teaching within the unit, I realized that giving someone that little bit of positive feedback was the best strategy to build confidence and make someone feel that they were an invaluable member to the team. I told myself when I moved into a stronger leadership role I would try to always incorporate this into my practice. Affirmation of others is a very central leadership strategy.

Study participants were especially mindful of opportunities to affirm others and their accomplishments. In doing so an unspoken bond of trust formed between the role model and the learner that allowed for the learning process to continue effectively. Specific examples of ways the role models affirmed others included recognizing their potential, finding opportunities to let new people know they were succeeding, and recognizing potential problems early and then taking actions to assist with these. In all of these ways the exemplary role models demonstrated to the learners that they valued them as individuals and cared about their achievements in the professional world. This affirmation seemed to have a positive influence on the learning and development of the novice nurse or student.

Recognizing potential and treating learners with respect is demonstrated in the examples role models gave of their conscious efforts to make new nurses and students feel included and of value to the team. Wendy said,

I always take special delight in letting a new staff member know when I have learned something from them. Lots of new staff come with new ideas and strategies and I always try to ask their ideas and input on problems we are facing. When they feel I am interested in their ideas they share them and then often we can combine our strategies to come up with something that really works for the patient. I remember always that I am a teacher yes, but I am still a learner too.

The role models provided numerous examples of their purposeful efforts to remind the learners that they were contributing and thus succeeding. One role model used the approach of asking new people on staff to share some of their unique skills or knowledge with the larger group on the unit at report, team conference, or through a poster on the wall in the medication room. When I asked Julie about this process she observed,

I think it makes them feel great to give a little too. When you are new and just learning you feel so dependent all the time — when you can contribute you feel a lot better about coming to work. If I see someone do something that really works, then I usually ask them specifically to share this strategy. A little success noted goes a long ways!

On another occasion I observed an exemplary nurse named Margaret commending a new employee on her approach to dealing with a patient everyone found challenging. It was quite amazing to see the expression of delight on the new nurse’s face when she was singled out for her approach. I asked Margaret about this incident during a conversation and she said,

I always keep a watch out so I can honestly complement others. It isn’t always easy to find something to comment on, especially at first when someone new is struggling. I know a kind word, as long as it is genuine, can really make a difference.

Another way that the role models took deliberate action to affirm was through being mindful of potential problems being experienced by novices and taking positive action toward preventing or solving these problems. Karri commented,

If I see someone getting overwhelmed by the whole thing, and lets face it this is a pretty overwhelming place to work, I take her aside and chat with her. I do it right away before things get out of hand and are no longer repairable. It takes guts sometimes to do this — it also takes time — but in the long run I feel it is my duty to do this. It is part of being caring about your colleagues and lets face it there aren’t a whole lot of nurses to go around these days. I have to do what I can to save the new ones when they get into trouble.

In You Me
It wasn’t so long ago that I didn’t know the difference between a clysis and an IV, a blood pressure and a pulse pressure.
If I just take the time to look closely I see me in you.
With just a little bit of support one day you will be me.
Discussion

Watson’s transpersonal caring

In many ways the role models studied found that by enriching someone else’s life, they greatly enriched their own lives as well. By willingly sharing a part of their professional journey with another person there was the potential for both the exemplary role model and the other person to be changed by the relationship. As a result of sharing the journey, the outcome seemed to be a state of interdependence which allowed the role model to influence the other person while also being changed by interactions with the other.

Based on the findings of this study, those who become truly exemplary role models embrace the state of interdependence, willingly entwining themselves with others, learning and sharing with colleagues, patients, family members and students. It is in this shared journey of interactions where both the caregiver and the other may be changed in a positive way by the shared experience. Thus the outcome is a mutual imprint, as the author wrote in an earlier article, “you cannot touch another person physically or emotionally without also being touched yourself” (Perry, 1998). Individuals who are open to this shared journey and receptive to the lessons to be learned from these inter-personal experiences, often become increasingly competent nurses and human beings as a result of the occurrences.

Theorist Watson (1989) writes about the concept of “transpersonal caring” which she defines as a state that is achieved when both the care provider and care receiver are co-participants in caring. In Watson’s words this transpersonal caring “allows the one who is cared for to be the one who cares, through the reflection of the human condition that in turn nourishes the humanness of the care provider” (1989, p. 132).

Perhaps what was observed in this study is the experience of the one who teaches becoming the one who is taught. The term “transpersonal learning” may parallel Watson’s theory of transpersonal caring within the educational context and help to explain the effective role modeling relationship.

Participants in the study did comment that they also became more competent themselves because they knew they were considered role models. One participant, Mary, said,

I really enjoy the teaching part of my job. It reminds me that I have something to offer. It reminds me how far along I’ve come and it makes me feel great. I have to say working with newbies makes me a better nurse, a better person. They teach me too.

Etheridge (2007) in a study of role modeling in nursing discovered that “new graduates want faculty to ask them questions and challenge them to think like nurses” (p. 28). This interchange may result in what Etheridge (2007) called the “mutual construction of knowledge” which students reported was one of the best learning strategies they experienced (p. 28). The author argues that by engaging in transpersonal learning both participants may learn, or in Etheridge’s terms participate in mutual construction of knowledge. The teacher becomes the learner, the learner the teacher, and vice versa as they continue the interplay of questioning, answering, challenging, and critiquing.

The exemplary role models not only model for others, they are also open to receiving modeling from others including students and novice nurses. The exemplary role models value continuous learning from multiple sources including observing and learning from the example of others.

Bandura’s social learning theory

What is the link between a learner observing an exemplary role model and then converting that observation into action? Bandura (1997) in his “social learning theory” proposes that “most human behavior is learned observationally through modeling” (p. 22). He suggests that merely exposing an observer to a modeled behavior will not ensure that those skills are adopted and integrated into the learner’s skill set. Learning from a role model is much more than imitation. How do the learners convert what they have seen into appropriate action? The three foundational principles of Bandura’s Social Learning Theory (1977) offer some answers to this question that have practical implications for nurses who aspire to be exemplary role models.

The first principle is the “highest level of observational learning is achieved by first organizing and rehearsing the modeled behavior symbolically and then enacting it overtly” (Bandura (1997, p. 29). This principle suggests that exemplary role models need to encourage learners to articulate what they have observed. It also points to the importance of rehearsing actions under the guidance of a role model prior to performing them in real-time situations. To solidify learning from observational demonstration, which is essentially what role modeling is, the nurse who is modeling should seek follow-up
opportunities for the learners to also perform the procedures or actions which the exemplary nurses did.

Bandura’s (1997) second principle is “individuals are more likely to adopt a modeled behavior if it results in outcomes they value” (p. 29). At first thought it may not seem that role models have much control over the values of the novice or student nurses. However, it is possible that the value set may also be influenced by the role model nurses. Is not the imparting of professional nursing values a component of the socialization process of new nurses and students? Perhaps novice nurses learn these values by observation and interaction with exemplary role models. Once the shared values are in place, it may be possible that learning through modeling is more likely to occur.

Finally, Bandura’s third principle is “individuals are more likely to adopt a modeled behavior if the model is similar to the observer and has admired status” (1977, p. 30). From the data in this project it was often noted that students and novice nurses held the exemplary role models in high esteem. From a practical perspective it seems important for role model effectiveness to choose role models who are admirable.

Role modeling and sharing craft knowledge

Role modeling by exemplary practice nurses seems to be an important strategy for teaching craft knowledge. In other words it helps novices to translate theory to practice. Beyond achievement of nursing knowledge nurses need to become competent in performance (McAllister et al., 2007). Role modeling is one way that nurses can help to move nursing students and novice nurses toward performance competence. By attending to the little things, making connections, modeling, and affirming others exemplary clinical nurses were able to convey some of their craft to novice practitioners.

In summary, role modeling may be useful to those who teach clinical nurses, both formally and informally, in practice settings. Exemplary practice nurses should be placed in situations in which they can share their craft knowledge with less knowledgeable peers and students. These practitioners have a unique opportunity to positively influence patient care outcomes, continuity of care, and the professional development of staff through role modeling as a way of sharing their craft knowledge.

Further research

Ways of sharing craft knowledge lack rigorous and systematic investigation (Barth, 2001). Studies of the documentation and communication of clinical nurses’ craft knowledge could be of interest to educators, practitioners, and learners.

The possible relationship between being an exemplary role model and career satisfaction could be explored. Such research might encourage administrators to plan ways to include role modeling formally in the job descriptions of exemplary practitioners.

The perspective of the learners requires study. A question like, “What do learners, both novice nurses and students, perceive as effective role modeling strategies?” would provide this viewpoint.

Conclusion

This paper described some approaches used by exemplary nurse role models observed during a phenomenological study of exemplary nursing practice. Themes focused on the role modeling behaviors of exemplary nurses. Specific examples from the data suggested that excellent role models attend to the little things, make connections, purposefully model, and affirm others. The findings were discussed within the framework of Watson’s “transpersonal caring” and Bandura’s (1997) “Social Theory of Learning.” Role modeling was proposed as a teaching strategy for conveying practitioner or craft knowledge. This investigation provides some concrete beginnings that can be built upon by further research.

References