

ISSN 2572-6706 (print)
ISSN 2572-6714(online)

IABS JOURNAL



INDEPENDENT ASSOCIATION
OF BUSINESS SCHOLARS

Edition 6 Volume 1

July 2023

Editor in Chief *J. Robert Heinzman D.M., MBA/TM*

Editor *Brian A. Iannucci PhD*

Primary Authors

J. Robert Heinzman D.M., MBA/TM

Brian A. Iannucci PhD

Ken Williams MBA

Disha Patel MSN RN CNE CHSE

Elizabeth Croson, PhD, RN

Lori A. Thompson, EdD, RN,

Pamela L. Isbell, MSN-Ed, RN,

Michelle R. Kephart, MSN, RN,

Wendy M. Patterson, MSN, RN,

Jodi L. Boling, MSN, RN, CNS

Website: www.iabs-publishing.com

Copyright © 2016 IABS Publishing

Holiday FL 34691

All rights reserved.

TABLE OF CONTENTS

Pg. 1	Editor's Note: Dr J. Robert Heinzman
Pg. 2	VITAL; <i>opinion editorial</i> Author: Ken Williams, MBA
Pg. 5	Cultural Awareness in Communication Author: Dr J. Robert Heinzman
Pg. 18	Why People are Turning Away from Church Author: Brian A Iannucci Ph.D.
Pg. 37	Current and Future Trends in Healthcare Simulation Author: Disha Patel MSN RN CNE CHSE
Pg. 52	Growing Nursing Leadership at the Department Level Author: Elizabeth Croson, PhD, RN
Pg. 58	The Impact of Academic Transformational Mentoring in an Online Nursing Program Author: Lori A. Thompson, EdD, RN, et al.,
Pg. 74	<i>Author Information / Submission Guidelines</i>

EDITOR'S NOTE

Welcome to this volume of IABS, where we are thrilled to present an exciting and thought-provoking collection of articles that cover various social, technical, and educational topics. We begin with an op-ed that features the mentoring work of military veterans who support student veterans on their journey to obtain higher education degrees.

Our next article focuses on the importance of effectively communicating in a multicultural environment. It highlights the significance of respecting communication in cross-cultural exchange, embracing different heritages, and diverse viewpoints to achieve better outcomes that strengthen society. In this issue, we also explore the challenges that brick-and-mortar churches face in attracting parishioners. We delve into the dichotomy of modern-day religious institutions that aggrandize and lack a connection to their congregation. We question whether four walls are necessary for prayer and worship in today's society or if other ways are better suited.

Furthermore, we discuss how simulation, virtual reality, augmented reality, and technology are advancing opportunities in healthcare. The healthcare industry realized the need to utilize technology during the COVID pandemic to provide a means to practice, test, and perform training in an isolated environment. Simulation and virtual reality provide the opportunity to bring a surgeon from thousands of miles away into an operation and provide input in real time as if they were present in the room.

Lastly, we introduce two articles that focus on training and mentoring in nursing programs. The articles emphasize the need for leadership skills that promote ethical and critical decision-making, initiating and maintaining effective working relationships, using mutually respectful communication and collaboration within interprofessional teams, care coordination, delegation, and developing conflict resolution strategies. These articles feature case studies that highlight the application of Academic Transformational Mentoring (ATM) to students and faculty.

Dr. J. Robert Heinzman

WGU's VITAL Program Partnership with the U.S. Department of Veterans Affairs

The Veteran's Creed

1. I am an American Veteran
 2. I proudly served my country
 3. I live the values I learned in the military
 4. I continue to serve my community, my country and my fellow veterans
 5. I maintain my physical and mental discipline
 6. I continue to lead and improve
 7. I make a difference
 8. I honor and remember my fallen comrades.
-
-

WHAT IS VITAL?

Veterans Integration to Academic Leadership (VITAL) is dedicated to aiding student Veterans in achieving academic success.

VITAL is a Veteran-centered, results-oriented, collaboration between the VA Medical Center (VAMC) and higher education. We understand the unique factors facing our student Veterans and are here to help.

D. Aaron Ahern, Ph.D.
Licensed Clinical Psychologist
VITAL Program Coordinator
VA Salt Lake City Medical Center

VA



U.S. Department
of Veterans Affairs

What services are provided?

WGU-VITAL offers a range of services to support veterans in achieving academic success. Through a partnership with the VAMC, we provide treatment for a variety of issues including stress, anger, transition adjustment, concentration, depression, anxiety, sleep problems, and PTSD. We also collaborate with university disability services to request academic accommodations. We assist with enrollment and care at the VA Medical Center, helping veterans to secure resources from within the VA and its affiliates, including the Veterans Benefits Administration (VBA) and Vocational Rehabilitation. In addition, we offer support with obtaining and using assistive technology devices such as hearing aids and screen-reader software. Our Senior Veteran Advisors, who are fellow veterans, provide mentoring and support to help veterans achieve academic success.

Through VITAL, the VA partnership also provides for faculty and staff:

College and university staff can receive education on Military and Veteran culture, as well as consultation on Veteran-specific issues that may affect performance and retention. This knowledge helps us assist Veterans in achieving academic success. Additionally, we work with counseling centers at colleges and universities to address the unique mental health needs of Veterans.

D. Aaron Ahern, Ph.D.
Licensed Clinical Psychologist
VITAL Program Coordinator
VA Salt Lake City Medical Center

VA



U.S. Department
of Veterans Affairs

Success Stories:

A Female veteran sustained sexual trauma. She was told upon discharge there was no help for her. Once she met with a Senior Veteran advisor and they uncovered her trauma, she was provided the long overdue psychological care she was entitled to. She received the care she was entitled to her through our partnership with the SLC VA.

A male veteran believed he was receiving all of his entitled benefits, but after an evaluation conducted by a Senior Veteran Advisor, he realized there were additional benefits he was not receiving.

To volunteer, contact:

Ken Williams, MBA
Military and Veterans Benefits Client Relations Manager
ken.williams@wgu.edu
385-428-6647

D. Aaron Ahern, Ph.D.
Licensed Clinical Psychologist
VITAL Program Coordinator
VA Salt Lake City Medical Center

VA**U.S. Department
of Veterans Affairs**

Joseph R. Heinzman D.M., MBA/TM, CMfgT
Western Governors University
July 01, 2023

Cultural Awareness in Communication

Abstract

Being able to effectively communicate is a valuable skill that not many people have, especially when dealing with cross-cultural situations. Intercultural communication refers to the interaction between people of different backgrounds and heritages. Experts have conducted extensive studies on this topic to analyze how people from different cultures interact and live their daily lives. These studies primarily focus on identifying communication barriers that individuals from diverse backgrounds encounter.

Anxiety in Intercultural Communication

Anxiety is a feeling of discomfort and apprehension that is often linked to an irrational worry. It is frequently encountered during cross-cultural exchanges. (Communicaid, 2009).

Individuals often experience anxiety when they lack knowledge about how to interact with their counterparts and are unsure what to expect. This can lead to small mistakes that can cause problems for both parties involved in the business. In the UAE, physical greetings such as hugs and long handshakes are customary. (Communicaid, 2009).

One effective approach to dealing with anxiety in social interactions is to gather as much information as possible about the culture of the other person or group. (Coopman and Lull, 2012). To improve the experience, it is recommended to learn about the methods used by the business. This can help reduce anxiety and facilitate more effective interaction. It's best to gather information beforehand. (Communicaid, 2009).

Ethnocentrism as a Barrier to Intercultural Communication

Ethnocentrism refers to the belief that one's own culture and heritage are superior to those of others. This perception includes making assumptions about the morality and rationality of other cultures. (Coopman and Lull, 2012).

Some people exhibit ethnocentrism, where they disregard the opinions of those from different cultures and evaluate situations only from their own perspective. In some cases, this behavior is related to racism.

Ethnocentrism can occur unintentionally, often due to a lack of awareness about cultural and communication barriers. Unfortunately, it's difficult to predict or prevent ethnocentrism. However, there are simple ways to combat it. Respecting cultural differences is essential to reduce ethnocentrism, as is raising awareness about customs and traditions from other cultures. By taking these steps, we can foster a more inclusive and understanding society.

Assumption of Similarities in Intercultural Communication

Sometimes people assume that two cultures are not different but are similar in their nature. For example, if an Arab prefers to drink coffee instead of tea, then others assume that coffee is a popular drink in UAE. This is not always true as people from different cultures have different preferences. The preference of a person or a group of people does not reflect the entire culture (Communicaid, 2009).

When interacting with people from different cultures, it is important to avoid making assumptions about their cultural practices. To be on the safe side, it is best to assume that there are no significant differences between your culture and theirs. However, simply behaving as you would in your daily life may not always be the best approach. For instance, in Arab culture, it is considered rude to decline an offer made by an Arab. This is not the case in many other cultures, where declining an offer is not considered offensive. Therefore, it is important to research and understand the cultural practices of the people you are

interacting with in order to avoid miscommunication or causing unintentional offense.

Prejudice in Intercultural Communication

Cross-cultural communication can be hindered by prejudice, which is the act of making irrational judgments about certain individuals or groups based on their race, ethnicity, religion, caste or language. Prejudice creates a negative perception and is an important barrier to overcome. (Flinders, 2004).

When people with different cultural backgrounds come together, they often face issues related to prejudice and bias (Jandt, 2010). In such cross-cultural settings, pre-judgements are made, leading to a lack of communication and interaction. Prejudice is the irrational perception created by the majority towards a minority group, which ultimately leads to the breakdown of communication patterns.

Prejudice refers to irrational hatred towards a certain group, religion, caste, or race, and is a significant obstruction to cross-cultural communication. It fuels victimization of certain groups and leads to a lack of communication.

In the UAE, contract employees from developing countries such as Pakistan, India, and Bangladesh often face prejudice and are viewed as low-skilled professionals. This can cause a communication gap between them and their superiors, leading to a challenging work environment (Communicaid, 2009). Language can also be a significant barrier to

intercultural communication, as it is the primary tool for exchanging values, ideas, and thoughts between different groups (Velo, 2011). This communication gap is particularly evident in multinational corporations.

Language as a Barrier to Intercultural Communication

Communication relies on language as a gateway for exchanging values, ideas, and thoughts between groups. However, when exchange groups come from different cultures, language can become a major barrier (Velo, 2011). The difference in language creates a communication gap that can hinder effective communication between the groups.

To address this challenge, multinational corporations have standardized English as the international language of business. This has helped reduce the problem of cross-cultural interaction as all employees joining such firms learn English, which is widely accepted as the common language (Velo, 2011).

Moreover, language barriers can be overcome by hiring specialists in cross-cultural communication and anthropology. These experts help remove language barriers and improve communication between exchange groups (Velo, 2011). Additionally, organizing special training programs can enhance the speech tendencies and language frequency of speakers, thus minimizing language barriers and promoting effective intercultural communication.

Cultural Relativism

Cross-cultural communication faces a significant obstacle in the form of cultural relativism. This refers to the belief that one's own values and cultures are superior to those of others, disregarding their diversity and unique perspectives (Flinders, 2004). Such denial of others' values and experiences creates a significant hindrance to effective intercultural communication, as it manifests as an imposition of one's own moral and ethical beliefs onto others. This concept is often observed in small and medium enterprises in the UAE, where static cultural norms are enforced among employees (Flinders). Such restrictions on cultural exchange can lead to disengagement among employees, resulting in a weak communication system within the workplace (Zechente, 1997). This, in turn, negatively affects intercultural communication and can lead to a lack of diversity and inclusivity within the organization.

Conclusion

The act of exchanging messages between two groups is known as communication. It is a skill that is particularly valuable for those who live in cross-cultural environments. Intercultural communication refers to interactions between people from different cultures, values, and backgrounds. However, there are certain barriers that can hinder intercultural communication, such as prejudice, anxiety, ethnocentrism, language, and assumption of similarity. In order to effectively engage in cross-cultural communication, it is important to remove these barriers. One solution is for individuals to gain a basic understanding of each other's cultures and perspectives. This will help to reduce the impact of any interfering barriers that may arise during cross-cultural interactions.

Intercultural and Bias Communication Glossary

Acculturation refers to the cultural modification of an individual or group through the adoption of traits from another culture, often as a result of prolonged contact. It should be noted that individuals from culturally diverse groups may desire varying degrees of acculturation into the dominant culture.

Assimilation refers to the process of a minority group adopting the cultural traditions of a dominant group or society.

Culture is the integrated pattern of human behavior that encompasses thoughts, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of a racial, ethnic, religious or social group. Culture is always changing and includes the ability to transmit the above to succeeding generations.

Culturally Appropriate: Exhibiting sensitivity to cultural differences and similarities, and demonstrating effectiveness in translating that sensitivity to action through organizational mission statements, communication strategies, and services to diverse cultures.

Cultural Awareness: Recognition of the nuances of one's own and other cultures.

Cultural Competence: The ability of individuals to use academic, experiential, and interpersonal skills to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. Cultural competency implies a state of mastery that can be achieved when it comes to understanding culture. Encompasses individuals' desire, willingness, and ability to improve systems by drawing on diverse values, traditions, and customs, and working closely with knowledgeable persons from the community to develop interventions and services that affirm and reflect the value of different cultures.

Cultural Diversity: Differences in race, ethnicity, nationality, religion, gender, sexual identity, socioeconomic status, physical ability, language, beliefs, values, behavior patterns, or customs among various groups within a community, organization, or nation.

Cultural humility: is a lifelong process of self-reflection and self-critique. Cultural humility does not require mastery of lists of “different” or peculiar beliefs and behaviors supposedly pertaining to different cultures, rather it encourages to develop of a respectful attitude toward diverse points of view.

Cultural sensitivity: Understanding the needs and emotions of your own culture and the culture of others.

Ethnic: Of or relating to large groups of people classed according to

common racial, national, tribal, religious, linguistic, or cultural origin or background.

Ethnicity: how one sees oneself and how one is “seen by others as part of a group on the basis of presumed ancestry and sharing a common destiny ...” Common threads that may tie one to an ethnic group including skin color, religion, language, customs, ancestry, and occupational or regional features. In addition, persons belonging to the same ethnic group share a unique history different from that of other ethnic groups. Usually, a combination of these features identify an ethnic group. For example, physical appearance alone does not consistently identify one as belonging to a particular ethnic group.

Race: There is an array of different beliefs about the definition of race and what race means within social, political, and biological contexts. The following definitions are representative of these perspectives:

- A tribe, people, or nation belonging to the same stock; a division of humankind possessing traits that are transmissible by descent and sufficient to characterize it as a distinctive human type.
- Race is a social construct used to separate the world’s peoples. There is only one race, the human race, is comprised of individuals with characteristics that are more or less similar to others.

- Evidence from the Human Genome project indicates that the genetic code for all human beings is 99.9% identical; there are more differences within groups (or races) than across groups.
- The IOM (Haynes & Smedley, eds., 1999) states that in all instances race is a social and cultural construct. Specifically, a “construct of human variability based on perceived differences in biology, physical appearance, and behavior”. The IOM states that the traditional conception of race rests on the false premise that natural distinctions grounded in significant biological and behavioral differences can be drawn between groups.

The following related terms are defined by Webster's New World Dictionary of American English, Third Edition (1991), as follows:

- **Bias:** implies a mental leaning in favor of or against someone or something.
- **Bigotry:** the behavior, attitude, or beliefs of a person who holds blindly and intolerantly to a particular creed, opinion, etc.; intolerance; prejudice.
- **Discrimination:** the act of discriminating or distinguishing differences; the ability to make or perceive distinctions, perception, and discernment; a showing of partiality or prejudice in treatment; specific action or policies directed against the welfare of minority groups.

- **Diversity:** a quality, state, fact, or instance of being different or dissimilar; difference; variety.
- **Ethnocentrism:** the emotional attitude that one's own ethnic group, nation, or culture is superior; an excessive or inappropriate concern for racial matters.
- **Homophobia:** irrational hatred or fear of homosexuals or homosexuality.
- **Power:** the ability to control others; authority, sway, influence; a person or thing having great influence, force, or authority.
- **Prejudice:** implies a preconceived and unreasonable judgment, or opinion, usually an unfavorable one marked by suspicion, fear, or hatred.
- **Racism:** a doctrine or teaching, without scientific support, that claims to find racial differences in character, intelligence, etc.; that assert the superiority of one race over another or others, and that seeks to maintain the supposed purity of a race or the races; any program or practice of racial discrimination, segregation, etc. based on such beliefs.
- **Segregation:** the policy or practice of compelling racial groups to live apart from each other, go to separate schools, use separate social facilities, etc.
- **Sexism:** discrimination against people on the basis of sex; specifically, discrimination against, and prejudicial stereotyping of, women.
- **Supremacist:** a person who believes in or promotes the supremacy of a particular group, race, etc.

References

Communicaid. *Doing Business in the UAE*. London: Communicaid Group Ltd, 2009.

Coopman, Stephanie J. and J. Lull. *Public Speaking: The Evolving Art, Enhanced, 2nd ed.: The Evolving Art*. Boston: Cengage Learning, 2012.

Flinders. *Barriers to Cross-Cultural Communication*. 2004.

Jandt, Fred. *An Introduction to Intercultural Communication: Identities in a Global Community*. London: SAGE, 2010.

Velo, Veronica. *Cross-Cultural Management*. New York: Business Expert Press, 2011.

Zechente, Elizabeth. "In the Name of Culture: Cultural Relativism and the Abuse of the Individual." *Journal of Anthropological Research* 53 (1997): 319-347.

**Why People are Turning Away from Church; Not Religion: A
Business Analysis of Religion in a Modern Society**

Brian A, Iannucci, Ph.D., MBA

Abstract

Not unlike every other aspect of society, the current religious climate of the world is experiencing modernization. The traditional model that has been in place since the dawn of religion is proving to be outdated and out of touch with a society that is increasingly pulled in increased directions. Exploring changes to religious institutions from a business perspective can allow for a more modern approach to evangelism. Without changing a religion's beliefs, it is necessary to explore more modern ways to effectively communicate faith to meet the spiritual needs of society.

Introduction

As society evolves, the need to evolve with it becomes a temptation. Religion provides an interesting dichotomy in that its teachings are, by nature, based on traditions passed down for generations. However, the climate in which religion exists has evolved such that evangelism methods that were used in the past are now not as effective as they once were. By looking at the concept from a business perspective, much can be learned. From this perspective, it is interesting to note that the *product (faith)* is a solid offering that is very compatible with the human condition, just as it has been for generations. However, the way this product is *marketed* may benefit from evaluation to enhance its efficacy.

It can easily be argued that religion is the cornerstone of society (Rakrachakarn et al., 2015). Churches, synagogues, mosques, and other religious centers are a fixture in our culture and can be found in

population centers, large and small in easy abundance. Then why are we seeing a decline in attendance at religious services? This perplexing question merits exploration as many on all sides of this issue have a great deal at stake as we project the future implications of this trend. Further, is the decline in attendance at religious services indicative of a decline in faith overall or is there something else going on that merits review?

In taking a business-like approach to evaluating, planning, change management, and strategic thinking, one can identify potential concerns and posit remedies that can improve the situation. It is from this perspective that this analysis will be most helpful.

The Stakeholders

In any entity, there are internal and external stakeholders that impact and are impacted by said entity. It is important to identify these stakeholders so that their impact can be ascertained. By knowing the key players involved, an analysis can be conducted.

Religious Communities

First, there are those in the religious community who are struggling to maintain attendance at services. In a substantial number of instances, churches are struggling with onerous capital debt, the need to repair outdated and broken infrastructure, and other financial burdens that are adding to the pressure of solving this problem. With declining attendance naturally comes a decline in donations.

These stakeholders include clergy, board members, associations of faith, employees, and volunteers of various religious organizations. These individuals are considered internal stakeholders and have a major impact on the day-to-day operations of the various religious organizations for which they serve.

The Secular Community

Next, we have the secular community which is heralding this decline as a victory for their side. Instead, pseudo-religions such as environmentalism, governmentalism, communism, and a slew of other isms are lauded as suitable replacements for faith. With the decline in religion, the secular community would argue, comes more attention, attendance, and dollars for these pseudo-religions. It is evident that in some cases this is occurring, yet the jury is still very much out as to whether substitutes for religion are benefiting from the decline in church attendance. This external stakeholder group would, from a business perspective, be considered *a competitor* as they are offering substitutes for the offering of religious organizations. From this interesting perspective, one can glean an understanding of some of the various ways that religious organizations are viewed and presented in a negative light.

Clergy

Next, we have the clergy. This broad group of individuals has a vested interest, both spiritually and financially, to change this trend. While a part of the religious community, clergy should be identified for their prominent role as internal stakeholders. Many of these individuals have resourcefully navigated the troubled waters of this decline for most

of their careers and are adept at evangelical outreach. Some have even gone as far as to support a modernization of their faith to include a more open view of modern trends that are culturally popularized in political circles (Lawrence, 2020). These include abortion, homosexuality, abstinence, drug use, and other hot-button issues. In many cases, the embrace of such issues is causing further schisms within congregations and contributing to the overall problem.

The People (Congregants and Potential Congregants)

Finally, we have the potential congregants of each of these religious entities. These are the population of potential attendees and are very much the lifeblood of any church. From a business sense, these are the *consumers*. A robust, faithful, and devout congregation is the goal of the church. In this ideal situation, not only is the church spiritually thriving and meeting the needs of its congregation but it is also funded healthily and growing in membership. Each member is contributing through volunteering, attending regular services, and finally supporting the mission of the church. Years ago, this was a common state for many congregations. However, several challenges to this success model have been evident.

Creditors

Just like any other business, it takes money to run an organization. Many religious organizations have banks and other financial institutions to which they are indebted. Mortgages, bonds, and other means of raising financial capital are often necessary to construct buildings, purchase land, and do other capital improvements. In considering this

stakeholder, it is important to note that the decline in attendance and donations has put a financial strain on many religious organizations. This pressing issue will be addressed in upcoming sections of this discussion but merits mention here as this external stakeholder exerts a significant influence over many congregations.

Challenges (aka The Problems)

Even at first glance, there are several issues or problems evident in many religious communities. By painting this picture and defining these issues, solutions can be posited that have a positive impact in blunting these problems.

First, the hectic nature of life has contributed to the decline in church attendance. Jobs, social commitments, and other time-consuming endeavors have overshadowed regular attendance at worship services. Potential congregants are simply finding more value in other activities and less value in spending an hour or two a week, or more at church. Frankly, who could blame them? The value proposition is simply not there in several cases. These are known in business terminology as *external forces*. It is important to note that *external forces* are out of the scope of direct control of the organization. However, with thoughtful planning, influence on these factors can help to mitigate them.

Second, the automatic reaction to a decline in attendance is often a spiritual appeal to the congregation, reminding them of the importance of their faith and compelling them to re-engage with the church. There is a segment of this population that will respond to this appeal. However, there is also a group that will push further away as this appeal may be seen as a guilt trip or have some other sinister agenda.

Instead of focusing on the congregation that remains and is spiritually satisfied with the church, a major problem that frequently occurs at this stage is that this group of disconnected individuals becomes the target audience of the church and further efforts are made

to provide accommodations to entice these people to attend once again. Modernization of the service, flashy outreach events, and other "marketing efforts" are employed. These changes can be effective to a certain degree but in some cases, the devout congregation that remained in the first place becomes put off by the change. This vicious spiral continues, and the church loses its identity. What was once a solid spiritual rock has become a boat adrift at sea.

If this sounds familiar to you then you are not alone. From a business perspective, this problem exists when failed diversification efforts alienate core customers. You need not look any further than the recent Anheuser-Busch/Dylan Mulvaney controversy or Disney and their continued woke push in all aspects of their business. In cases such as these, efforts were made to expand the brand to other populations to sell more products. Yet, core customers of these brands were brushed aside in this effort leaving many of them to be confused and upset. I do not need to tell you that a dissatisfied customer is not going to be a customer for long.

Next, is the minimum required financial contributions that are required to maintain the church. With the best of intentions, many congregations made decisions to expand and grow their physical presence. New buildings, schools, properties, and other capital expenses were financed over prolonged periods. These debts must be paid and add to the pressures to maintain and grow congregants. Financial appeals, fundraising drives, and other efforts often seem off-putting to even the most devout congregants. Inflation and other economic conditions that are currently being globally experienced are leading to fewer and fewer

discretionary dollars families have to spend. At some point, an exceedingly small portion of the congregation is supporting much of this financial burden. When these parishioners dwindle, so does the solvency of the church.

Related to this issue is the appearance of religious organizations as a financial boon for those who stand to profit from faith. I must confess, this aspect of modern-day religious institutions must be my biggest concern. Church clergy in fancy clothes and jewelry self-aggrandizing while preaching a spiritual message comes across as a bit befuddling, especially when an offering plate is being passed. Without naming names, it is easy to think of several of these individuals who have profited greatly from their faith. This issue opens the door to fraud committed in the name of religion and further pushes those who are disenfranchised away from the church.

While most of this section has been about issues facing congregants none of these issues has a simple fix for the problem of building a religious community in a physical church. Much of this section on congregants provides explanations for the decline in attendance at religious institutions and can be summed up as points of dissatisfaction that have many exploring other options. What does the future of religion look like? Can it be sustained? Is there a path forward for *faith*?

The Future

It does not take a business degree to see that the current model of religion is broken. Churches are going to continue to face a decrease in attendance and eventually, there will be contractions, closures, and defaults that will need to be addressed. Just like in other businesses, when the model ceases to be effective a new effort is necessary to be successful. Look around, changes in industries are common and business practices need to be updated. Religion is no exception. From education to music, automobiles to retail stores, models are changing. Smart practitioners are changing with the times.

The good news is that faith and religion, in their purest and most basic form (*the products*), do not need to change. The Word of God, regardless of faith, is still a cornerstone for a vast portion of the global population. Prayers are still being said, children are still learning about the importance of faith, and more believers are choosing to count themselves among the faithful. The future of faith is bright. The over-exuberance of those who seek to wipe faith from our society is overblown and not realistic. Moreover, the concept of belief in a higher power is still very much a governing principle in society.

Faith is Not Four Walls

One of the most exciting changes to faith is the ability to experience it without the need for a physical church. More and more of the faithful have found ways to quench their spiritual needs through technology, self-enrichment, and other means. This trend naturally led to a decline in church attendance, but it makes sense. Just as Amazon has

revolutionized the way many shop for items, the internet has also allowed for a revolution in faith allowing for spiritual growth through personal research, prayer boards, and other virtual ways that congregants have creatively found to hear the Good Word.

The interesting part of this trend is it is negatively impacting the traditional churches and leading to a decline. The vicious cycle that is evident has created a decision that the faithful have to make and has led to many questions:

How would I like my spiritual needs to be met?

Is there value in a physical church for me and my family?

Can I still be faithful without the physical church?

These and other questions are leading many people to reevaluate how they satisfy their spiritual needs. However, there are strong opinions on both sides of the argument. Churches have a personal stake in convincing those who do not attend church to go. Often disagreements in family units lead to different interpretations of how spiritual needs are met. This contributes to the friction that is evident in this argument.

So, what is next? In reading the writing on the wall it is evident that the current model will not be viable for very much longer. While congregations will continue to exist, the dwindling membership will be impacted as older members are dying and leaving the congregation. Also, the need for marriages, funerals, baptisms, and other religious celebrations will help to yield short-lived spikes in attendance.

However, based on the contemporary trends, these spikes will also be transient regardless of the fervent efforts of churches to leverage them as opportunities to bolster membership and attendance. Soon, buildings and other physical property of religious organizations will fall into disrepair or even become victims of defaults. The remaining congregations will combine, and this process will continue until the inevitable culmination of the process leads to a vastly different appearance of religious experiences.

Savvy congregations have prolonged their existence by establishing religious or charter schools, as well as other services for young and old alike. While this is a temporary fix to the problem, the new outlook in the future will consist of fewer religious entities, smaller congregations, and a more modern approach to ministry. Still, others will rely on government sponsorship, mandates, caliphates, and vast accumulated wealth to survive. This, too, will be a Band-Aid for the larger problem but has the potential to prolong the inevitable. Eventually, changes in technology, ease of access to information, and a shift in the value proposition will lead to major changes in religion.

Digital Ministry, Smaller Congregations, and a More Modest Approach

The future is very bright for religion and faith around the world. Yet, changes in the model will be far-reaching. Prayer, belief, and salvation are intertwined into the human experience. Currently, this relationship also includes a third party, the church. The church has for a long time been the purveyor, educator, spiritual consultant, and social meeting place that bonded a congregation and a community. These functions were the exclusive domain of the church and, without the church itself, it would have been difficult to spread religious knowledge. With the advent of the digital age, access to information is readily available. With this access, comes an opportunity for religion to educate and evangelize without the need to have a building and a myriad of other expenses. Further, the opportunities to build virtual communities are readily available and have already been demonstrated as a successful tool for which to find prayer support, guidance, education, affirmation, and the myriad of other social benefits that have traditionally revolved around the community hub that has been the church. Religious services are even live-streamed and have proven to be popular among those who are seeking alternatives to traditional church attendance. As the COVID-19 pandemic has demonstrated, religion and faith still play a significant role in our society even though the setting for the said role is evolving to a more virtual platform.

The writing is on the wall but that does not mean that everyone will subscribe to this new model. After all, religion has become extremely profitable. Sadly, far too many people profit from religion.

Unfortunately, we need not look too far to find egregious examples of profiteering and even criminal financial crimes that stem from religious offerings. The humble beginnings of the major religions of the world seem to be a distant memory given the gilded houses of worship that we see now in modern times. Further, for centuries religions have touted themselves as the gateway to salvation which provides a convenient segway to asking congregants to financially support the church. Many religions go as far as to have members promise to bring children up in a particular faith thus binding future generations to a particular faith. Religion, regardless of your beliefs, is not only practiced in a religious place. Rather, it should be practiced throughout one's life. Faith cannot be judged by how many services you have attended, how many calls to prayer you have answered, or how much you have donated.

It seems an appropriate time to speak about a term that will naturally follow this shift, blasphemy. The term meaning to "act in offense or speak sacrilegiously about God," is a predictable slur that will be hurled in defense of maintaining the traditional church and congregation. There is a personal stake on behalf of many who have made careers out of religion. A question that many ask at this juncture is, "*Is the church actually God or simply a conduit to accessing God?*" This question has been and will continue to be debated by religious scholars. Yet, the perception of the individual congregant (*the consumer*) will ultimately determine the final decision on the matter.

An interesting aspect of this conundrum is there is a correlation between a learned clergyman and a learned faculty member at a college or university. Both are given a platform through their work to inform

and educate a group of people, both are scholars seeking further knowledge and discovery, and both are lauded for their knowledge. Further still, both groups have individuals who are more profit-driven than others and have various levels of accomplishment based on knowledge and achievement. Religious Studies is still an immensely popular course of education at institutions of higher education, and it is here we see the two most directly intersect. However, the divergent delivery models (churches v. universities) represent the biggest difference between the two populations.

The Digital Age has leveled the playing field and allowed for studies to be pursued independently of both the university and the church. Learning skills can be done virtually and without the need for a classroom. Certifications are fast replacing a college degree as an attestation of an individual's skill set thus allowing for gainful employment. Is it too much to see a future where religious studies and knowledge are attained in a similar, informal manner? I would think that it is an easy leap to think that this direction will be the dawn of faith's greatest age; free from profiteering, and contemporaneous constraints such as attending worship services, and therefore opening the door to the masses to experience faith more freely. The reward of salvation is no less desired than it was years ago. By opening the doors of faith and allowing more to experience salvation easily and less dauntingly, religion will thrive!

This is not to say that there will not be other changes. Churches must align their models toward a new evangelical trend. Online, open, free, and visible are the new standards that will allow faith to thrive. A

traditional congregation attending weekly services will be replaced by a myriad of one-to-one and one-to-many interactions that will allow for knowledge of faith to grow, spiritual awakening to occur, and religious support from clergy members in times of crisis as well as times of celebration such as birth, baptism, and marriage. This modern, business-like approach will revolutionize the process and update what is an antiquated model. As religions around the world retool their online presence and outreach, they are aptly able to provide the same level of education and community they were before. Further, when done effectively, the new model allows for more personalized, targeted interactions that allow clergy to provide support to those who need it most at a time when they most desire it.

Like the traditional model, this novel approach is not perfect. Fraud, misinformation, profiteering, and unethical behavior will still exist. These sorts of challenges are also not unique to religion but are evident throughout society. There are those in our world who would prey upon the weak. Just because the model changes doesn't mean these behaviors go away. This is an unfortunate societal condition that will always exist. However, in the innovative approach, the capital costs of a traditional church are significantly reduced. Budgets will be smaller, financial needs will go down, therefore a need to consistently fundraise and worry about these costs will allow religion to get back to its primary calling. The business evaluation that has been conducted thus far in this discussion will need to be revisited regularly to strategically evaluate the organization, its stakeholders, and its efforts & plans moving forward.

This will allow for more successful outcomes that are updated as trends, internally and externally, merit.

Conclusion

I have said it before and I will say it again, the future of religion is bright! Despite the challenges of today's society, the population still craves faith as a foundational aspect of their lives. However, to compete in a modern world requires modern solutions and the reevaluation of the approach that has been religion, to date. Placing salvation as the sole and primary goal of religion and removing barriers to success using new tools and techniques allows for a renewal of revival of faith in a world that sorely needs it.

From a business perspective, analyses such as these are often subjective. This helpful exercise has been the cornerstone of strategic business planning and, when conducted effectively can yield successful business plans. However, due to the subjectivity of this process, outcomes do vary. Unconsidered factors can impact even the most thoughtfully developed business plans. For this reason, the process must be continually revisited and updated.

In the final analysis, it is evident that *faith*, in its most basic essence, as well as the salvation and solace it provides, remains and will always remain important. Through the use of business practices and learnings mankind and help in the spread of the Good News. It is this evangelical effort, above all else that should continue to be the basis of all religious entities, superseding political, financial, and societal concerns. Success awaits those who follow this altruistic vision.

References

Lawrence, W. B. (2020). A Question of Doctrine: Whither The United Methodist Church? *Methodist Review (19465254)*, 12, 1–59.

Rakrachakarn, V., Moschis, G. P., Ong, F. S., & Shannon, R. (2015). Materialism and life satisfaction: the role of religion. *Journal of Religion and Health*, 54(2), 413–426.

Current and Future Trends in Healthcare Simulation

Disha Patel MSN RN CNE CHSE

Western Governors University

July 2023

Abstract

The purpose of this paper is to discuss healthcare simulation's current and future trends. The current shift in healthcare from quantity of care to patient safety-centered Value-Based care has created a challenge for educators to train healthcare professionals with precision. Simulation is an experiential learning technique. It is evident in the literature that simulation can provide a safe learning environment for learners to practice and master simple to complex skills (Ayaz and Ismail, 2022). Healthcare simulation may become an essential part of education and training in medical education (Ayaz and Ismail, 2022). Therefore, educators need to understand and apply trends of healthcare simulation in education practices to prepare the future workforce.

Key Words- Simulation, Healthcare, Safety, Value-Based care, Virtual Reality, Augmented Reality, Mixed Reality, High fidelity, debriefing, Standards of best practice, experiential learning, Kolb's learning theory, safe learning environment

Background

The simulation was first employed by the defense and aviation industries (Ayaz and Ismail, 2022). Today, simulation is implemented at various levels of healthcare such as education, training, research, and evaluation (Society for Simulation in Health Care (SSH), 2023). Simulation is defined as “Simulation is the imitation or representation of one act or system by another” (SSH, 2023). Simulation provides a safe learning environment for healthcare professionals to deliberately practice and master skills as well as go through a “dry run” of simple to complex real-life clinical situations to provide safe quality care ([Healthy Simulation, 2023](#)). Simulation, when used appropriately, provides a seamless transition to real-life patient care. In other words, simulation is an experiential learning technique. Healthcare simulation began with anatomical models, and simple task trainers then grew into complex high-fidelity wireless computer-operated manikins that brought a high level of realism into simulated situations (Jones et al., 2015).

Current Trends in Healthcare Simulation

Due to the COVID-19 pandemic, educators had to become innovative which led to speedy collaboration between technology and healthcare which gave birth to distance simulations using virtual conferencing technology. Additionally, screen-based simulations, and virtual reality simulations use has become widespread in healthcare education. Furthermore, in the post-COVID-19 pandemic era, technology continues to play a major role in healthcare simulations as well as educators have now developed hybrid simulation models where they use a combination of virtual and in-person simulations for best results.

Future Trends in Healthcare Simulation

Healthcare simulation has grown from an anatomical model to a full 3-dimensional immersive virtual simulation experience. The marriage of advancing technology and simulation modalities has increased reach beyond our imagination. The simulation technique will be everywhere in healthcare and will be used in various capacities. This paper discusses some of the top future simulation trends.

1. Value-Based Healthcare

The future of healthcare is Value-Based care. United States (U.S) healthcare cost is increasing but the outcomes are not improving (Lewis, C. et al.,2023). Value-Based care focuses on a reimbursement model that provides reimbursement based on quality and not on the quantity of care. Value-Based healthcare has been a priority for the Center for Medicaid and Medicare Services (CMS) for over a decade and plans to grow exponentially (Lewis, C. et al.,2023). Therefore, educators must include Value-Based healthcare models in simulations to train current and future providers to reduce healthcare costs and increase equity, and quality of care.

2. Patient Safety

Patient safety is at the heart of what we do. Healthcare workers take pride in it. Therefore, it is crucial to integrate it into almost every simulation and develop further patient safety-centered simulations (Okuda, 2021). During the pandemic, healthcare

professionals faced many challenges including fear of the unknown, lack of resources, more work demands, acutely ill patients, and emotional distress. Even now in the post-pandemic era, healthcare professionals continue to struggle with low staffing, caregiver fatigue, burnout, emotional distress, and moral distress. During a time, such as this, it is critical to support healthcare professionals and continue to train them using patient safety-centered simulations.

3. Diversity, Equity, and Inclusion (DEI)

In recent years, it has become evident that Diversity, Equity, and Inclusion understanding and training are needed to meet the needs of today's diverse patient populations and workforce needs (Okuda, 2021). To address DEI, it is important to understand that 80% to 90% of health outcomes are determined by social determinants of health (SDoH) (Magnan, 2017). For example, a person's residential community environment, school systems, job status, financial status, education, access to healthy food choices, and healthcare determine one's health outcomes. Healthcare inequalities are increasing which means everyone does not have the same access to resources and healthcare. (Office of Disease Prevention and Health Promotion, 2023). DEI simulations that incorporate SDoH are the best way to train the current and future healthcare workforce. DEI training is complex and cannot be one-and-done. We need to provide continuous training by incorporating DEI simulations into curricula and job-based training. Many simulation leaders have developed DEI

solutions such as different skin-toned simulators/part-task trainers, culturally sensitive communication techniques, and incorporation of cultural characteristics using accessories such as include Bindi on the forehead for Hindu women patient simulators, Hijab for Muslim women patient simulators, prayer shawl for Jewish patient simulators, head scarfs for African American patient simulators, and many more can quickly increase realism into simulations. Lastly, develop diverse simulation scenarios that include SDoH to address healthcare disparities such as providing care to a patient with a disability, Lesbian, gay, bisexual, transgender, queer, and/or questioning (LGBTQ+), older adults, or immigrants some examples that can enhance patient-centered care.

4. Interprofessional education (IPE)

Interprofessional collaboration is key to reducing healthcare costs, delays in care, miscommunication, and medical errors, and improving healthcare outcomes. Every healthcare discipline must collaborate and understand other disciplines to provide seamless Value-Based care to patients (Okuda, 2021). IPE-centered simulations need will grow and are much needed to train healthcare teams to reduce cost and provide effective quality of care.

5. Soft skills

Soft skills are here to stay, and needs will grow even in today's artificially intelligent (AI) world. Every healthcare professional

needs to have continuous soft skills training and validation. Soft skills training should be ongoing and cannot be one-and-done. Soft skills can be learned and maintained via deliberate practice (Okuda, 2021). Therefore, it is important to incorporate them into healthcare simulations to educate and train healthcare professionals.

6. Telehealth and health informatics

Telehealth and health informatics are going to grow shortly beyond our imagination. Many healthcare organizations are already learning and leaning towards it to improve patient safety while reducing staffing shortages crisis. Many advanced and mid-level providers now offer telemedicine services to patients where they can be at their homes and receive medical care. Occupational therapists can see patients' home settings and guide them on how to move around in patients' home spaces. Physical therapists can demonstrate home-based exercises as well as observe patients perform learned exercises to guide them. Similarly, some healthcare organizations have been early adopters and utilized it to manage nursing staffing shortages via Virtual Nurse roles. Virtual nurse role requirements can be different per organization, but the main intention is to help frontline nurses and ensure patient safety. Some examples of care provided by virtual nurses includes they help floor nurses and provide 1:1 to patients during the admission and discharge process, providing care coordination, acting as critical care oversight expert, and providing mentorship to newly graduated

nurses. Many organizations that employed virtual nurse care have reported fewer readmissions within 30 days, improvement in patient satisfaction scores, and enhanced patient safety (Swicki, 2023).

7. Disaster and Pandemic management

Disasters, natural catastrophes, and accidents are occurring and increasing all around the world. A pandemic such as COVID-19 or Ebola can create a public health challenge anytime. It is imperative to put disaster management simulations into training and curricula to train healthcare professionals ahead of time (Okuda, 2021).

Next, this paper discusses some of the top three healthcare simulation modalities that will grow exponentially in the future with appropriate implementation.

1. Virtual Reality, Augmented Reality, and Mixed Reality

Virtual reality (VR) takes learners out of the real world and places them into a virtual world. VR allows learners to fully immerse themselves in the virtual world using a Head Mount Display set (HMD). It helps users completely immerse in the virtual environment and interact with the virtual community by themselves or with multiple players (Marr, 2021). Virtual reality headsets technology is growing to further provide lightweight easy assemble and portable solutions such as hepatic gloves that change the virtual reality experience by allowing precise hand tracking.

Augmented reality (AR) enhances learners' real physical world using computer-generated augmentation. In other words, digital items seamlessly merge with users' real world in such a way that it looks like the natural part of users' real-world perceptions. It can be done as simply as using a smartphone camera and augmented reality applications (Marr, 2021). For example, Google Lens will allow users to use a smartphone camera to learn about various items in their view. Additional examples are Snapchat facial expression filters, virtual meeting platforms' background filters, and IKEA fit-in furniture applications.

Mixed reality (MR) is a combination of VR and AR. MR can be referred to as extended reality (XR) (SSH, 2023). MR will allow users to remain in contact with their physical world while experiencing their virtual world. MR is the best of both VR and AR worlds. It will truly make collaborations between disciplines seamless, experiential learning interesting, and training more precise (Marr, 2021). This is in its early stage, but one example is Microsoft HoloLens 2. It allows users to see the real world and have options to overlay digital items or information on top of the real world such as a digital vehicle repair manual appearance while repairing a vehicle. Users can use bare hands to touch digital items to explore, precise hand tracking, coordinates eye movements, microphone, and speaker feature allows real-time collaboration. It is a seamless blend of the virtual and real physical world (Marr, 2021)

VR, AR, and MR may make difficult training possible, save time, and increase collaboration with their multiplayer feature (Okuda, 2021).

With proper implementation, it has the potential to revolutionize the education, training, and gaming industries. Pricing is an issue at the current stage, but it may be reduced in the future to allow better access to these technologies.

2. 3-dimensional printing

3-dimensional printing will continue to grow, and prices will reduce when it becomes easily available. It is expected to grow further to customize casts and prosthetics to provide further individualized treatment. In the future, it will continue to grow further in tissue engineering to reproduce tissue and will create a breakthrough in the field of transplants (Okuda,2021). It will be able to provide surgeons with a way to simulate difficult surgeries before performing on an actual patient by providing precise human-like anatomical structures.

3. High-fidelity simulators, standardized patients, and wearable simulators

High-fidelity simulators are computerized highly functioning manikins that can provide close to a realistic experience to the learners (Hanshaw and Dickerson, 2020). Standardized patients are actors that are methodically trained and moulage to appear and act as patients for education and training purposes. Many universities and healthcare institutions offer standardized patient training programs. The future of pairing standardized patients with wearable simulators is bright. Innovative companies such as Avkin® have created wearable simulators that elevate the experiential learning experience with a standardized patient to another level (Avkin®, 2022). Learners can practice complex

procedures and manage human emotions at the same time with this advanced learning experience.

Pearls in a shell

The future of healthcare simulation is optimistic. In the future, simulations may become a mandatory part of the training for healthcare workers before they can practice in real-life clinical settings. However, educators must design, implement, and evaluate simulation using the International Nursing Association for Clinical Simulation and Learning (INACSL) healthcare simulation standards of best practice. These standards act as a guide to assure and improve the quality of healthcare simulations (International Nursing Association for Clinical Simulation and Learning, 2021). INACSL Healthcare simulation standards of best practice (HSSOBP™) consist of below:

- Professional Development
- Prebriefing: Preparation and Briefing
- Simulation Design
- Facilitation
- The Debriefing Process
- Operations
- Outcomes and Objectives
- Professional Integrity
- Sim-Enhanced IPE

- Evaluation of Learning and Performance
- Simulation Glossary

Additionally, it is critical to implement synchronous debriefing after each virtual or in-person simulation experience. Learners can participate in simulation asynchronously, but synchronous debriefing is a must to ensure learning takes place. It is evident in the literature that debriefing, reflective observation, is where learning takes place. Per Malcolm Kolb's experiential learning theory, when the learner obtains concrete experience such as simulation that is followed by a reflective observation such as debriefing, the learner forms new concrete knowledge (Abulebda et.al, 2022).

In summary, reflective observation post-concrete experience is the key to experiential learning. Facilitators must be trained to provide effective debriefing experiences to the learners' post-simulation. Debriefing is the heart and soul of simulation-based education.

References

- Abulebda K, Auerbach M, & Limaiem F. (Updated 2022 Sep 26). Debriefing Techniques Utilized in Medical Simulation. In: StatPearls [Internet]. Treasure Island (FL): StatPearls. <https://www.ncbi.nlm.nih.gov/books/NBK546660/>
- Avkin® (2022). *What is a wearable simulator?* <https://avkin.com/what-is-a-wearable-simulator/>
- Ayaz O and Ismail F.W. (2022). Healthcare Simulation: A Key to the Future of Medical Education - A Review. *Adv Med Educ Pract.* 13:301-308. doi: 10.2147/AMEP.S353777
- Hanshaw, S.L. & Dickerson, S.S. (2020). High fidelity simulation evaluation studies in nursing education: A review of the literature. *Nurse Education in Practice* 46. <https://doi.org/10.1016/j.nepr.2020.102818>
- [Healthy Simulation. \(2023\). About healthcare simulation. https://www.healthysimulation.com/healthcare-simulation/](https://www.healthysimulation.com/healthcare-simulation/)
- International Nursing Association for Clinical Simulation and Learning. (2021). *Healthcare simulation standards of best practice*TM. <https://www.inacsl.org/healthcare-simulation-standards>
- Jones F, Passos-Neto C.E., & Braguiroli O.F.M. (2015). Simulation in medical education: Brief history and methodology. *Principles and Practice of Clinical Research* 1(2):56-63.

Lewis, C. et al. (2023). Value-Based Care: What It Is, and Why It's Needed (explainer), *The Commonwealth Fund*.

<https://doi.org/10.26099/fw31-3463>

Magnan, S. (2017). Social Determinants of Health 101 for Health Care: Five Plus Five. *National Academy of Medicine Perspectives*. <https://doi.org/10.31478/201710c>

Marr, B. (2021). *Extended reality in practice: 100+ amazing ways Virtual, Augmented, and Mixed reality are changing business and society*. Wiley.

Office of Disease Prevention and Health Promotion. (2023). *Social determinants of health*. <https://health.gov/healthypeople/priority-areas/social-determinants-health>

Okuda, H. [Society for Simulation in Healthcare]. (2021. September 14). *Future opportunities in healthcare simulation* [Video]. YouTube. <https://youtu.be/0Nt001KVL18>

Society for Simulation in Healthcare. (2023). *About simulation*. <https://www.ssih.org/About-SSH/About-Simulation>

Society for Simulation in Healthcare. (2023). *Healthcare simulation dictionary*. <https://www.ssih.org/Dictionary>

Swicki, B. (2023). Baptist Health is making virtual nursing work and gaining big ROI. *Healthcare IT news: Global edition*. <https://www.healthcareitnews.com/news/baptist-health-making-virtual-nursing-work-and-gaining-big-roi>

Growing Nursing Leadership at the Department Level

Elizabeth Croson, PhD, RN

Leavitt School of Health

Western Governors University

Abstract

Nursing educators often engaged in the maintenance of competency frequently do not have the resources or time to address building leadership within their departments. Through a simple, engaging method of reflection with nurses of all levels, the promise of growing nursing leadership can begin and flourish.

The discipline of nursing is striving to produce a profession grounded in leadership. “Leadership skills are needed that emphasize ethical and critical decision making, initiating, and maintaining effective working relationships using mutual respectful communication and collaboration within interprofessional teams, care coordination, delegation and developing conflict resolution strategies (AACN, 2008, pg 13.) Additionally, the Institute of Medicine (2011) has echoed the same, “The nursing profession must produce leaders throughout the health care system, from the bedside to the boardroom, who can serve as full partners with other health professionals and be accountable for their own contributions to delivering high-quality care while working collaboratively with leaders from other health professions.”

With that information in mind, how can nursing educators forge a path that produces nurses that identify as leaders from the time they graduate, in some cases before ever setting foot on a hospital unit or clinic floor in a professional position? Evaluating a nurse’s understanding of leadership requires three primary foundations: introspection, application, and connection to their “why.” First

introspection requires time, space, and abandonment of humility. Carve out time away from the bedside and shift responsibilities to reflectively review a nurse's leadership qualities. Each nurse should be encouraged to identify the skills and qualities that drove them to the profession of nursing from the outset. Nursing educators should, when appropriate, have these conversations first on a 1:1 basis before in a group setting to reduce the feeling that identifying a strength seems like boasting. Prompt the nurse to identify situations when they have seen themselves using leadership skills in their home lives, school environment and relationships. Additional prompting will lead the nurse to "name" those qualities and skills that they have used in those situations. Nurses may readily know their skillset but other times, they might never have been pushed to answer those questions before. The benefit of the 1:1 environment is that the nurse can take some of the educator's prompts away from the conversation and spend more time in reflection over those questions. Encourage them to write their skillset down and to journal about patient care or collegial moments when those skills were highlighted.

Secondly, *application* of leadership skills is the product of taking what nurses are learning about in school, residency programs, and through the review of current evidence, and then pressing them to critically think through how those skills are used in professional and personal settings. Perhaps a nurse identifies that they were good at school because they are *organized*. Challenge them to identify times when organizational skills are important at the bedside with their

patients. Another example might be that a nurse identifies that they are a good parent because they demonstrate *patience* and *active listening*. Can they think of a time when those skills would be important when caring for a patient or working with the interdisciplinary team? These types of questions build upon the nurse's introspection and carry their thinking across planes of application. That cross-sectionality is what builds knowledge that "sticks" and ensures that this competency carries beyond the classroom and into the field of practice and real life.

Thirdly, and perhaps the most difficult of the reflective elements is connecting leadership skills to the nurse's "why." Before you can begin building that connection, you must figure out what the reason is for choosing the profession of nursing and for specialization if that is the case. What is making them strive towards the goal of leadership in their specialty? Carry the conversation forward to questions about vision and passion. Is the nurse, for example, passionate about patient safety, vulnerable populations, or the application of research? What makes them excited to do what they do and remain resilient in the care they are providing? As with the other reflective foundations, it is okay if they cannot answer the questions immediately. Allow time for reflective questions to simmer and return for additional conversations if the need presents.

Once those three foundations are reviewed with the nurse, it may be helpful to identify a mentor within the profession that has similar passions and complementary leadership skills. Mentorship in

nursing has many proven benefits and of those are the bolstering of long-term professional growth that can “improve engagement, thereby retaining nurses and decreasing the financial burden of employee turnover” (Saletnik, 2018). New nurses often lack the confidence to identify themselves as leaders, but through the guidance of a trusted mentor, they may grow more willing to reflect on their learning and strengths, and step into those leadership roles both formally and informally. In summary, the education of leadership in nursing is less about the training of new skills and more about harnessing the nurse’s current skillset and connecting it to their passions within the profession.

References

American Association of Colleges of Nursing. (2008). The Essentials of Baccalaureate

education for professional nursing practice.

<https://www.aacnnursing.org/portals/42/publications/bacessentials08.pdf>

Institute of Medicine (US) Committee on the Robert Wood Johnson

Foundation Initiative on the Future of Nursing, at the Institute of Medicine. (2011). The Future of nursing: Leading change, advancing health.

<https://www.ncbi.nlm.nih.gov/books/NBK209867/>

Saletnik, L. (2018). The importance of mentoring. AORN Journal, 108(4): 354-356.

<https://aornjournal.onlinelibrary.wiley.com/doi/full/10.1002/aorn.12386>

**The Impact of Academic Transformational Mentoring in an Online
Nursing Program**

Lori A. Thompson, EdD, RN, Pamela L. Isbell, MSN-Ed, RN, Michelle
R. Kephart, MSN, RN, Wendy M. Patterson, MSN, RN, and Jodi L.
Boling, MSN, RN, CNS
Western Governors University

Abstract

Academic Transformational Mentoring (ATM) is a new concept developed through the experiences of mentoring nursing students in an online competency-based program. Its development came from recognizing a need to help students grow academically, as well as professionally, and personally. Concepts from mentoring, transformational coaching, and social-emotional learning (SEL) were foundational to this process. This article features case studies to highlight the application of ATM to students and faculty. The findings indicate that there is growth in confidence of students and faculty, students generalize ATM to professional applications outside of their academic journey, and faculty build an awareness of the impact and implementation of ATM.

The Impact of Academic Transformational Mentoring in an Online Nursing Program

Competency-Based Education (CBE) is an approach that places the student at the center of the learning experience by allowing them to demonstrate mastery of competencies to advance through a program (American Association of Colleges of Nursing, 2022). Students in CBE programs advance through courses at their own pace as opposed to completing courses on a predetermined schedule as students do in traditional programs. Many competency-based programs, including the nursing program with which the authors (listed above) are employed, utilize mentors to guide students through their courses. Mentors help students relate the content they are learning to their professional experience. They assist with goal setting and pacing towards graduation, and they help students navigate challenges during their program.

The Evolution from Mentoring to Academic Transformational Mentoring

These authors became certified in transformational coaching to further enrich their interactions with students. Over time, the concept grew into a new framework called Academic Transformational Mentoring. The following will define transformational coaching, mentoring, and finally our new concept of Academic Transformational Mentoring (ATM).

Transformational coaching is the process of partnering with someone to support them through a significant change that helps them

grow, develop, and ultimately “rewrite” their reality (Wilson, 2023). The coached is assisted in identifying the changes needed to be successful in their lives (Hughes, 2019). The transformational coach has the knowledge, experience, and training to guide people in self-reflection while working towards a specific goal.

Mentors at the online university of study assist students while building a dynamic relationship involving trust and mutual respect. These mentors’ direct students toward accountability, encouragement, and goal setting. As nurse educators, these mentors understand not only the academic demands of a degree but the personal and professional nature of being a nurse. They are able to relate to students professionally and academically.

Academic Transformational Mentoring, as illustrated in Figure 1, was developed by these authors. It combines mentoring and transformational coaching by using empathetic and active listening, positive mindset, and a trust-based relationship. Academic Transformational Mentors use the challenges inherent in gaining an academic degree to encourage significant change in students that helps them grow, develop, and ultimately “rewrite” their reality.

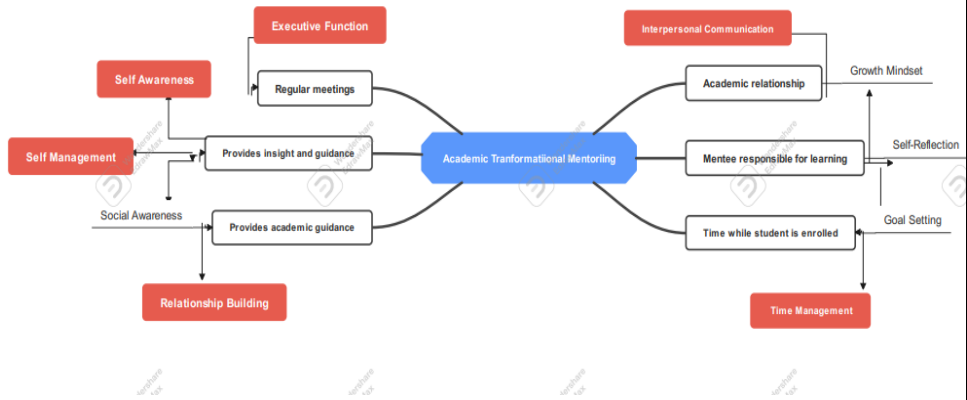
Academic Transformational Mentoring has been shown to impact all areas of students' academic, personal, and professional lives. It allows the student to see themselves grow through their educational process. The mentor and mentee meet in a defined time frame to develop a forward-thinking positive mindset and reflect on the student's progress. The relationship that occurs through this process leads to deepened trust and an open mindset to encourage changes in the student.

It also helps connect learners to their positions at work and helps foster their professional growth. Students learn and grow in their academic competencies, change their mindset, add to their skillset, nurture their curiosity, stimulate their self-awareness, and become confident with their approach to challenges.

Academic Transformational Mentoring creates an academic relationship that is enhanced by transformational coaching. This article's mentors have taken extensive courses and learned about transformational coaching. The goal of the ATM relationship is to lead a student through a transformational process similar to the caterpillar's metamorphosis into a beautiful butterfly. Often ATM impacts the student academically, professionally, and personally.

Academic Transformational Mentoring is a process that can be learned with continued application and reflection. An essential step is developing a relationship-based coaching approach with the student during the transformational learning process. A relationship between mentor and student is built upon the trust that the mentor will serve as a confidante during the student's academic journey, offer support, and challenge the student when needed (Misawa & McClain, 2019).

Figure 1 Concept of Academic Transformational Mentoring



Impact on Students

Week after week, we have the privilege and responsibility to work alongside students as they progress toward their academic goals. Our students are busy professionals with families, outside interests, and responsibilities in addition to meeting the goal of earning a degree. Our responsibility as mentoring faculty is to help students relate the content of their courses to their professional development, navigate life's barriers that appear throughout the program, and maintain motivation and focus to graduate. We identify how their strengths will benefit them and how we can build upon their areas of growth. We provide resources and new skills to overcome behaviors or beliefs that are roadblocks to their desired achievement.

Case Study Number One:

Our first case study describes the experience of working with Lisa, a wife, mother, and grandmother. Lisa is a Registered Nurse of over 30 years whose employer requires her to obtain a Bachelor of Science in Nursing. Despite life's challenges, including the COVID pandemic and a significant family loss, Lisa pushed on to complete her degree.

At the beginning of the student/mentor relationship, many potential barriers are discussed, including workload and family obligations. A goal graduation date is established, and an initial plan is created to complete the courses within that timeline. Lisa wished to complete the program in three terms, requiring her to complete four to five courses per term. A relationship was established with weekly phone calls where Lisa was given support and resources for her courses. Long-term goals were reviewed, and short-term goals were set during weekly phone calls. Lisa also met with her teaching faculty and other support departments, such as the Writing Center and Student Success Center, on the recommendation of her mentor.

Academic Transformational Mentoring requires clear expectations from the mentor and the student, dedication, open communication, and feedback throughout the journey (Cooke et al., 2017). We hit highs and lows throughout Lisa's journey, and we had struggles. The positives for Lisa were meeting her goals each week. The lows were having to retake an objective assessment or do revisions to a performance assessment. Lisa used the available resources such as the Writing Center, Student Success Center, and working collaboratively

with her course instructor. Building rapport and supporting Lisa throughout her three semesters was the best feeling once we reached her goal of graduation. We celebrated being able to put BSN behind her name. Academic Transformational Mentoring was used with this student by identifying her needs and specializing her appointments to accommodate those needs. We celebrated wins on every phone call, even if we did not complete all goals for the week. ATM differs from traditional coaching as Lisa was supported through her studies while building a dynamic relationship involving trust and mutual respect.

Case Study Number Two:

New mentors take time to learn the role of the mentor, identify strengths to utilize, and discover new skills they wish to develop. This faculty member met Michael while learning and honing their skills as an ATM. Michael shared early on that he had several obstacles to earning his degree, including a learning disability and a new job as a floor nurse. As the mentor/student relationship developed, they strategized about what course material to complete each week and what skills Michael would need to employ to accomplish those goals. If the goals were not met, they worked through the changes necessary to achieve the goal the following week. Positivity, challenging negative beliefs, organizing self, and authenticity were the core concepts of meeting any challenge. Soon, Michael shared how he used the strategies learned in this process with his staff. At this point, he had been promoted to the role of a brand-new unit manager. Michael shared how he used open communication, a trusting relationship, positivity, accountability, goal sharing, and many other skills developed with this mentor to help his staff meet professional goals.

Towards the end of the two-year mentor/student relationship, Michael shared with his mentor the books he was reading, conferences at which he planned to present, and his flourishing professional life. He was not afraid to share challenges with staff, and this mentor worked through troubleshooting ideas with Michael to help. As he finished his degree and was proud of his accomplishments, Michael reflected on how the ATM relationship helped him the most. Consistency in how tasks and goals were approached, focusing without deviation from the

goal of the degree, and adapting to his life and planned/unplanned events were essential for Michael. He found the balance he needed to be successful at his coursework while growing from a bedside nurse to a unit manager. He modeled back to his staff how the mentoring relationship worked for him. He did not always have easy success, but with the guidance of his mentor, Michael built upon each of his achievements and grew through everything.

Michael found that his success in education and as a new manager is all about relationships! His mentor thanked him for his trust in the process as she learned and shared new strategies with him and for his fearlessness in taking those strategies and trying them out as needed. He is one of her favorite examples of an imperfect mentor/mentee relationship that evolves and grows over time.

Case Study Number Three:

Sarah was near the end of her degree program when her progress slowed down abruptly. Chronic health conditions impact Sarah and her husband. She worked on a COVID unit that was becoming busier and busier. Sarah did not have a habit of being persistent. When there were technical issues, even minor ones, Sarah quit working on school entirely instead of reaching out for help. She waited until the scheduled weekly calls to identify issues and procrastinated on each task. Weekly calls consisted of discussing pacing through her courses. To achieve the goal of graduation, Sarah was reminded of her dreams. We discussed small steps to meet the bigger picture. The goal was agreed upon to write one paragraph per day. Each week she made improved strides and completed the final term 30 days ahead of schedule. Sarah attributed her success to the small goals and feeling someone cared for her and her success.

Impact on Coworkers

Transformational Mentoring can be taught to small or large groups, as well as in one-to-one situations. In a one-to-one situation, the first step is to assess the learner's understanding of Transformational Mentoring and how it impacts students on their academic journey. Specific topics for evaluation include social and emotional learning, growth mindset, and the knowledge and application of resilience and self-motivation.

One of our authors taught ATM in a faculty one-to-one situation weekly for three months. The discussions included how different situations impact faculty and student growth. During these discussions,

the author discovered skills, outlook, and mentoring tools to impact the mentor/student relationship and ultimately impact the student. The author was positively impacted during this process as she applied this new knowledge and perspective to her own life. The new skills discussed with the faculty member in weekly phone calls were applied not only to school situations but also to work and family life. Discussing school, work, and family helps capture the picture of possible barriers and anticipate guidance. The faculty member was encouraged to ask questions during the scheduled calls and any time during the week to promote a growth mindset. Role-playing was offered to the author as a tool for practicing different techniques to become more comfortable with student questions and situations. Ultimately, the faculty member left the university but continued to use her new skills in her new work environment.

Impact on Teams

Transformational Mentoring utilizes a set of skills that mentors can learn. To help develop these skills within a coaching team, one of our authors delivered presentations at weekly team meetings. Each 10-20-minute-long presentation highlighted one Academic Transformational Mentoring skill. Four primary skills adapted from the transformational coaching certification course (Rivera & Rivera, 2020) were covered in this format: Limiting Beliefs, Modeling the Way, Locus of Control, and Growth Mindset. Examples were provided that applied each tool to student interactions, and mentors were encouraged to share their experience using each skill for self-improvement. The Limiting

Beliefs presentation included discussions on intentional change and why we resist change, defined limiting beliefs, and provided a framework to overcome limiting beliefs. In the Modeling the Way presentation, we discussed the interconnectedness of undergoing a transformational change in ourselves while encouraging our students to do the same. Another presentation defined Locus of Control, discussed the benefits of an internal locus of control and offered strategies to change our locus of control. In the final presentation to the team, information was shared regarding growth versus fixed mindsets and common misconceptions, how to encourage a growth mindset in others, and how to apply these strategies to students.

The benefits of this format were many. The entire team was present, which allowed participation via conversations and group brainstorming through student situations. Our conversations were open and respectful. Mentors were encouraged to provide examples of student situations to ensure applicability. Allowing time for mentors to comment on their self-reflection may have helped others frame their experiences, in addition to building trust amongst the team.

Future presentation topics may include:

- addressing fear of change
- forgiveness and grace
- self-efficacy
- overcoming indecision
- challenging irrational beliefs that cause suffering
- self-Management

This list of topics, in addition to the four topics presented to the team, can potentially serve as an outline of a curriculum for transformational coaching.

Presentations to groups may be a practical first step to introducing individual tools used in Academic Transformational Mentoring. Once the Academic Transformational Mentoring tools have been shared, the next step involves opportunities to set personal transformation goals and practice using the tools to achieve those goals. Smaller groups of three to four people might be more effective in this phase. In a smaller group, people can be more open and vulnerable. Smaller groups allow participants to connect deeper, build trust, and support each other. Participants who initially resist the transformation process might experience more breakthroughs since those who are resistant will not be able to either hide silently or silence the group with their vocal resistance.

Goals of Academic Transformational Mentoring

As transformational mentoring becomes ingrained in our mentoring styles, our goal is to help others implement this approach to student support. Student understanding of the process grew, and mentors were permitted to discuss topics such as resilience, perseverance, goal setting, and time management. Incorporating Social Emotional Learning is essential and may be new to nursing students.

Due to the potential to impact on lives, our goal is to incorporate Academic Transformational Mentoring into every encounter with students, colleagues, and personal situations. Intentionally labeling skills as components of Transformational Mentoring is imperative to build

those skills. Our hope is that each faculty member will take the next step of choosing to incorporate Academic Transformational Mentoring into their student support.

Barriers identified in this process included a lack of interest from colleagues. Statements such as "this isn't my job," "I am already coaching them," "I don't have time for this soft stuff," and "haven't we heard this all before" were encountered in this process. Students didn't often understand the need for coaching, nor did they allow the time to invest in the process of mentoring. Support from leadership and sponsorship of this initiative will be vital to the progress and incorporation of ATM on a grander scale.

Next Steps

The next step is to increase faculty and student engagement in Academic Transformational Mentoring and the key component of building a relationship with each student to further their academic goals. Collaboration with Social Emotional Learning efforts and incorporating leadership principles may strengthen the commitment to better learning outcomes. Further educational opportunities that are web-based and/or in-person may need to be developed.

References

- American Association of Colleges of Nursing. (2022). *AACN's Definition of competency-based education*. The essentials. <https://www.aacnnursing.org/Essentials/Definition-of-Competency-Based-Education>
- Cooke, K. J., Patt, D. A., & Prabhu, R. S. (2017). The road of mentorship. *American Society of Clinical Oncology Educational Book*, 37, 788-792.
- Hughes, V. (2019). Nurse leader impact: a review. *Nursing Management*, 50(4), 42-49.
- Misawa, M., & McClain, A. (2019). A coaching approach: Fostering transformative learning in adult graduate education. *Journal of Transformative Learning*, 6(2).
- Rivera, J., & Rivera, N. (2020). *Transformational life coach certification (accredited)*. Udemy. <https://www.udemy.com/course/transformation-life-coach-certification/>
- Wilson, V. (2023). *What is transformational coaching?* Exceptional Futures. <https://www.exceptionalfutures.com/what-is-transformational-coaching>

Author Information / Submission Guidelines

Authors are invited to submit theoretical and empirical papers in all categories of business such as e-business, general management, international business, strategy, marketing, supply chain management, organization studies, entrepreneurship, enterprise, innovation and human resource management. This list is not meant to be exhaustive, but rather an indication of the areas of concern of the journal.

We welcome paper submissions on the basis that the material has not been published elsewhere. We also aim to develop a journal that will appeal to both business and management practitioners. On that basis, papers that include practical applications to any business and management field are welcomed.

We endeavor to provide rapid and informative feedback to authors. Our objective is to obtain peer reviews from referees within 10 weeks of the initial paper submission. We are looking forward to receiving quality submissions for our forthcoming volumes.

Please go to <https://www.iabs-publishing.com/contact> for submission guidelines.