Establishment of a Geriatric Nursing Curriculum with Human Caring by Situational Simulation

Xihai Gao[1,2] & Peng-Fei Chen[1,*]

[1]Chinese International College, Dhurakij Pundit University, Bangkok, Thailand

[2]International College, Binzhou Vocational College, Bin Zhou, China

*Correspondence: Chinese International College, Dhurakij Pundit University, Bangkok, Thailand. E-mail: blissfulalice@gmail.com

Received: September 19, 2023 Accepted: November 27, 2023 Online Published: January 31, 2024

doi:10.5430/jct.v13n1p71 URL: https://doi.org/10.5430/jct.v13n1p71

Abstract

It is generally accepted that human caring is the essence of nursing work and the foundation of nursing quality. However, nurses' human caring ability does not currently adapt well to the needs of patients and hospital work. The main purpose of this study is to build a humanistic care geriatric nursing course in order to enhance the humanistic care ability of nursing students, thereby improving patient satisfaction and service quality. An expert panel with 12 academics and scholars was applied as a method to review the course syllabus. The result presented that the curriculum contains eight common diseases and problems of the elderly are selected, and nursing positions are integrated into situational tasks with caring factors. Love is taken as the essence of the roles of Standardized Patients, nurses, doctors, teachers and students to design a transpersonal care field constructed of loving interactions to realize transpersonal human caring. Twenty-two situations are created with the characteristics of typical simulated situation tasks to integrate human caring into a geriatric nursing curriculum. The establishment of a geriatric nursing curriculum that includes human caring by simulating certain situations would be effectively applied to enhance students' human caring ability in nursing vocational College.

Keywords: human caring ability, geriatric nursing curriculum, standardized patients, simulated situation

1. Introduction

It is generally accepted that human caring is a core value of the nursing profession and the essence of clinical nursing practice (Fenizia et al., 2019; Labrague et al., 2017). Nurses should develop a truly caring relationship with their patients based on a holistic approach that includes active listening and mutual respect (Watson, 2018). Nurses' human caring ability plays an important role in reducing patients' depression or anxiety, and the use of pain-relieving psychology improves patients' satisfaction with the quality of nursing services (Su et al., 2021). However, there is a huge gap between Chinese nursing students' knowledge, ability and behaviour and those of their counterparts in developed countries. The humanistic proportion of the nursing curriculum is small and of low quality, and the human caring content is inadequate (Cheng et al., 2017). Nurses lack the ability to communicate with patients in clinical care and, as a result, they often fail to integrate compassion with the provision of competent care (Wiechula et al., 2016; Yau et al., 2019). Hence, it is imperative to strengthen nursing students' human caring ability, including their experience of caring and their performance of caring behaviour (Jian et al., 2022). On this basis, educators should pay attention to strengthening the human caring education of nursing students and improve their awareness of their ability to care for patients (Ge et al., 2014). As this requires continuous learning and education, educators should focus on developing targeted strategies to improve nursing students' empathy, emotional intelligence, and ability to communicate to improve their human caring ability (Wang et al., 2020; Watson, 2018).

Statistics show that the global population is aging rapidly, and the percentage of people over 60 years old is expected to rise from 12% to 22% by 2050 (WHO, 2017). Therefore, nursing students need to be fully prepared to care for the elderly in the future when the health of older people will need to be closely monitored to reduce the harm of complex chronic diseases (Vann & Bass, 2016), and this goal can best be achieved by integrating gerontology into the nursing curriculum (Garbarino & Lewis, 2020). Due to the significant impact of nurses on the care of the elderly, it is

essential for nursing schools to incorporate human caring in their geriatric nursing curriculum (Tavares et al., 2021). Hence, the focus of a geriatric nursing curriculum should be the cultivation of nurses' human caring quality and ability (Li et al., 2022). Contemporary nursing education should pay close attention to cultivating nurses who respect elderly patients' personality, rights and interests, meet their emotional needs, and exhibit all-round professional human caring behaviour toward all patients, but especially elderly patients (Baghaei et al., 2021). In this context, it is essential for nursing students to improve their human caring ability to strengthen their relationship with patients, enhance the quality of their service, and increase the patient satisfaction of an aging population.

Adding situational simulation to the process of nursing education helps to solidify student nurses' theoretical knowledge, clinical nursing skills, critical thinking, optimal decision-making and caring skills (Koukourikos et al., 2021). There is a need to develop the teaching content of different courses and widely use simulation practice education (Hwang, 2023). Integrating simulation into the nursing curriculum enables students to develop their cognitive, emotional and psychomotor skills (Chiang et al., 2014). Hence, the inclusion of situational simulation in the nursing curriculum is increasingly being used as a method for nursing students to improve their human caring ability (Bryant et al., 2020). One of the most effective teaching strategies to improve students' participation in learning is role playing, which enhances their team awareness and ability to perform. Playing a role maintains students' interest in learning as they acquire the particular knowledge and skills related to the role (Kiran, 2020). Standardized Patient (SP) simulation is also recognized as a valuable teaching strategy that is used in educational practices for nursing students to learn how to approach, talk and interact with patients, thereby enabling them to accumulate rich experience, and improve their nursing literacy and human caring ability (Byrne, 2020). Based on humanistic care theory and situational simulation teaching, this study aims to build a humanistic care geriatric nursing course, attempting to improve the humanistic care ability of nursing students through teaching.

2. Theoretical Framework

According to Watson (1979), a carative nursing practice consists of ten essential components, namely, give love, build confidence, personal care, care relationship, tolerance, deepen self, balance learning, create love, encourage humanity, and keep an open mind. These components can be used to form a framework for a nursing education curriculum (Watson, 2012, p. 47) in which the carative element is integrated into typical educational and teaching tasks (Cara & Hills, 2020). Human caring nursing is based on a clear caring relationship, both in clinical care and in life, transforming the concept of care into a higher moral commitment and stimulating nurses' responsibility for others. Therefore, the integration of the human caring theory into the professional nursing curriculum effectively strengthens nursing students' human caring ability as it includes kindness, compassion, happiness, harmony, etc., and nursing tasks infused with caring behaviour (Akbari & Nasiri, 2022).

Educators combine teachers' teaching content with experiential learning activities to improve teachers' classroom teaching methods and teaching ability of quality education (Ajani, 2023). Educators need to include situational simulation in the curriculum content in future nurse education, and develop human caring (Markey et al., 2021). The integration of theoretical knowledge and practice is deemed to be a continuous process. Therefore, the use of Work-Integrated Learning (WIL) is an effective way to improve nursing majors' human caring ability by implementing teaching strategies that reflect situational simulation by the promotion of integration, refinement of situational tasks and emphasis on practical links (Letterstål et al., 2022). According to Watson (1979, 2012), the basic framework of human caring consists of personal care elements, situations and moments of care (Sourial, 1996). Meanwhile, Jeffries (2016) asserts that the main points of the simulation theory framework that are integrated into simulation-based education are the teaching and the simulation participants (Cowperthwait, 2020). Hence, situational simulation teaching forms the framework of a geriatric nursing curriculum with human caring based on this theory.

Curriculum design cases that organically integrate Watson's (2012) human care theory and situational simulation teaching are rare. In this study, teaching situations are formed according to the work tasks of geriatric nursing positions, and typical situational tasks of geriatric nursing are refined and formed. The design of teaching places should be close to the real working environment to make the teaching situation more interesting and scientific and integrate the ten elements of humanistic care into it. In terms of course design, by introducing roles such as standardized patients, a student-centered classroom simulation teaching situation is formed, which helps to improve the humanistic care ability of nursing students.

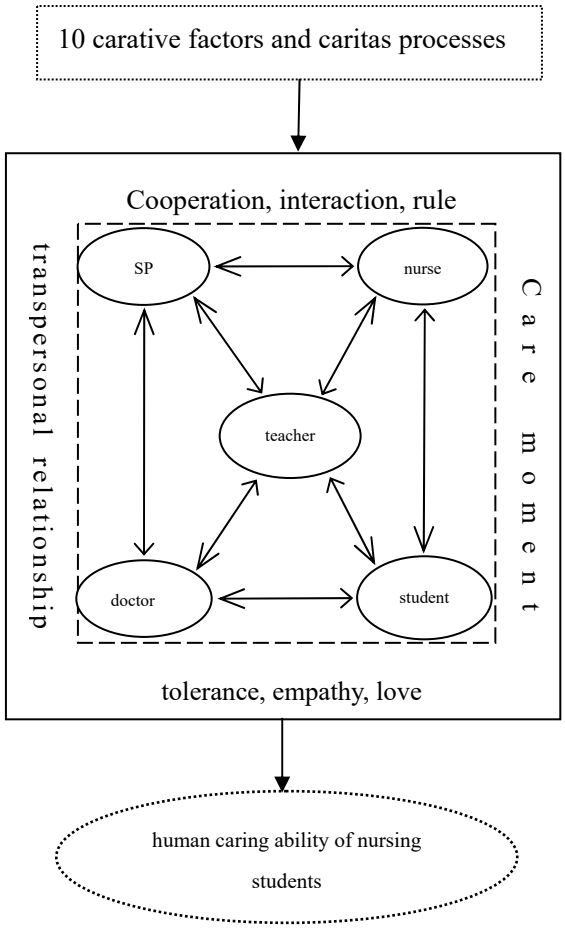

Figure 1. Framework of a Geriatric Nursing Curriculum with Human Caring by Situational Simulation

Note: This theoretical framework was applied to the curriculum design in this research. SP: Standardized Patient.

As shown in Figure 1, the first part of the framework is the theory of human caring, which includes 10 carative factors and 10 caritas processes to enhance and maintain the ideal of human dignity founded on love. The second part is the simulation of human caring based on tolerance, empathy and love following a true relationship that consists of transpersonal care and activity rules. Cooperation and interaction are adopted in the caritas processes as characteristics to design caring occasions in the caring field. The various characters' use of the carative factors and caritas processes causes two spirits or souls to touch each other in transpersonal humanistic care, and this harmonious communication and exchange finally result in a physical and mental cure due to the role of SPs, nurses, doctors, teachers and students. The third part of the framework consists of evaluating the nursing students' human caring based on their emotional intelligence, supportive communication and interpersonal response, and then improving their human caring ability. This framework of situational simulation human caring was used to develop the geriatric nursing curriculum in this study.

3. Methodology

The competence indicators of the geriatric nursing curriculum with human caring were based on Watson's (2012) theory of human caring. The framework of the geriatric nursing curriculum was based on the human caring theory and situational simulation, and a first draft of the curriculum was produced. The content validity of these two parts was then reviewed by nursing experts to form competence indicators and a situational simulation-orientated geriatric nursing curriculum based on human caring.

3.1 Experts' Validity of the Course Objectives

Six experts were invited to validate the objectives of the Humanistic Care for the Aged nursing course. The chosen

experts were qualified at Master's level or above. They were nursing majors with intermediate professional titles or above, and had more than 9 years of teaching experience. The personal details of the experts are provided in Table 1, and the final competency indicators are shown in Table 3.

Table 1. Experts Invited to Validate the Objectives of the Humanistic Care for the Aged Nursing Course

Expert	Gender	Education	Profession	Professional title	Teaching age	Work unit
1	Female	Master	Nursing	Professor	33	Higher vocational college
2	Female	Master	Medical	Professor	32	Higher vocational college
3	Female	Master	Nursing	Director nurse	30	Hospital Grade
4	Female	Master	Nursing	Deputy director nurse	28	Hospital Grade
5	Female	Master	Geriatric medicine	Associate professor	16	Higher vocational college
6	Female	Master	Nursing	Supervisor nurse	9	Hospital Grade

3.2 Experts' Validity of the Curriculum Content

The six experts invited to validate the content of the geriatric nursing curriculum with simulation-orientated humanistic care were qualified at Master's level or above. They were nursing majors with intermediate professional titles or above with teaching experience of more than 6 years, and 3 front-line nursing experts in hospital geriatrics. Their personal details are provided in Table 2.

Table 2. Experts Invited to Validate the Human Care Geriatric Care Curriculum

Expert	Gender	Education	Profession	Professional title	Teaching age	Work unit
7	Female	Master	Geriatric medicine	Associate professor	16	Higher vocational college
8	Female	Master	Medical	Professor	32	Higher vocational college
9	Female	Master	Nursing	Lecturer	7	Hospital Grade
10	Female	Master	Nursing	Deputy director nurse	28	Hospital Grade
11	Female	Master	Nursing	Lecturer	6	Higher vocational college
12	Female	Master	Nursing	Supervisor nurse	9	Hospital Grade

The expert panel reviewed the design of the Humanistic Care for the Aged curriculum and the teaching design and teaching content of eight teaching units. In terms of the nursing of elderly patients with cerebral infarction in the second unit, Expert 12 recommended modifying the phrase "sudden headache, ejecting vomiting" because more cases are due to intracranial hypertension, such as cerebral haemorrhage. Besides, the symptoms of cerebral infarction are mainly manifest as unconsciousness or speech disorders and paraesthesia, or temporary visual disorders. As for acute cerebral infarction, appropriate standardized functional exercises can effectively reduce bodily dysfunction, and it was suggested that this should be one of the situational tasks. Expert 10 suggested that the modification and addition should be that the nurse immediately puts the patient in the correct position with the head turned to one side to assist in cleaning up the vomit. The nurse should assist the patient to change position, correctly assessing the stage of the pressure sores to prevent the occurrence of new sores.

When nursing elderly patients with chronic obstructive pulmonary disease in Unit 4, Expert 12 proposed that the training of lip contraction breathing plays a crucial role in COPD patients' exercise of their respiratory function, and recommended adding the relevant content to the situational tasks. As for the care of the elderly in unit 7, Expert 4 recommended adding to the contents the immediate assessment of the patient's injury, appropriate treatment, notification of the family, and care and respect for the patient at all times. Expert 11 suggested that, in scenario 2, "The nurse talks with the elderly about how to prevent falls" should be revised to illustrate the nurse's active nursing process.

Expert 12 recommended increasing health education and demonstrating how to sit up safely after a fall to avoid a second fall. For the care of elderly patients with lung cancer in Unit 8, Expert 11 proposed an appropriate increase in pain relief measures and other end-of-life care procedures. Expert 12 suggested that the teaching unit entitled "Nursing of elderly lung cancer patients" should be modified to read "End-of-life nursing of elderly lung cancer

patients". As a relatively cutting-edge nursing concept, end-of-life nursing has more clinical significance as an independent teaching unit, and is more closely aligned with the latest teaching objectives and situational tasks.

The teaching units and contents were modified and improved based on the revised opinions of experts aligned with clinical nursing practices. As the expert panels approved of the design and content of the first, third, fifth and sixth teaching units, no modification or added content was needed. All the experts agreed that the eight selected diseases of the elderly were common clinical diseases, the teaching objectives were well-designed, the setting of the situational tasks was close to the clinical objectives, the humanistic care content was integrated into the typical tasks of the curriculum of elderly nursing, college students' clinical humanistic care ability had improved, knowledge transfer, training ability and value guidance had been achieved, and moral cultivation had been realized.

4. Results

4.1 Objectives of Geriatric Care based on a Human Caring Curriculum

The objectives of this geriatric nursing curriculum were 3 core capacities (empathy, cooperation and communication; nursing knowledge and skills; application; and care and support for elderly patients). There were 10 corresponding capacity indicators. Detailed objectives of the Geriatric Care by Human Caring curriculum are shown in Table 3.

Table 3. Learning Objectives of the Geriatric Care by Human Caring Curriculum

Core capacities	Capacity indicators
A. Competence of empathy, cooperation and communication	A1. Encourage patients to express themselves and listen to them carefully, understand their ideas and those of their family, and communicate to provide timely help.
	A2. Psychologically support patients to be confident in their ability to overcome the disease and cooperate with medical staff's treatment.
	A3. Be able to adopt appropriate communication modes and use verbal and non-verbal communication skills to achieve effective communication.
	A4. Have appropriate explanations for patients if they have questions before, during and after the nursing operation.
B. Competence of nursing knowledge and skills application	B1. Make correct nursing assessment, nursing diagnosis and nursing measures according to the patient's condition.
	B2. Take timely nursing measures to reduce the symptoms and pain for severe or emergency patients.
	B3. Educate patients and their families about various forms of comprehensive healthcare.
C. Competence of care and support for elderly patients	C1. Create a quiet, comfortable ward environment suitable for protecting the privacy of elderly patients.
	C2. Respect elderly patients by being enthusiastic, patient and empathetic caregivers.
	C3. Respect the will of elderly patients in hospice care and reasonable human caring.

4.2 Context-simulation-orientated Humanistic Care in Geriatric Nursing Curriculum

Ten carative factors and 10 caritas processes were integrated into a situational simulation teaching method consisting of typical tasks of a nursing curriculum based on geriatric human care. Eight activity tasks and care moments were designed based on typical classroom teaching situations to achieve a transpersonal care relationship that consisted of playing various human caring roles. As shown in Table 4, teachers and SPs used formative evaluation feedback and a summative evaluation to score the students' completion of situational simulation tasks.

4.2.1 Teaching Units

The most common chronic health problems of the elderly are cerebral infarction, hypertension, angina, COPD, pneumonia, obesity, osteoporosis, falls, Alzheimer' s disease, cancer and neurovascular diseases (Vann & Bass, 2016). Eight geriatric clinical nursing diseases and problems were selected as the teaching units. Unit 1 consisted of the care of elderly hypertensive patients, Unit 2 the care of elderly patients with cerebral infarction, and Unit 3 the care of elderly patients with angina. Unit 4 consisted of the care of elderly patients with chronic obstructive pulmonary disease, Unit 5 the care of senile cataract patients, and Unit 6 the care of elderly patients with osteoporosis. Unit 7

consisted of the care of elderly fall patients, while Unit 8 was related to hospice care for elderly lung cancer patients.

4.2.2 Unit Content

The 10 factors of Watson's (2012) human caring were integrated into the specific situational tasks of the 8 teaching units. 22 nearly real situational tasks were refined and formed, and the teaching tasks were planned to be completed in 22 classes.

Unit 1 was assigned three contextual tasks. In the first task, the SP was admitted to the cardiovascular department, and the ward nurse escorted him to bed number 10 and measured his blood pressure. This carative factor expresses respect and care, and injects confidence and hope. In the second task, the duty nurse had oral anti-hypertensive drugs delivered to the patient's bedside, guided the administration of the medication and explained its side effects. This carative factor promotes patients' learning, increases patients' knowledge, and improves their self-care ability. In the third task, the patient was hospitalized and ready for discharge after seven days with a stable blood pressure, and health guidance from the responsible nurse. This carative factor establishes a nurse-patient relationship full of trust and care, and attempts to meet the patient's physical, psychological and spiritual needs.

Unit 2 consisted of three contextual tasks. Firstly, the ambulance brought the SP to the emergency department where the nurse received him and allocated bed number 5. This carative factor expresses respect, care and sensitivity to the patient's suffering. Secondly, when the patient had a sudden headache, lack of consciousness or speech disorder, or the right limb sensory was abnormal, the nurse followed the doctor's advice to give the patient oxygen inhalation, an ECG, blood oxygen, and monitor his blood pressure. This carative factor creates a spirit and atmosphere for the patient's recovery, and projects confidence and hope. Thirdly, as the muscle strength of the right limb was grade 0, the muscle tension was weak, turning to the left was difficult, and the skin pressure of the right hip was a red colour, so that the nurse assisted the patient to change position to prevent pressure ulcers. This carative factor has an altruistic care value.

Unit 3 consisted of three contextual tasks. Firstly, the patient was given oral medicine, rest and oxygen when he came to the emergency department of a secondary hospital. This carative factor demonstrates compassionate behaviour and sensitivity to others' suffering. Secondly, nurse A gave the patient some chemical medicine under the tongue, and left him lying on the bed to absorb the oxygen and rest. At the same time, nurse B prepared the machine to do an electrocardiogram for the patient. These carative factors construct an interpersonal relationship full of trust and concern. Thirdly, the patient's condition improved with hospitalization and he was able to be discharged with guidance from a responsible nurse. This carative factor demonstrates good care education.

Unit 4 consisted of three contextual tasks. Firstly, the SP was admitted due to an acute attack of chronic obstructive pulmonary disease (COPD), along with a nasal catheter oxygen for 2 lessons because slight activity would cause dyspnoea. This carative factor involves always respecting the patient, projecting confidence and hope. Secondly, after the doctor's morning ward round on the third day of the patient's admission, he ordered the patient to use a Spiriva, and nurse C explained the method of using this inhaler to the patient. This carative factor creates a human caring atmosphere. Thirdly, after seven days of hospitalization, the patient was ready to be discharged and asked the nurse how to use the medicine and implement preventive rehabilitation methods after returning home, and she gave him health guidance. This carative factor demonstrates good care education.

Unit 5 consisted of three contextual tasks. Firstly, the SP had an eye clinic visit where the nurse assisted the doctor to administer the eye drops. This carative factor establishes a good nurse-patient relationship. Secondly, the nurse explained the purpose and significance of the examination to the patient before the cataract surgery, and made an appointment for him to learn about the examination before the operation. This carative factor expresses patient education, the ability to listen to both positive and negative aspects, and sincerely accept patients' feelings. Thirdly, after the patient had undergone cataract surgery, the nurse observed the condition of the eyes and ensured that they were protected. This carative factor demonstrates respect for the patient and the projection of confidence and hope.

Unit 6 contained three contextual tasks. Firstly, two accompanying people (students 1 and 2) pushed the flat cart with the patient lying on it into the orthopaedic ward and one of them completed the hospitalization procedure. The nurse came and put the patient in bed number 15. These carative factors attempt to meet patients' physical, psychological, and spiritual needs. Secondly, as the patient's fracture pain intensified, his heart rate accelerated and he expressed emotional excitement. The carative factor at this point involves the development of a human caring programme with a creative and pragmatic attitude based on compassionate behaviour and sensitivity to the suffering of others. Thirdly, the patient recovered well from a femoral head replacement, and could walk with the assistance of a walker. On this basis, he decided to discharge himself, and the nurse gave him health guidance. This carative factor demonstrates

good care education.

Unit 7 consisted of two contextual tasks. Firstly, the SP had occupied bed 3 in the cardiology department and when the nurse inspected the ward, she found that the patient had fallen. This carative factor involves respecting the patient, giving confidence and hope. It also involves trying to meet the patient's physical, psychological, and spiritual needs. Secondly, after a careful examination of the old man's body, no injury was found. The nurse slowly helped the patient to sit on the sofa, and took the initiative to tell him about measures to prevent further falls. This carative factor constructs an interpersonal relationship full of trust and care, and exhibits the good influence of caring education.

Unit 8 contained two contextual tasks. Firstly, the SP occupied bed 6 in the geriatric ward. There was no significant improvement on the 20th day of administering albumin, platelet and symptomatic treatment, and his body was in a state of failure. Therefore, the ward environment was arranged according to his preferences. The carative factors in this case involve respecting the patient, giving confidence and hope, exhibiting compassionate behaviour and being sensitive to the suffering of others. Secondly, nurse C invited the patient's family to the nurses station where she indicated that his condition was serious, and suggested they stay with him. This carative factor demonstrates an attempt to meet the patient's physical, psychological and spiritual needs, and exhibits the good influence of caring education.

Table 4. Establishment of the Geriatric Nursing Curriculum with Human Caring by Situational Simulation Teaching

Units	Learning objectives	Class time (hours)	Situational simulation teaching method	Assessments
U1 Care of elderly hypertensive patients	A3, A4 B1, B3	3	Simulation: Taking care elderly with hypertensive patients	SP Doctor Nurse Teacher role plays, feedback
U2 Care of elderly patients with cerebral infarction	A2, B1 B2, C2	3	Simulation: Taking care elderly with cerebral infarction	
U3 Care of elderly angina patients	A4, B1 B2, B3	3	Simulation: Taking care elderly with angina patients	
U4 Care of elderly patients with chronic obstructive pulmonary disease	A2, B1 B2, C1	3	Simulation: Taking care elderly with chronic obstructive pulmonary disease	
U5 Care of senile patients with cataracts	A1, A4 B1, C1	3	Simulation: Taking care elderly with cataracts	
U6 Care of elderly patients with osteoporosis	A2, B1 B3, C2	3	Simulation: Taking care elderly with osteoporosis	
U7 Care for elderly patients after falls	A1, B1 B3, C2	2	Simulation: Taking care elderly patients after falls	
U8 Hospice care for elderly lung cancer patients	A2, A3 B1, C3	2	Simulation: Taking care elderly with lung cancer patients	

4.2.3 Instructional methods

Situation simulation teaching involves creating a real clinical nursing environment similar to a hospital, including the

internal and external environment of a training room, bed units and other facilities, equipment and consumables with teachers and students wearing nurses' clothes, etc. Students should simulate the activities of the designed situational tasks in playing the roles of SPs, doctors, nurses and escorts. SPs should particularly provide oral and written feedback on the simulation of the other roles. As the chief director, the teacher controls the process and time of the situation simulation activities and finally evaluates the simulation of the various roles.

4.2.4 Assessments

Combined with the curriculum competence indicators and the classroom teaching objectives, teachers, SPs and some students provide formative evaluation feedback and a final evaluation score based on the completion of situational tasks, the grasp of caring moments, the establishment of a transpersonal care relationship and the degree of performance in caring situations.

5. Discussion

The geriatric nursing curriculum with human caring in this study was based on a situational simulation framework (Cowperthwait, 2020) and the human caring theory (Watson, 2012). Eight common diseases and problems of the elderly were selected, and the nursing positions were condensed into situational tasks integrated with carative factors. The roles of SPs, nurses, doctors, teachers and students were based on the essence of love to design a transpersonal care field that consisted of the interaction between care and love to accomplish transpersonal human caring. The concept and approach used to establish the curriculum in this study were consistent with the practice in the literature. Yang and Chen (2022) have demonstrated that employing group learning, role-playing, and case studies as teaching strategies is efficacious in cultivating the abilities of Chinese college students. A caring behaviour curriculum will help to develop nursing students caring behaviour based on the incorporation of care in nursing education (Mårtensson et al., 2023).

The purpose of this study was to establish a curriculum that could improve nursing students' human caring ability based on views similar to those in prior studies. For example, a humanities curriculum is increasingly valued in India's health professional education where teachers and administrators can develop health humanities curriculum modules to lead teaching and sharing experiences, resources and professional skills (Singh et al., 2020). Nursing curriculum designers and nursing educators in China need to establish a care curriculum and implement teaching to improve the human caring ability of nursing graduates to be competent to fill clinical nursing positions, and meet the emotional care needs of patients (Brown, 2011). A professional nursing curriculum that incorporates humanistic nursing care can enhance social awareness and improve healthcare management (Zamaniniya et al., 2021).

The general trend of China's vocational education is the project-orientated, task-driven integration of ideology and human care education. As nursing is a profession that involves service, many nursing experts have the same view of the geriatric nursing curriculum, namely, that teachers should include teaching content to develop nursing students' sense of human caring (Markey et al., 2021) with a focus on quality (Li et al., 2022). Nurses' behaviour is established in the learning process of a professional nursing curriculum in the classroom, and their ability to care is improved due to their common experience and perception of care (Akbari & Nasiri, 2022). Therefore, nursing teachers should integrate targeted nursing teaching reform, human caring and love into learning tasks, improve nursing students' emotional intelligence and ability to communicate and empathize with patients, thereby enhancing their human caring ability (Watson, 2018; Wang et al., 2020). The ideas and content of this curriculum are consistent with China's education policy and the proposal of the General Office of the State Council of China (2021). According to Ministry of Education of China (2020), the nursing course should incorporate project-based, situational, and modular teaching methods, integrate technology into education, and enhance classroom quality. The curriculum should be designed to meet production needs, include practical cases, and emphasize the development of students' skills in medical ethics, aiming to foster compassionate doctors.

Furthermore, the curriculum construction concept, content, evaluation method and teaching effect of this study echo those of previous studies. For instance, most Canadian nurses and nursing students have been found to have an average level of knowledge, which causes them to have a neutral attitude toward their elderly patients. As the nursing curriculum should have a positive impact on the attitude, knowledge and skills of the majority of student nurses, it seems there is a need for an elderly nursing curriculum to improve nursing students' human caring, knowledge and skills in this area (Mohamed & DeCoito, 2023). In the design of teaching and learning based on practice and curriculum research community, the results of developing activities to enhance teaching potential reveal four components: principles, activity objectives, learning activities, and learning evaluation (Cojorn & Sonsupap, 2023). Teachers should identify each nursing student's expected academic performance, map the evaluation tasks to the

learning results, summaries, analyse and feedback the evaluation results, and propose specific points that need improvement (Al Hmaimat et al., 2021). Geriatric human care education would change nursing students' knowledge, attitude and willingness to work in the geriatric field. This would produce the best educational outcomes (Yan, 2022) as nursing students would study the geriatric nursing curriculum to develop a positive attitude toward the elderly, and then be willing to care for them and do a good job of nursing them (Koehler, 2016).

6. Limitation

The typical situational tasks designed for this study were integrated with human carative factors. The purpose of the study was to enable individual students to practice emotional cognition, communication skills and empathy, and then improve their human caring ability. However, there is a need for further study of the teaching effect of group simulation interaction.

7. Conclusion

The establishment of a framework of the geriatric nursing curriculum with human caring ability in this study was based on the integration of the transpersonal care factors of Watson (2012) into tasks in typical simulated situations . This framework consisted of 8 teaching units and the teaching objectives, teaching content, teaching methods and evaluation methods of the geriatric nursing curriculum were reconstructed to embody the working process of a geriatric nursing post. Vocational nursing activities were the orientation of the curriculum and students' ability was the goal. Therefore, students were the main body, the quality of human caring was the focus, the project was the carrier, and situational simulation teaching connected them all to the clinical nursing process. There were 5 roles (SP, nurse, doctor, teacher, and student) and 10 carative factors (respect, love, trust, hope, listening, understanding, forgiveness and other transpersonal relationships), and the typical simulated care situations were elderly hypertension, cerebral infarction, angina pectoris, chronic obstructive pulmonary disease, cataracts, osteoporosis, falls, and lung cancer. The curriculum contained 22 typical simulated situation tasks and 10 caritas processes integrated with the teaching of geriatric nursing with human caring.

This study applies the theory of humanistic care of Watson (2012), to develop the curriculum by exploring the integration of ten caring elements into teaching situation tasks. This study designs teaching tasks in conjunction with the actual clinical nursing work environment, shapes real clinical nursing situations, and builds situational simulation teaching-oriented humanistic care geriatric nursing courses. Through the application of situational simulation teaching to implement humanistic care clinical nursing courses, this study intends to enhance nursing students' humanistic care abilities, for developing the better nurse-patient relationship, better coping with the aging population, and improving patient satisfaction and service quality. As for the future research, on the one hand, researchers can conduct empirical research on situational simulation-oriented humanistic care geriatric nursing course teaching and analyze the extent to which nursing students' humanistic care abilities have been improved by collecting pre- and post-data; On the other hand, researchers can also actively explore the integration of Watson's (2012) humanistic care theory into other courses and classroom teaching research around strengthening the humanistic care ability of nursing students. In addition, research on the practice of teaching methods for student-centered nursing professional courses is also an optional direction.

References

Akbari, A., & Nasiri, A. (2022). A concept analysis of Watson's nursing caritas process. *In Nursing Forum, 57*(6), 1465-1471. https://doi.org/10.1111/nuf.12771

Ajani, O. (2023). The Role of Experiential Learning in Teachers' Professional Development for Enhanced Classroom Practices. *Journal of Curriculum and Teaching, 12*(4), 143-155. https://doi.org/10.5430/jct.v12n4p143

Al Hmaimat, N., Melhem, O., Rosita, A., Devada, B., & Abboud, H. (2021). Curriculum evaluation: assessing the students' achievement of a program level learning outcomes in the baccalaureate degree of nursing. *International Journal of Nursing and Health Care Research, 4,* 1267. https://doi.org/10.29011/2688-9501.101267

Baghaei, R., Razmara Iranagh, S., Ghasemzadeh, N., & Moradi, Y. (2021). Observation of patients' privacy by physicians and nurses and its relationship with patient satisfaction. *Hospital Topics*, *99*(4), 171-177. https://doi.org/10.1080/00185868.2021.1877096

Brown, L. P. (2011). Revisiting our roots: Caring in nursing curriculum design. *Nurse Education in Practice, 11*(6),

360-364. https://doi.org/10.1016/j.nepr.2011.03.007

Bryant, K., Aebersold, M. L., Jeffries, P. R., & Kardong-Edgren, S. (2020). Innovations in simulation: Nursing leaders' exchange of best practices. *Clinical Simulation in Nursing, 41,* 33-40. https://doi.org/10.1016/j.ecns.2019.09.002

Byrne, D. (2020). Evaluating cultural competence in undergraduate nursing students using standardized patients. *Teaching and Learning in Nursing, 15*(1), 57-60. https://doi.org/10.1016/j.teln.2019.08.010

Cara, C., & Hills, M. (2020). *An educator's guide to humanizing nursing education: Grounded in caring science*. Springer.

Cheng, L., Liu, Y., Ke, Y., & Wang, W. (2017). Comparison of caring ability between Chinese and American nursing students. *Western Journal of Nursing Research, 39*(2), 290-304. https://doi.org/10.1177/0193945916656613

Chiang, V. C., & Chan, S. S. (2014). An evaluation of advanced simulation in nursing: A mixed-method study. *Collegian, 21*(4), 257-265. https://doi.org/10.1016/j.colegn.2013.05.003

Cojorn, K., & Sonsupap, K. (2023). An activity for building teaching potential designed on community of practice cooperated with lesson study. *Journal of Curriculum and Teaching, 12*(4), 62-70. https://doi.org/10.5430/jct.v12n4p62

Cowperthwait, A. (2020). NLN/Jeffries simulation framework for simulated participant methodology. *Clinical Simulation in Nursing, 42*, 12-21. https://doi.org/10.1016/j.ecns.2019.12.009

Fenizia, E., Marchetti, A., Biagioli, V., Romano, M. C., Raso, A., Gambera, A., Maria Marinis, G., Michela, M., & Piredda, M. (2019). Psychometric testing of the caring behaviors inventory for nursing students. *Journal of Clinical Nursing, 28*(19-20), 3567-3574. https://doi.org/10.1111/jocn.14950

Garbarino, J. T., & Lewis, L. F. (2020). The impact of a gerontology nursing course with a service-learning component on student attitudes towards working with older adults: A mixed methods study. *Nurse Education in Practice, 42*, Article e102684. https://doi.org/10.1016/j.nepr.2019.102684

Ge, X., Li, J., Chen, H., Shao, X., Tang, H., & Wu, P. (2014). Analysis of humanistic care ability of medical students and its influencing factors. *Journal of Shanghai Jiaodong University (Medical Science)*, *34*(11), 1672-1677. https://xuebao.shsmu.edu.cn/EN/Y2014/V34/I11/1672

Hwang, J. (2023). Effects of simulation-based practice education on learning satisfaction, immersion, and self-efficacy of Nursing Students. *Journal of Curriculum and Teaching, 12*(1), 275-282. https://doi.org/10.5430/jct.v12n1p275

Jeffries, P. R. (Ed.). (2016). *The NLN Jeffries simulation theory.* National League for Nursing.

Jian, S., Ya, M., Qian, Z., Meihua, Y., Cao, X., & Rosa, R. D. (2022). Research progress on humanistic care ability and influencing factors of intern nursing students. *European Review for Medical and Pharmacological Sciences, 26*(23), 8637-8643. https://doi.org/10.26355/eurrev_202212_30534

Kiran, C. U. (2020). A study to assess the effectiveness of role play on team nursing among 2nd year B. Sc. nursing students in selected nursing college Tirupati, AP, India. *International Journal of Nursing Education, 12*(4), 36-42. https://revistaamplamente.com/index.php/ijone/article/download/11214/10386

Koehler, A. R., Davies, S., Smith, L. R., Hooks, T., Schanke, H., Loeffler, A., Carr, C., & Ratzlaff, N. (2016). Impact of a stand-alone course in gerontological nursing on undergraduate nursing students' perceptions of working with older adults: A Quasi-experimental study. *Nurse Education Today, 100*(46), 17-23. https://doi.org/10.1016/j.nedt.2016.06.015

Koukourikos, K., Tsaloglidou, A., Kourkouta, L., Papathanasiou, I. V., Iliadis, C., Fratzana, A., & Panagiotou, A. (2021). Simulation in clinical nursing education. *Acta Informatica Medica, 29*(1), 15-20. https://doi.org/10.5455/aim.2021.29.15-20

Labrague, L. J., McEnroe-Petitte, D. M., Papathanasiou, I. V., Edet, O. B., Arulappan, J., & Tsaras, K. (2017). Nursing students' perceptions of their own caring behaviors: A multicountry study. *International Journal of Nursing Knowledge, 28*(4), 225-232. https://doi.org/10.1111/2047-3095.12108

Letterstål, A., Källestedt, M. L. S., Widarsson, M., & Asp, M. (2022). Nursing faculties' perceptions of integrating theory and practice to develop professional competence. *Journal of Nursing Education, 61*(5), 236-241. https://doi.org/10.3928/01484834-20220303-05

Li, T., Jiang, T., Shi, G., Song, C., & Shi, T. (2022). Correlation between self-awareness, communication ability and caring ability of undergraduate nursing students: A cross-sectional study. *Nurse Education Today, 116*, Article e105450. https://doi.org/10.1016/j.nedt.2022.105450.

Markey, K., O'Brien, B., O'Donnell, C., Martin, C., & Murphy, J. (2021). Enhancing undergraduate nursing curricula to cultivate person-centred care for culturally and linguistically diverse older people. *Nurse Education in Practice, 50*, Article e102936. https://doi.org/10.1016/j.nepr.2020.102936

Mårtensson, S., Knutsson, S., Hodges, E. A., Sherwood, G., Broström, A., & Björk, M. (2023). Development of caring behaviour in undergraduate nursing students participating in a caring behaviour course. *Scandinavian Journal of Caring Sciences*. https://doi.org/10.1111/scs.13189

Ministry of Education of China, PRC (2020). *Guidelines for ideological and political construction of university curriculum*. Retrieved from https://www.moe.gov.cn/srcsite/A08/s7056/202006/t20200603_462437.html

Mohamed, A. F. H., & DeCoito, I. (2023). Curriculum, theory, and practice: Exploring nurses' and nursing students' knowledge of and attitudes towards caring for the older adults in Canada. *Canadian Journal of Nursing Research, 55*(2), 216-229. https://doi.org/10.1177/08445621221113734

Singh, S., Dhaliwal, U., & Singh, N. (2020). Developing humanistic competencies within the competency-based curriculum. *Indian pediatrics, 57*(11), 1060-1066. https://doi.org/10.1007/s13312-020-2036-y

Sourial, S. (1996). An analysis and evaluation of Watson's theory of human care. *Journal of Advanced Nursing, 24*(2), 400-404. https://doi.org/10.1046/j.1365-2648.1996.19524.x

Su, J. J., Paguio, J. T., Masika, G. M., Wang, M., & Redding, S. R. (2021). Learning compassionate care: Experiences of nursing students. *Nurse Education in Practice, 53*, Article e103092. https://doi.org/10.1016/j.nepr.2021.103092

Tavares, D., Oliveira, N., Oliveira, N. N., & érica Midori Ikegami. (2021). Factors associated with the occurrence of falls among older people with and without cataracts: Structural equation modelling analysis. *Journal of Clinical Nursing, 30*(17-18), 2634-2645. https://doi.org/10.1111/jocn.15640

The General Office of the CPC Central Committee and The State Council (2021). *Opinions on promoting the high-quality development of modern vocational Education*. https://www.gov.cn/gongbao/content/2021/content_5647348.htm

Vann, M. R., & Bass, P. F. (2016). The 15 most common health concerns for seniors. *Everyday Health*. https://www.everydayhealth.com/news/most-common-health-concerns-seniors

Wang, H. M., Ning, X. H., Sun, J., Pan, Y. J., & Xing, H. (2020). Application of situational simulation teaching method in leadership science and art course. *Teacher Education and Curriculum Studies, 5*(1), 7-13. https://doi.org/10.11648/j.tecs.20200501.12

Watson, J. (1979) *Nursing: The philosophy and science of caring.* Little, Brown & Company.

Watson, J. (2012). *Human Caring Science: A Theory of Nursing. Second Edition.* Boston: Jones and Bartlett.

Watson, J. (2018). *Unitary caring science: Philosophy and praxis of nursing.* University Press of Colorado.

Wiechula, R., Conroy, T., Kitson, A. L., Marshall, R. J., Whitaker, N., & Rasmussen, P. (2016). Umbrella review of the evidence: What factors influence the caring relationship between a nurse and patient? *Journal of Advanced Nursing, 72*(4), 723-734. https://doi.org/10.1111/jan.12862

World Health Organisation. (2017). *Ageing and health.* Retrieved from https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

Yan, Zh. M., Chang, H. Ch., Jed, M., & Ho, M. H. (2022). How does geriatric nursing education program change the knowledge, attitude and working intention among undergraduate nursing students? A systematic literature review. *Nurse Education Today, 108*, Article e105161. https://doi.org/10.1016/j.nedt.2021.105161

Yang, X., & Chen, P. (2022). Applying active learning strategies to develop the professional teaching competency of chinese college student teachers in the context of geography education. *International Journal of Learning, Teaching and Educational Research*, *21*(7), 178-196. https://doi.org/10.26803/ijlter.21.7.10

Yau, X. C., Tam, W. S. W., Seah, H. W. V., & Siah, C. J. R. (2019). An exploration of factors influencing inpatient nurses' care behaviour in an acute hospital setting. *International Journal for Quality in Health Care, 31*(6), 473-479. https://doi.org/10.1093/intqhc/mzy199

Zamaniniya, Z., Khademi, M., Toulabi, T., & Zarea, K. (2021). The outcomes of humanistic nursing for critical care nurses: A qualitative study. *Nursing and Midwifery Studies, 10*(2), 114-120. Retrieved from http://www.nmsjournal.com

Acknowledgments

Not applicable.

Authors contributions

Not applicable.

Funding

The research is financed by 2024 Binzhou City Social Science planning project, No.24-ZJZX-22" this sentence to our paper (Establishment of a Geriatric Nursing Curriculum with Human Caring by Situational Simulation)

Competing interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Informed consent

Obtained.

Ethics approval

The Publication Ethics Committee of the Sciedu Press.

The journal's policies adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

Provenance and peer review

Not commissioned; externally double-blind peer reviewed.

Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Data sharing statement

No additional data are available.