Evidence-Informed Teaching and Learning

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CITE THIS ARTICLE: Haggerty, C., & Fuller, C. (2026). Evidence-informed teaching and learning. *Whitireia Journal of Nursing, Health & Social Services, 33*, 7–8. https://doi.org/10.34074/whit.3300

Recently we were asked to identify how research undertaken within the School of Health informs our teaching and learning. This is a valid question, and one that we do not ask ourselves often enough. We might assume that all our teaching and learning is evidence informed. Evidence-informed content is critical to educational practice, and yes, we can confidently say that our research activities are informing our practice as educators. In our mental health and addiction postgraduate team, research has focused on a variety of areas, including moral injury in clinicians (Smith et al., 2025), and professional development to support peer workers entering the mental health and addiction workforce (Ranui et al., 2023).

Another example of how evidence supports teaching is in our recent research, which investigates how Registered Nurses (RNs) support service users with Serious Mental Illness (SMI) (Haggerty et al., 2024). As experienced educators, we regularly explore the need to treat each service user as a 'whole person', more than just a mental health or addiction diagnosis. Especially as the life expectancy of service users with SMI continues to be below expectancy of the general population. The postgraduate team has embedded Te Whare Tapa Whā (Durie, 1984) into the Postgraduate Certificate in Nursing (Mental Health and Addictions) courses (Sculley & Smith, 2023), which ensures the taha tinana (physical health) component is explored extensively along with the other three pou. However, feedback from new graduates enrolled in this programme identified that taha tinana was not always given the attention it deserves in the practice they were observing.

A literature scoping activity (Haggerty et al., 2024) was undertaken to explore RN's support of service users' physical health. The findings clearly identified a role for nurses working alongside services users to assess and manage their physical health. Unfortunately, in mental health and addiction settings there is still some reluctance to accept this as a nursing responsibility. Following the scoping review, new graduate nurses entering mental health and addiction services were surveyed to gather their observations of RN's engagement with service users' physical health. The surveys were replicated from the work of Robson, et al. (2013), slightly modified for the New Zealand context. Interestingly, despite a low return rate, the findings of the survey were consistent with Robson, et al. (2013), proving an ongoing reluctance to incorporate taha tinana into mental health and addiction practices.

With timely assessments and interventions, mental health nurses can help prevent physical health problems before serious symptoms emerge (Erginer & Günüşen, 2018). The inclusion of nurses in programmes that support physical healthcare can provide significant benefits for service users. Some nurses are proactive

in providing physical healthcare, while others view it as less of their responsibility. The disproportionately negative physical health statistics of services users compared to the general population is a growing area of concern within nursing and healthcare services. Publications such as 'Equally Well' by Te Pou o te Whakaaro Nui (2014) provide a strategic framework to assist health providers in improving the assessment and management of the physical health of people accessing mental health and addiction services. Considering that Whitireia and WelTec is supporting new graduate nurses' transitions into mental health and addiction practices, the incorporation of this document into the curriculum was identified as important for teaching and learning. As an endorsing organisation of 'Equally Well' (Te Pou o te Whakaaro Nui, 2014), we commit to supporting organisational change that strengthens nurses' responsibilities to provide holistic care for more equitable health outcomes for service users.

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