



Preparation of academic nurse educators



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ABSTRACT

Nursing practice is diverse, with nurses serving in both direct and indirect patient care roles. For nurse educators, the realm of nursing practice extends beyond direct patient care to include preparing students for nursing practice. Academic nurse educators must be prepared to serve as educators, researchers, and to have experience in a clinical specialty area. For many nurse educators, advanced academic preparation often relates to a clinical area of practice rather than pedagogical practice. Graduate-level knowledge of evidence-based research and practice, teaching methods, and curriculum design and development form the foundation for academic practice. Because education and nursing are two distinctive disciplines, clinical expertise does not naturally result in teaching expertise. Lack of consensus regarding the educational preparation of nurse educators adds to the complexity of the nursing profession. The purpose of this article is to advocate for pedagogical preparation for academic nurse educators. Additionally, this article contains recommendations for pedagogical competencies indicative of academic nurse educator preparation.

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1. Preparation of academic nurse educators

Health care is a dynamic field that must continuously adapt to evolving scientific knowledge, technological developments, and societal needs. Nursing practice is at the center of this dynamic health care system; nursing education is the foundation of nursing practice. Keeping pace with the fluid professional practice of nursing requires nursing faculty who are qualified as academic educators and as clinical practitioners. The purpose of this article is to advocate for pedagogical preparation for nurses practicing in the role of academic nurse educator. Additionally, this article includes recommendations for pedagogical competencies indicative of academic nurse educator preparation.

Nursing practice is diverse, with nurses serving in both direct and indirect patient care roles. In academia, the realm of nursing practice extends beyond direct patient care to include preparing students for nursing practice. Nursing education encompasses both the profession of nursing and the profession of education. Academic nurse educators must be prepared to serve as educators, researchers, and have experience in a clinical specialty area. In many parts of the world, nursing scholars have reported evidence

of tension among faculty related to the need for teaching and research excellence while simultaneously maintaining a credible clinical profile (Andrew and Robb, 2011; Royal College of Nursing [RCN], 2012). Notably, in the United States (U.S.) the National League for Nursing (NLN) recognizes the academic nurse educator as an advanced practice role (NLN, 2011).

To serve effectively in the role of academic nurse educator, nurses need pedagogical preparation in curriculum development, teaching strategies, and evaluation methods. Although courses in pedagogy are included in some graduate-nursing tracks, it is not required in all programs.

2. Educational qualifications of academic nurse educators

In the U.S., the expectation of educators in pre-licensure nursing programs is that they have “graduate-level academic preparation and advanced expertise in the area of content they teach” (American Association of Colleges of Nursing [AACN], 2008, para 4). Over the past four to five decades, U.S. graduate nursing programs shifted from a focus on nursing administration or education to a focus on clinical specialization (Kelly, 2010; Schoening, 2013). In the 1990s, the focus of graduate education turned to preparing nurse practitioners. This shift led to an increase of nurses practicing at the advanced practice level and a decrease in nurses prepared for the faculty role (Kelly, 2010; Zungolo, 2004). For many nurse educators, advanced academic preparation often relates to a clinical area of

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practice rather than pedagogical practice.

In other parts of the world, such as Australia and the United Kingdom, the primary criteria for teaching in nursing is clinical expertise and attainment of a teaching diploma (Jackson et al., 2011). However, relatively recent changes are beginning to take shape with the requirement for doctoral qualifications to sustain employment in academia. The Royal College of Nursing (RCN) (2012) acknowledged, “Much more work is needed to ensure nursing academics are able to educate the new [nursing] workforce” (p. 31).

Because education and nursing are two distinct disciplines, clinical expertise does not naturally result in teaching expertise. According to Boyer (1990), “... good teaching means that faculty, as scholars, are also learners” (p. 24). Australian researchers reinforced this view when they concluded, “expertise in the theory and practice of nursing are, in themselves, no longer seen as being enough to teach nursing within the university sector” (Jackson et al., 2011, p. 342). Effective teaching requires a specialized skill set related to curriculum, teaching strategies, evaluation methods (Cangelosi et al., 2009; McCoy and Anema, 2012), and an ability to engage in research and scholarly activities (Jackson et al., 2011). Advanced degrees suggest content knowledge. However, preparation for the many roles and responsibilities of faculty members is often absent from graduate curricula (Jaimes et al., 2014; McCoy and Anema, 2012). Over a decade ago, the Association of American Colleges and Universities (AACU) identified a lack of preparation for the faculty role as a barrier to student success (AACU, 2002).

3. Evidence-based teaching practice

Evidence supports principles of best educational practices. Boyer (1990) argued for a more comprehensive and dynamic approach to scholarship depicted by four overlapping and connected functions: The scholarship of discovery; the scholarship of integration; the scholarship of application; and the scholarship of teaching. Since its inception, international support of Boyer's expanded definition of scholarship is evident. By building on Boyer's principles to form connections between research and teaching and between theory and practice, more and more universities are attempting to promote excellence in teaching and learning (Smith and Crookes, 2011; Smith et al., 2012). Cannon and Boswell (2015) acknowledged seven principles of best practice in education: engaging students through faculty-student contact, collaborative learning, active learning, prompt feedback, time on task/time management skills, setting high expectations for achievement, and respecting student diversity. Nursing education encompasses both pedagogical evidence-based practice (evidence-based teaching practice [EBTP]) and clinical evidence-based practice (EBP). Therefore, nursing faculty must possess knowledge and skill in pedagogical practice as well as the clinical practice area in which they teach. In clinical nursing practice, the use of EBP is an established standard for the profession. However, the application of EBP to teaching has only recently begun to receive attention in nursing education. Internationally, nurse educators experience enormous pressure related to expanded expectations for contemporary nursing practice (Andrew and Robb, 2011; Benner et al., 2010; RCN, 2012; You et al., 2015). In the same manner that registered nurses are required to engage in continuing education to maintain licensure, nurse educators must engage in ongoing faculty development to maintain current pedagogical practices (Benner et al., 2010).

The lack of a clear, universally accepted definition of EBTP is a primary factor in its slow development and adoption by academic nurse educators (Cannon and Boswell, 2015; Patterson and Klein, 2012). Without a clear definition of EBTP, faculty perceptions of what constitutes evidence of best practices remains varied. For

example, faculty may consider personal teaching experience, student evaluations, or professional literature as sources of EBTP (Patterson and Klein, 2012). One definition offered by Cannon and Boswell (2015) is “EBT is a dynamic system using educational principals validated by evidence to support, maintain, and promote a new level of knowledge for a learner in a variety of settings” (pp. 9–10). Given the significant role of nursing in today's health care system, it is essential that faculty are not only aware of current clinical EBP, but that faculty use EBTP to prepare nurses for beginning practice (Cannon and Boswell, 2015; McCoy and Anema, 2012; Patterson and Klein, 2012).

4. Complexities and conflicting philosophies

Divergent views about pedagogical training in graduate nursing programs exist among leaders in the nursing profession and among professional nursing organizations. Lack of consensus regarding the educational preparation of nurse educators adds to the complexity of the nursing profession. Nursing, as a profession, must call for consensus among professional organizations to establish cohesive standards of nursing roles and educational preparation of nurses at all levels of practice. A current recommendation is the establishment of standards for professional faculty development by accrediting agencies for nursing education (Benner et al., 2010). These positions support the broader preparation required of academic nurse educators to meet the increasing demands of nursing education.

Internationally, the demand for nursing education continues to exceed program capacity (Jackson et al., 2011; Nardi and Gyurko, 2013; NLN, 2010). Nursing education programs are encouraged to admit increasing numbers of students to address the nursing shortage. However, there is a significant shortage of nursing faculty. In many countries, the shortage of qualified faculty is a barrier to increasing admissions in nursing education programs (AACN, 2012; Institute of Medicine [IOM], 2011; Jackson et al., 2011; Kelly, 2010; Nardi and Gyurko, 2013). To fill faculty positions, the need for nurses prepared at the master's and doctoral levels remains. The NLN (2013) advocates for all doctoral nursing programs, including both research and practice doctorates, to “prepare graduates with the knowledge and skills to teach, to provide leadership for transforming education and health care systems, and to conduct or translate research in nursing education” (p. 1). Additionally, the AACN Futures Task Force explored trends in nursing practice and the implications of those trends for nursing education. The first recommendation from the task force is “AACN should be the driving force for innovation and excellence in nursing education” (AACN, 2015, p. 4). Within this recommendation, the task force included initiatives of defining best practices in pedagogy and clarification of required preparation for nursing faculty (AACN, 2015). Both agencies advocate for pedagogical preparation for nursing faculty. In a systematic review, Nardi and Gyurko (2013) examined proposed solutions to the global nursing faculty shortage by premier nursing organizations. The authors reported, “All strategies point to the need for the role and work of nurse educators to be as highly valued as, and comparable with, the advanced roles of graduate level-prepared nurses in direct care and indirect line positions” (p. 324). However, despite best intentions, advocating alone will not achieve qualified faculty, leaders, or researchers prepared to transform nursing education.

Incongruence remains between the desired future of nursing education and current graduate nursing curricula. The Doctorate of Nursing Practice (DNP), a non-research terminal nursing degree conceived in the U.S., emphasizes the development of expertise in nursing practice. As of 2013, there were more than 217 DNP programs in the U.S. with an additional 97 programs in development

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