



## Preparation of academic nurse educators



Tracy L. Booth<sup>\*</sup>, Christi J. Emerson, Michele G. Hackney, Sharon Souter

University of Mary Hardin-Baylor, College of Nursing, 900 College St., Box 8015, Belton, TX 76513, United States

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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

<sup>\*</sup> Corresponding author.

E-mail addresses: [tracy.booth@umhb.edu](mailto:tracy.booth@umhb.edu) (T.L. Booth), [christi.emerson@umhb.edu](mailto:christi.emerson@umhb.edu) (C.J. Emerson), [mhackney@umhb.edu](mailto:mhackney@umhb.edu) (M.G. Hackney), [ssouter@umhb.edu](mailto:ssouter@umhb.edu) (S. Souter).

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

(Slyer and Levin, 2012). The AACN Doctorate of Nursing Practice (DNP) position statement (2004) identified the benefits of practice-focused doctoral programs. The position statement includes multiple references to the role of faculty member. In relation to the faculty role, the DNP is expected to benefit the development of advanced competencies for increasingly complex practice, prepare nurses to serve in faculty and leadership roles, provide an advanced educational credential for those who require advanced practice knowledge but do not need or want a strong research focus (e.g., practice faculty), and increase the supply of faculty for practice instruction (AACN, 2004). However, according to the *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006), basic DNP and Ph.D. curriculum does not prepare graduates for a faculty-teaching role. Relative to faculty academic preparation, inconsistencies exist between the AACN DNP position statement (2004) and the *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006).

## 5. Recommendations

In 2006, the AACN acknowledged the need for additional preparation in the science of pedagogy to augment nurse educators' ability to "transmit the science of the profession they practice and teach" (p. 7). According to McCoy and Anema (2012), "The bottom line is that all health care providers are educators and need to be aware of the accepted standards for development and evaluation of all health education offerings" (pp. vii–viii). To support the scholarship of teaching and learning, Benner et al. (2010) and Schoening (2013) recommended that all nursing graduate programs include teacher education courses and experiential learning strategies to prepare future nursing faculty for educating students. Without teaching preparation, the understanding of nursing science and practice is an insufficient foundation for effective teaching (Bartels, 2007). Recommendations related to the desired future of nursing education support the recognition of academic nurse educators as a specialty area of practice and include a standard for pedagogical preparation (i.e., curriculum development, teaching-learning strategies, and evaluation methods) (Benner et al., 2010; McCoy and Anema, 2012; NLN, 2011).

### 5.1. Pedagogical competencies

The NLN is an organization dedicated to evidence-based teaching. The NLN position statement (2013) addressed doctoral preparation for nurse educators. A key proposal supports the inclusion of "formal academic preparation for the nurse educator and/or faculty role in doctoral program curricula" (NLN, 2013, p. 4). In alignment with the NLN's recommendation, and to provide a foundation for practice and flexibility for transition between roles, all doctoral programs should require Direct Care Core (advanced pathophysiology, advanced pharmacology, and advanced physical assessment) and core pedagogical curricula (i.e., curriculum design/development, teaching strategies, and evaluation methods). For nurse educators lacking formal teaching preparation, the opportunity to develop educator competencies is available through post-masters certificates. Although this requirement may result in a temporary decline in the number of qualified faculty entering the academic arena, current faculty could complete the coursework within a specified timeframe while continuing to serve in the educator role.

### 5.2. Doctoral preparation

Increasingly, in many parts of the world, a doctoral degree is a criterion for a tenured faculty appointment. To effectively assume

an academic role, there is global support for the doctoral degree as the preferred preparation for nursing faculty (AACN, 2008; Bartels, 2007; Jackson et al., 2011; NLN, 2013). In addition, the IOM (2011) issued a call to bolster the number of nurse faculty and researchers by doubling the number of nurses with a doctorate by 2020. Graduate-level knowledge of evidence-based research and practice, teaching methods, and curriculum design and development form the foundation for academic practice.

Nurses pursuing a doctorate have multiple options. Doctorates in nursing commonly include the research-focused doctorate of philosophy (Ph.D.), the education-focused doctorate of education (Ed.D.), and the practice-focused doctorate of nursing practice (DNP). Hawkins and Nezat (2009) advised nurses with a professional goal in academia, specifically seeking advanced research into the principles of teaching, to consider the Ed.D. However, a recent comparison of courses offered across five states in different regions of the U.S. at 21 nurse doctoral programs identified little curricular consistency between programs with few requiring courses in teaching and educational principles (Jaimes et al., 2014).

As novice faculty members begin their role as teachers, lack of teacher preparation becomes a critical issue. Due to the growth of practice-focused doctorate programs, large numbers of DNP-prepared nurses may assume the role of academic nurse educator. Although DNP-prepared nurses are academically prepared to apply research, they may lack preparation to conduct research. As a result, education programs risk an abundance of faculty lacking a background in or experience to conduct research (Hawkins and Nezat, 2009). Consequently, the potential exists for the profession to lag behind other disciplines with respect to research in nursing education. Therefore, all doctoral nursing programs should include pedagogical coursework.

## 6. Conclusion

Due to a critical shortage of nursing faculty, recruitment and retention efforts of qualified nurse educators must take priority. Globally, nursing academics must reflect on the preparation of future faculty and ask questions related to education, qualification, and credentials to teach (Jackson et al., 2011). Additionally, graduate level curricular revisions are imperative to effectively prepare future faculty for the specialty area of academic nurse educator. With respect to nurse educator preparation, Bartels (2007) offered the following opinion:

Today's nursing faculty need to be the best *in* teaching the profession of nursing to the future generation of nurses. However, they also need to be the best *for* the nursing profession in terms of preparation for and productivity in their roles in research, scholarship, and practice. (p. 154)

The purpose of this article is to advocate for pedagogical preparation for academic nurse educators, which has important implications worldwide. This issue merits attention and international scholarly discussion is encouraged.

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