RAK Medical and Health Sciences University
Ras Al Khaimah, UAE

RAK COLLEGE OF NURSING
(AY 2021-2022)

NURSING EDUCATION WRITTEN ASSIGNMENT

A. **Description.** One of the requirements of this course is to complete **one (1)** writtent assignment every semester. Please keep the following expectations in mind:

1. Each assignment is worth 100 points.
2. Read instructions carefully and be sure to complete all aspects of the assignments.
3. Be thorough and complete in your work.
4. The assignment was developed to correspond to chapters/topics that we will be studying throughout the term. You will need to turn in your work by the deadlines designated in your syllabus and on the assignment sheet. No late assignments will be accepted.
5. All written assignments must be typed and double-spaced.
6. Please use APA rules of citation.
7. The deadline of submission is on May 2, 2022.
8. All students must submit a soft copy either in word or pdf format. Please use your ID numbers as the file name of your assignment submission.
9. You must submit your assignment using the following heading: Assignment 1 – *xxxxxx (your ID number)*
10. All assignments must be submitted to arnel@rakmhsu.ac.ae

B. **Purpose***:* This assignment is related to your class in Nursing Educaiton

C. **Type/Length of activity:** Academic Article Reading and Review

 Instruction. Read the article entitled**,** *"From Learning to Teach to Teaching Effectiveness: Nurse Educators Describe Their Experiences".* The assignment must contain the components identified the assignment format.

 E. **ASSIGNMENT FORMAT:** *(Please see the attachment)*

 F. **HOW WILL YOUR ASSIGNMENTS BE GRADED?** *(Please see the attachment)*

Article Review Guidelines

Dr. Arnel Bañaga Salgado

General Instructions:

1. The article review must be submitted in the format given below. The report not in the prescribed format will not be accepted.
2. The article must be reviewed by self. There should not be plagiarism.
3. Number of words for each section in clearly mentioned in the format. Submit the report accordingly. Report not in the prescribed format will not be accepted.
4. If any section is not applicable, kindly mention it below the particular section.
5. It is mandatory to submit the original article along the article review.
6. Marks split up for each section of the article review is clearly given below for your reference.

Article Review Evaluation Criteria - 2020 – 2021

Criteria	Marks Split up	Overall Marks
Format		
Introduction	5	
Article Summary	5	
Review of Literature	5	**35**
Article Structure	10	
Conclusion	10	
Article Critique		
Authority	5	
Accuracy	5	
Currency	5	
Relevance	5	**35**
Objectivity	5	
Stability	5	
Analysis of Graph/Image/Table	5	
Updating With Recent Research	15	**15**
References		
Relevance	5	
Format	5	**15**
Authority	5	
Total Score	**100**	**100**

ARTICLE REVIEW FORMAT

Source

The source from where the journal article has been taken has to be mentioned clearly.

Introduction

In 200 to 250 words give a brief introduction about the areas on which you are going to review the article.

Review of Literature 300 to 350 words

Article Summary

Give the summary of the article in 200 to 250 words.

Article Structure

Review on the presentation of the content and the alignment and the format of the article in about 250 to 300 words

Article critique

Authority:

Review on the author - 100 to 150 words

Accuracy:

Accuracy of the article – 100 to 150 words

Currency:

Whether the article is old or the current – 100 to 150 words

Relevance:

Review on the relevance of the content of the article to its title – 100 to 150 words

Objectivity:

Whether the information in the article is developed objectively or not – 100 to 150 words

Stability:

About the stability of the article based on its publication – 50 words

Analysis of graph/Image/Table

Brief analysis of the graph/image/table – 100 to 150 words

Recent Advances Related to the Topic

Briefly explain about the recent advances related to the particular topic – 300 to 350 words

Conclusion

Give your conclusion about the article and suggestions if any - 200 to 250 words.

Reference

The references must be quoted in the APA format (Sample given below) – Minimum 15 references related to the topic.

(Name of the Author, Initial., (Year), Name of the Article: Volume/Source, Page Number. URL of the Journal Home Page)

Sample of an article:

Sillick T.J., & Schutte, N.S. (2006). Emotional intelligence and self-esteem
   mediate between perceived early parental love and adult happiness. *E-Journal
   of Applied Psychology, 2*(2), 38-48. Retrieved from
   http://ojs.lib.swin.edu.au/index.php/ejap

Sample of other References:

For book, monolog, internet and other reference format please check the link -
 http://courses.semo.edu/library/infolit/apastyle_articles.htm

<div align="center">

SAMPLE ARTICLE REVIEW

(For Reference Only)

</div>

Source

Jackson, FM 2002, 'Considerations for community-based research with African American women', American Journal of Public Health, April, vol. 92, no. 4, pp.561-5, viewed 12 February 2007, http://www.ajph.org/cgi/content/abstract/92/4/561

Introduction

This review critically reviews the article 'Considerations for community-based research with African American women'in the journal American Journal of Public Health. The review will first summarise the article. Secondly, it will briefly analyse the effectiveness of the article's structure, investigating how the information is set out and whether the reader can access it efficiently. Thirdly, the review will critique the article, evaluating its authority, currency, accuracy, objectivity and coverage. The review will also analyse the graph before finally judging the article's accessibility and credibility. Overall the article was well written, clear and relevant.

Article summary

The purpose of the article is to explore the need and advantages of conducting community based research with women of color in the United States. The authoritative knowledge that these women can provide about their lives and their health could form the basis of collaboration between researchers and participants and lead to successful strategies to improve the health of African American women. The article provides the goals for improving African American women's health before investigating the issues related to cultural sensitivity, reciprocity, accountability and authoritative voices in order to argue that the research on these women and their health must be attuned to the multiple identities the women possess that are associated with race, gender and class.

Article structure

The article was introduced with an abstract, which provided the stance or thesis developed by the article as well as a brief overview of main points. The rationales for the article and for the research it describes were also included. The paragraphs in the body were short and therefore the information in each paragraph was easy to access, however there were only 3 body headings, which meant that there was a lot of quite detailed information contained under each heading. As the article described a research study that was conducted by the author, the article contained the conventional information normally provided in such a study. For example there are sections related to the background and significance of the research, a review of the literature and the methodology as well as the data collection and analysis techniques used. The findings and conclusions were developed towards the end of the article however the conclusion was

very short, lacking a comprehensive summary of the main points covered by the article. However the short conclusion did develop future policy and research directions. References were cited in-text and set out clearly in the literature cited section. The article's structure was logically developed overall, with the use of short paragraphs helping the reader access the main points more easily. The article was HMLT rather than a scanned PDF document and included many links, which helped to make the information accessible. There were links to author, journal, subjects, citations and references which allow the reader to evaluate the articles worth more effectively; however linked headings and subheadings may have allowed the reader to move through the paper more quickly.

Article critique

Authority:

The journal, the [American Journal of Public Health](#), is a publication of the American Public Health Association, which is an objective unbiased public organization. It was found on the scholarly Academic Search Premier through EBSCOhost, which is a highly credible research database.

The author's credibility was established in a number of ways. These included her PhD; the fact that the article was a peer reviewed article; the fact that the author is an academic working at the School of Public Health, Emory University in Atlanta; the fact that the research described in the article was supported by an ASPH/CDC/ATSDR Cooperative agreement and a grant from the Ford Foundation; and the links to the author's other articles in the Reference section.

Accuracy:

The source of the information in the article was a current research project. It was also backed up and supported by a comprehensive, recent reference list with these sources cited in-text to support both the literature review and the research itself. The strict editorial and refereeing processes also contributed to the article's accuracy as did the links to other expert sources (the journal for example).

Currency:

The journal was published in April 2002, while the article was accepted for publication in December 2001. The research it describes was current and the article cites up-to-date references in the body of the text (ranging from 1990-2001). Therefore the article is current.

Relevance:

This was an academic journal on an academic database, which has high credibility in an academic context. It was written to inform researchers and students rather than to entertain or advertise. It would be relevant to both these groups but particularly any academic interested in nursing innovations and in health generally. It could be a difficult article to read and understand and therefore would be less relevant to first year nursing students.

Objectivity:

The information was objectively developed, well supported with a current research base and with all evidence acknowledged and referenced. There was no evidence of bias, a fact that was reinforced by the recognition that the article documents research, which followed the rigorous research processes, and the necessary ethical considerations demanded of such community-funded research. The article acknowledged the complexity of the issues discussed in a number of ways. For example, the literature review provided explanations of the key terms discussed (for example 'gender' and 'identity') and supported their research decisions with references to the appropriate and relevant literature. The participants were clearly defined – a sample of 545 African American women living in Atlanta - with the findings relevant to other African American women and would also be able to inform research conducted in other countries, for example indigenous women in Australia.

Stability:

The article, with its source an academic journal on an academic data base is stable as a resource.

Analysis of graph

(Not Applicable)

Conclusion

This review has both summarized and critically reviewed Jackson's article 'Considerations for community-based research with African American women'. The content, structure, strengths and limitations of the article were analyzed and critiqued. The article has contributed to the literature in terms of its valuable critique of current research study on African American women and their health issues and the implications provided for both health interventions and future research collaborative possibilities.

From Learning to Teach to Teaching Effectiveness: Nurse Educators Describe Their Experiences

Susan S. Gardner

Abstract

AIM The aim of the study was to understand the lived experience of nurse educators and the characteristics, traits, practices, and experiences that influenced their development and competence.

BACKGROUND The nurse and nurse faculty shortage has resulted in a continuous demand for new nurse educators. Clinical experts recruited as faculty face numerous challenges in the move to academia.

METHOD A purposive sample of nurse educators with five or more years of full-time teaching experience, peer-nominated as effective teachers, was recruited for this phenomenological study.

RESULTS Eight overarching themes were identified, including factors that supported new faculty entering academia and the process of learning to teach in higher education. Characteristics of effective teachers are explored, with implications for both new and experienced faculty.

CONCLUSION Suggestions for attracting more nurses to academia and supporting retention of current faculty are provided.

Given the significant shortage of nurses in the United States and the growing shortage of nurse educators (National League for Nursing [NLN], 2010), nurses with master's degrees who lack preparation in teaching and learning are often recruited to faculty positions (Anderson, 2009; Schriner, 2007). Understanding the factors that shape the development of confidence and competence in effective nurse educators may provide guidelines for more effective socialization, mentoring, and faculty development programs for nurses who aspire to careers in nursing education. The specific aims for this qualitative study were: a) to investigate the lived experience of nurse educators in higher education who were nominated as effective teachers by their peers, and b) to understand characteristics, traits, practices, and experiences of effective nurse educators that influenced and shaped their development and competence.

BACKGROUND AND SIGNIFICANCE

Although all nurses have experience in teaching, few are prepared for the complex role expectations of new faculty. In many cases, teachers in higher education are viewed as content experts but not necessarily experts of teaching. It has long been acknowledged that new educators often teach in the manner they were taught (Chism, Lees, & Evenbeck, 2002) and are strongly influenced by their own learning styles (Nicoll-Senft & Seider, 2010). As individuals move through academic career stages, many develop additional autonomy, skills, and creativity. Effective teachers bring together disciplinary knowledge with how they teach. Such teachers focus on what students need to know and connect to them in ways that facilitate individualized learning needs (Bain, 2004; Candela, Dalley, & Benzel-Lindley, 2006). To become an effective nurse educator requires time, formal or informal education, and experience.

Nursing education is now proposed as a specialty area with standards and a scope of practice (NLN, 2005). Credentialing is available as a certified nurse educator through the NLN, and eight core competencies reflective of roles and functions of academic nurse educators have been defined. Although nurses working as educators likely fulfill the NLN's outlined competencies to varying degrees, little has been published about the process of developing expertise as a nurse educator. The NLN taskforce charged with developing competencies for nurse educators identified current gaps in knowledge and outlined future research priorities. These gaps included lack of research on characteristics of effective versus ineffective teachers in nursing and how one becomes an effective teacher (Halstead, 2007). This study fits

within identified research priorities and provides a means to begin addressing some of these knowledge gaps.

An expedited review and institutional review board approval through Rocky Mountain University of Health Professions preceded the initiation of research. Informed consent was obtained from all participants and codes were assigned to sites and participants.

METHOD

Design

Phenomenology provided an appropriate lens through which to explore this lack of knowledge about confidence and competence in effective nurse educators. Foundational questions in phenomenology ask about meaning, structure, and essence of lived experience of a person or group of people for a particular phenomenon (Creswell, 2007). As both philosophy and method, Spiegelberg's (1975) core elements of phenomenology provided the framework and approach for this study. Extensive, face-to-face interviews were used to gather qualitative data with the interviewer as research instrument. Transcribed interviews were used as text for analyses. Analysis of each step and adherence to the method as outlined was documented in the research journal.

Participants

The purposive sample consisted of faculty members teaching nursing in various institutions of higher education located in one western state. Higher education institutions were defined as private or public institutions offering face-to-face education leading to associate, baccalaureate, or graduate degrees in nursing. Educators holding administrative positions or dual teaching-administrative positions were excluded, as well as those teaching in practical nursing programs, vocational or technical settings, or proprietary nursing programs.

Participants were selected using a process of reputational nomination (Bonjean, 1963). To be eligible, participants must have completed at least a master's degree in nursing and taught full-time in a registered nurse program for a minimum of five years. Five years was selected as the minimum timeframe most likely to include competent, proficient, and/or expert nurse educators (Benner, Tanner, & Chesla, 2009). Other criteria included recognition and nomination by peers as an effective educator. Colleges and universities where the researcher had taught or knew faculty members were eliminated from consideration. After a minimum of two email letters were sent to faculty requesting nominations, no names were received from two nursing programs. At two additional universities, nominated individuals did not respond to emails inviting participation.

Data Collection

Demographic information and consent forms were collected from the participants at the face-to-face interview. Data collection consisted of digitally recorded face-to-face, open-ended, and semistructured interviews lasting one to two hours. Interviews were transcribed verbatim using voice recognition software. Qualitative data analysis software NVivo 8 assisted with data management. The interview guide evolved as questions were added or deleted as a result of participant responses. After the completion of eight interviews with participants from three educational institutions, saturation was reached. Two participants were interviewed in their homes and six within nursing departments.

Data Analysis

The study was conducted without a theoretical framework and no a priori codes. Text analysis was conducted using the process outlined by Colaizzi (1978). A peer reviewer read all eight transcripts as a secondary verification of saturation. Initial categories were expanded and contracted as each interview was coded. In the final round, categories were collapsed and interviews were recoded into eight descriptive themes. All data coded within each theme were reviewed to ensure representation from every participant. A final summary of themes and experiences was sent to all participants to verify it was representative of each story.

Rigor

Trustworthiness was determined using the criteria of credibility (the degree to which findings represent reality), dependability (consistency and stability of the research process), confirmability (consistency and repeatability of the research process), and transferability (degree to which the findings have meaning to others in similar situations) (Shenton, 2004; Speziale & Carpenter, 2007). Credibility was established through prolonged engagement with the subject matter, following the research process, triangulation of sources, and member checks. Additional measures to ensure trustworthiness included debriefing with peers, a dependability and confirmability audit with an outside peer reviewer, and comparison to a coded transcript by the outside reviewer. Characteristics of participants and in-depth, or "thick descriptions," enhanced transferability.

RESULTS

Participants included seven women and one man; seven were Caucasian and one was African American. Participant ages ranged from 45 to 61 years. Years as a nurse ranged from 20 to 39, and years as a nurse educator varied from 5 to 29. Master's degree specializations included two nurse practitioners, two nurse administrators, two nurse educators, and two clinical specialists (psychiatric nursing and adult physiologic nursing). One participant had completed a doctorate and one was a doctoral candidate. Four participants maintained a clinical practice with outside work hours ranging from 8 to 24 hours a week. All participants supervised clinical groups and taught in the classroom, with courses ranging from fundamentals of nursing to specialty courses. None were currently teaching master's degree students. One participant was a professor, three were associate professors, and four were assistant professors. Two taught in programs in which tenure was not offered. Programs included associate degree, pre-licensure baccalaureate, and registered nurse to baccalaureate nurse programs.

Themes and Experiences

All participants were willing to talk about their lived experience as nurse educators. Although each story was individual, eight overarching themes emerged: 1) becoming a nurse educator, 2) finding support, 3) developing a teaching style, 4) gaining confidence and competence, 5) teaching and learning as partnership, 6) being part of a bigger picture,

7) the best and the worst experiences, and 8) looking toward the future. To enhance confidentiality, numbers are used to refer to quotations from specific participants, and all references are to women.

FINDING SUPPORT AND ENCOURAGEMENT Whether or not they had effective mentoring, all participants emphasized the importance of mentoring and supportive colleagues. Participant 2 related: "We were just starting to assign mentors…and that made a huge difference." She explained: "She just took me under her wing and taught me all about being a teacher….I don't think I'd be here if it weren't for her." Participant 5 found mentoring and support from colleagues was equally important: "Strong mentor…then also a strong colleague. Someone that you can turn to, who has kind of your same philosophy of education, somebody you can communicate with, without judgment."

If formal mentoring was unavailable, informal mentoring and support were crucial, although some participants received no mentoring at all. For some, it felt like falling through the cracks, as described by Participant 1: "You were pretty much on your own. If you didn't have the ability to ask the questions that were helpful and appropriate to you, then you were pretty lost." None reported any orientation for clinical teaching. Participant 1 continued: "I spent a couple of weeks following the nurses around just for my own benefit, to learn what they did and get a feeling for what the equipment was." Despite having an assigned mentor, Participant 3 described a difficult transition: "I had a lot of respect and authority where I worked, and I had no juice here and felt very incompetent and unprepared…. Basically it was, 'Here's the syllabus, you have three hours of med-surg a week.'" According to this participant, the assigned mentor was nice, but did not want to be a mentor, so the coordinator stepped in. "But her style and mine were polar opposites," she said. "I had to fall back to how did I learn?"

Effective mentors strongly influenced initial teaching styles. Participants also found great value observing other, more experienced teachers. Participant 5 stated: "The only thing

I ever had as a model were my own instructors. To see more current instructors, how they work with students, and gleaning what I like and don't like…has been really amazing."

DEVELOPING A TEACHING STYLE As participants gained experience, personal teaching styles evolved. All described moving from teacher-centered approaches that relied heavily on slide presentations to a more interactive focus. Most incorporated case studies or simulations into their teaching, using published case studies or developing scenarios from their own experience. Discussion was a dominant element, along with use of humor and the ability to admit when they were wrong. Participant 8 described: "I want students to know I am willing to laugh at myself….If the teacher always has to be right, it's not going to be much fun for anybody. It's okay for students to let me know when I'm wrong."

For some, changing teaching styles was not easy. Microsoft PowerPoint was new and "pretty snazzy" to Participant 3, but students had a different reaction: "Students we have today were pretty unimpressed by it. I started calling it 'death by PowerPoint' because the lectures were too long." Although she described the importance of simulations and scenarios, when asked her primary teaching methods, Participant 3 laughingly replied, "Lecture, lecture, and more lecture."

Using presentation software was still a dominant teaching mode, either through posting slides online before class or for use in the classroom. However, some participants emphasized they did not create slide presentations. Participant 1 made this point: "One thing I don't do, because I hate it, is PowerPoint….I feel like you just lose [the students]." Participant 6 described student resistance when moving away from lectures and slides: "They love the lecture. They want you to put it on the PowerPoint…because they want to take that with them because they hear a lot of what you say, but they are not retaining it."

Despite incorporating more active learning into teaching methods, participant assessments, evaluations, and grading styles were mostly traditional and driven by the need to

prepare students for the NCLEX-RN® exam. Quizzes and tests were major determinants of grades, as were written papers and group presentations. Some study participants included student participation and attitude in grades. Informal writing was used by many in the form of in-class reflection or feedback papers and journaling clinical experiences.

Participants differentiated between personal measures of student success and grades when evaluating student learning. Student behavior in the clinical setting was the best indicator of student learning, along with looking for signs of understanding. Student engagement was another measure. Participants described changing teaching styles and methods in response to student feedback.

GAINING CONFIDENCE AND COMPETENCE Respondents spent a great deal of time thinking about courses and planning class sessions. Thinking about upcoming courses was a constant undercurrent for Participant 1: "I mull things over a lot…Usually it's a semester before I know I'm going to teach it, it's always just kind of in the back of my head…. [I'm] in a meeting, reading, grading papers or thinking about something else, and an idea hits me, so I'll make a note: in this class, talk about this — sort of thing…. have sticky notes all over the place."

Gaining confidence and developing competence as a teacher took time, and some wondered if it ever happened. When asked how long it took to feel competent, Participant 1 replied, "I don't really even know if I do [now]….Whenever I have a new class, it's like starting over." The general consensus was it took two to three years to develop confidence and more than three years to begin feeling competent. This timeframe was prolonged when the first years were difficult, and participants emphasized they were always learning something new. Participant 8 captured the ongoing nature of learning for students and teachers in this personal philosophy of teaching: "Learning isn't unidirectional, and I was realizing that as an educator I might have been learning more than the students were at that point….We are always learning and ought to pay attention to what we are

learning, which means I ought to pay attention to what I am inadvertently teaching as well as what I intend to teach."

When asked what they did to improve their teaching skills, most gave responses such as conferences, faculty development and in-service presentations, online searching, reading, and self-study. Most wished they had more formal preparation for teaching before starting to teach, although some now stated they did not think it was necessary. Participant 4 combined input from others with self-reflection: "A lot of peer support and critique…just talking to them about a situation with a student, or what could I do to make things better. Most of it really is a lot of self-reflection." For most, improvement was a culmination and synthesis of how they learned, how they had been taught, and how they had seen others teach. With reflection and practice, participants refined what worked best for them and their students. Some previous models were positive and others served as models to avoid, as Participant 6 explained: "I don't want to do to somebody else what I felt was done to me."

Participants voiced a mixed response to the certified nurse educator examination as evidence of competence. One took the examination as a measure of personal knowledge, two others were in a study group to prepare for the examination, and one was considering taking it that summer. Two more were undecided, unsure they would stay in nursing education much longer. When pressured to take the examination, Participant 3 was offended and felt her master's degree in nursing education and years of experience were discounted. Participant 4, the only participant with a doctorate, took the practice examination and wondered what it proved: "Other than a set of credentials…it does show a level of understanding that you could know what to do with an item analysis or some things… which are certainly one measure….I know some people who have taken it and passed and I don't consider them [pause]….But then that is my personality type…too….I'm good, I know I'm good, students think I'm good."

Participants described difficulty balancing clinician and educator roles, acknowledging the importance of maintaining clinical skills and developing as a teacher. Responses were sharply divided and reflected strong feelings. Participant 6 found it disappointing all teachers didn't practice, whereas Participant 1 thought it was important to recognize there were good and not-so-good teachers, whether or not they worked clinically: "I think often the perception, especially from students and clinical agency personnel, is that nurses become faculty members because they could not cut it in the real world." Participant 7 elab-

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orated on the perceived split between nurse as educator and nurse as clinician, noting she had to be a good nurse before she could be a good educator.

BEING PART OF A BIGGER PICTURE New faculty soon found teaching was only a small part of their role. All described learning that, in addition to teaching theory and clinical courses, expectations included committee work, service, and scholarly activity. Comments from Participant 1 summarized these responses: "Probably the least part of my job is actually teaching. The most part is preparing and committee work. I had no idea there was so much committee work….I had an idea I would be spending time [preparing], but not nearly as much as I do. Probably the other biggest surprise was tenure and scholarly activity….I didn't even know what they were, let alone that they mattered."

Effective educators looked beyond their own courses to view themselves as part of a larger whole. Participant 5 encouraged new educators to learn about the entire institution: "I think new nursing educators need to understand what their position is going to be in relationship to students, they have to understand the mentality, the philosophy of the institution…whether it is a community college or a traditional university." In addition, participants stressed the need for individual instructors to have a broad understanding of the entire curriculum.

Descriptions of Effective Educators

As part of the member check to verify themes, subthemes, and descriptions, participants were asked, "What constitutes effectiveness in teaching?" Descriptions of effective teachers included traits such as confidence tempered with humility and acknowledging you are sometimes wrong and do not always know the answer. Flexibility and engagement were emphasized, described by Participant 1 as being "open, willing to go with the flow… ability to look at self and be willing to change as necessary. Staying current and on top of things, willing to go the extra mile." She added that it also meant that you had to be "willing to help and support other faculty, [be] a good team player, understanding but not a pushover…. At first I wanted to be their [students'] friend and wanted them to like me. But I am not their friend, I am their teacher and they need to respect that and I need to respect that." Participant 2 believed an effective educator "would value mentoring others, newer faculty" and "become involved with the community and the college at large."

Effective teachers used multiple teaching approaches and shared them with others. They found ways to connect with and engage students to participate in their own learning and were willing to change and accommodate different needs of different students. Participant 4 summarized: "The primary word that comes to me is engagement and a view that what we do matters, that what we do is more than a job….A good educator must value the contribution they are making to the profession and the lives of their students."

DISCUSSION

Participants described various motivations for becoming an educator, although no participant began her career with the intent of teaching. For those without formal preparation for teaching, learning on the job was typical. Past research has primarily focused on the first few years of career transition. Studies and information articles have largely focused on work transition of expert nurses as new educators (Anderson, 2009); the influence of culture differences between clinical and educator roles (Schriner, 2007); fostering a smooth transition from clinician to educator (Cangelosi, Crocker, & Sorrell, 2009; Suplee & Gardner, 2009); exploring the experiences of new nurse educators (McArthur-Rouse, 2008); and providing tips for joining faculty ranks (Halstead & Frank, 2011; Penn, Wilson, & Rosseter, 2008).

Similar to previous findings in the United States (Siler & Kleiner, 2001) and the United Kingdom (McArthur-Rouse, 2008), participants described having no idea how difficult or time consuming it was to prepare for classes and clinical supervision in addition to meeting demands for service, research, and scholarship. Recent trends in European countries indicate pedagogic preparation and attainment of postgraduate certificates in teaching and learning are recommended — and in some instances required — to teach in higher education (Hubball & Burt, 2006; Salminen et al., 2010). This supports the position of the American Association of Colleges of Nursing (AACN), which suggests that preparation for teaching and learning be included in all doctoral programs in nursing (2007). However, given the limited numbers of graduates from doctoral programs each year, this will not address the current and future shortage for some time. By contrast, the 2010 Carnegie Foundation report on the need for a transformation in the preparation of nurses (Benner, Sutphen, Leonard, & Day, 2010) calls for all graduate nursing programs to include preparation for teaching and learning within curricula.

Finding, recruiting, and retaining new faculty remain priorities for many nursing programs. New faculty benefit when peers and administrators work in tandem to provide a collegial and supportive work environment. Transition is aided when orientation is formalized, extensive, and links new educators to seasoned faculty and mentors (Anderson, 2009; Suplee & Gardner, 2009). Participants in this study acknowledged difficulties in identifying and encouraging clinicians who enjoyed teaching and were "naturals" to consider academic positions. The importance of this informal recruitment and encouragement was clearly identified. In this sense, it is important that all faculty members, along with deans and directors, become part of recruitment and retention efforts for a new generation of faculty.

With the exception of two older reports (Bain, 2004; Wray, Medwell, Fox, & Poulson, 2000), most studies of effective teachers focused on teacher attributes rather than teaching outcomes linked to student improvement. Despite slightly different terms and categories, descriptions of these attributes were similar whether described by students, peers, or educators who are considered master teachers (Gilis, Clement, Laga, & Pauwels, 2008; Revell & Wainwright, 2009; Rossetti & Fox, 2009; Yair, 2008). The three most common categories grouped descriptions by personal attributes or personality, intellectual abilities and discipline knowledge, and teaching methods and activities. A fourth domain, which is included less frequently, added knowledge of teaching and learning theories and pedagogics. The domain of pedagogic knowledge was primarily included in studies of educators in teacher education programs (Revell & Wainwright; Rossetti & Fox; Yair).

Although study participants reflected many characteristics of effective educators, a lack of emphasis on further educational knowledge for pedagogic expertise remains an area of concern throughout higher education. Observation and modeling is a limited and time-consuming method for teaching improvement. The so-called "paradigm shift" in education, from teacher-centered to learning-centered teaching, is unlikely to occur without a deep understanding of what that means and how it can be accomplished. Helterbran (2008) astutely recognized that teachers who teach as they were taught "replicate teaching strategies from their own past and in so doing pass this legacy on" and may not have considered "that they are a product of a pastiche of great teaching, poor teaching, and everything in-between — ostensibly perpetuated for generations to come" (p. 126). Teaching is complex, as are those who teach. Discipline knowledge, teaching skills, personal characteristics and relationships with students, along with pedagogic skills, are all components of effective teaching in any discipline.

Limitations

Limited numbers of participants from limited numbers of programs hinder the ability to transfer findings beyond the experience of those interviewed; thus, readers must personally determine transferability. One limitation to this study was a lack of nominations or responses and, thus, a lack of participants from research-intensive institutions. The experiences of nurse educators expected to maintain a research agenda may be different than the experiences of those primarily employed in institutions in which teaching is the emphasis.

Research Recommendations

Further research in other schools and other regions may confirm or add to these findings. The continued growth of online and hybrid nursing programs was not addressed. A variation of this study could be conducted in institutions with nominations from administrators, faculty peers, and students to reveal differing perceptions of effectiveness. An extensive multisite, multimethod study to discern progression from novice to expert educator at various stages of experience would also greatly enhance our understanding of how to facilitate the development of expert nurse educators.

CONCLUSION

Whereas previous research concentrated on the transition of nurse clinicians moving to educator roles, this study's strength was the focus on educators with at least five years of full-time teaching experience who were nominated by their peers as effective teachers. An additional strength arises from

understanding academic role development and how teachers in higher education learn to teach. Such understandings, coupled with focused mentoring and ongoing faculty development, foster faculty retention. With a projected worsening of the nurse faculty shortage, efforts directed toward faculty retention are just as important as new faculty recruitment. These descriptions of participating faculty members provide a deeper and broader understanding of the full experience of being an effective nurse educator.

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