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Preparation for the role of baccalaureate nurse educator: Implications for development of nurse educator curriculum

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PREPARATION FOR THE ROLE OF

BACCALAUREATE NURSE EDUCATOR: IMPLICATIONS FOR

DEVELOPMENT OF NURSE EDUCATOR CURRICULUM

A Dissertation

Submitted

In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

Approved:

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Dr. Sharon Smaldino, Chair

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An Abstract of a Dissertation
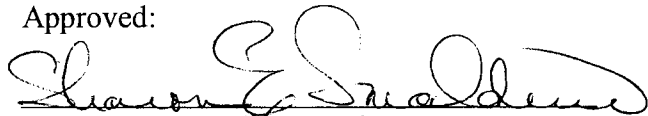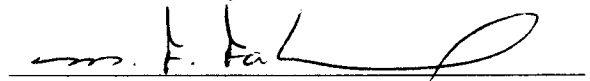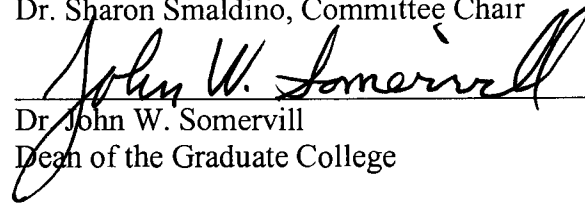
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Approved:

Dr. Sharon Smaldino, Committee Chair

Dr. John W. Somervill
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ABSTRACT

The purpose of this study was to determine the characteristics, experience and opinions of nurse educator faculty related to preparation for the role of nurse educator. Eighty-nine baccalaureate nurse educators randomly selected from each time zone of the continental United States electronically completed the "Nursing Faculty Development Survey." Faculty members within nursing education programs typically hold advanced degrees in nursing. They are considered to be experts within their specialty area. Faculty are often hired for their clinical expertise rather than any formal educator preparation. Colleges of nursing routinely evaluate their programs and review student outcomes to ensure quality education. However, these same colleges seldom determine how nurse-educators are prepared to teach or what knowledge is necessary for teaching. To ensure quality nursing education programs, we must have quality educators whose specialization is not solely in the clinical arena but also in education. Three research questions were asked in this study:

1. How have faculty in baccalaureate nursing programs been prepared to teach?

2. What additional information was identified by faculty of baccalaureate nursing programs accredited by the NLN as needed to meet the changing roles in teaching?

3. What did the baccalaureate nursing program faculty report as the positive and negative activities that were a part of their preparation for teaching?

Faculty surveyed had received a variety of content in their preparation for teaching. The respondents, to meet the changing role of nurse educator, identified various needs for

additional information. The need for mentors in the development of nurse educators was a dominant theme in responses to open-ended questions. After analysis of responses, the results of this study provided implications for suggested curriculum for the preparation of nurse educators. This exploration of curriculum for nurse educators has the potential to lead to better use of educational strategies for quality nursing education that is a critical component in the preparation of nurses.

DEDICATION

This work is dedicated to all of my family and friends who believed in my abilities and offered their support. To those closest to my heart, Paul, Christopher, Chad, Erika, and Jason, thank your for being so special to me.

ACKNOWLEDGMENTS

A heartfelt thank you to my chair, Dr. Sharon Smaldino for her expertise, guidance, and encouragement from the very first day I entered her office through completion of this project. Thank you to Dr. Al-Mabuk, Dr. Fahmy, Dr. Kramer, Dr. Koch, and Dr. Wilson. Also, a thank you to Dr. Traw for coming on board at the last hour! Everyone provided support and guidance that was very much appreciated. I feel privileged to have worked with all of you.

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CHAPTER 1

INTRODUCTION AND PURPOSE OF THE STUDY

Introduction

The current shortage of nurses that our country is now facing overshadows an

equally significant and serious shortage – that of qualified nursing faculty. In a 2001

study conducted by the Southern Regional Education Board (SREB), which surveyed the

16 SREB states and the District of Columbia, alarming data was reported (Council on

Collegiate Education for Nursing, 2001). Of the 275 institutions that returned the survey,

only 28 faculty members who held doctorates and 209 faculty who held master's degrees

were formally prepared as nurse educators. Nine hundred and seventy-one nursing

faculty members did not have the minimal academic credentials for national

accreditation. Four hundred and thirty-two positions were unfilled for nursing faculty in

the 2000-2001 academic year.

The escalation of faculty shortages has become interwoven with that of those

qualified to practice nursing. Pleas are being made across the nation for more nurses in

all settings that require their expertise. But, because there is also a shortage of qualified

faculty, enrollments into nursing programs may be limited and an ongoing cycle of

shortages in both areas will continue to evolve and increase in dimensions. The shortage

of qualified faculty may become even more pronounced as shortages in clinical practice

area increases rewards for employment in those areas thus drawing them away from

academia (Hinshaw, 2001). Theresa Valiga (2002) contended that there is a third

dimension that has become a part of the faculty shortage: that of appropriate preparation

for the faculty role. She stated:

> We in Nursing would never think of allowing an individual to practice as a nurse
> practitioner if she or he did not have a sound knowledge base and highly
> developed skills in assessment, diagnosis, pharmacotherapeutics, reimbursement
> issues, parameters of the role, and so one. Yet we constantly allow individuals to
> practice as teachers with no or only cursory knowledge and skill in teaching,
> advisement, curriculum design, program evaluation, outcomes assessment,
> accreditation strategies, and so on. (¶ 2)

Thus, the shortage becomes one of not only quantity but quality as well (Valiga, 2002).

Faculty within nursing education programs typically hold advanced degrees in

nursing. They are considered to be experts within their specialty area but they have not

necessarily had preparation for their role as educator. It has been found that there has

been a lack of formal preparation among nurse educators in associate degree programs

for their role as educators in the classroom and clinical setting (Fanutti, 1993). This also

seems to hold true in baccalaureate programs based on personal experience. Faculty is

often hired for their clinical expertise rather than any formal educator preparation. It is

often believed that nursing faculty knows how to teach because they have experienced

the educational process as students (Davis & Williams, 1985; Drummond, 2000).

Few would argue that quality educational preparation is necessary for the current

and future students of nursing. The curriculum must reflect quality preparation that

adheres to standards of excellence and ensures that faculty have the necessary preparation

for teaching (Lindell, 1988). In order to achieve educational quality, it is critical to meet

all three of these goals: (a) quality educational preparation of the students, (b) curriculum

that meets established standards, and (c) faculty prepared for the role of teaching.

Colleges of nursing routinely evaluate their programs and review student outcomes. However, they seldom determine how nurse-educators are prepared to teach or what knowledge they perceive as necessary for teaching. Nor do colleges routinely seek educators' input as to the needs they perceive are necessary for ongoing faculty development.

Administrators of colleges of nursing tend to focus on the perspective faculty member's clinical skills and professional preparation for nursing practice. Teaching qualifications are often given minimal weighting during the hiring process (Gelmon, 1999). The concern is not only for the faculty but also for the students of those faculty members. In order to insure quality from all perspectives, we must create models for the development and continuing assessment of teacher competency. Boyden (2000) believed that many of nurses who are clinical "experts" who accept faculty positions without adequate preparation for the role of teaching actually do not understand the tripartite responsibilities that are expected of faculty: teaching, scholarship and service. In fact, Moody (1996) found that faculty specifying that their highest degree was in nursing was less satisfied with work itself, pay and the job in general. It is essential that the novice faculty member have an understanding of the academic career in order to be successful and to make maximum contributions to the university nursing program (Davis & Williams, 1985).

<u>Statement of the Problem</u>

There are no established criteria for educational preparation of nurse educators relevant to the teaching role. The nursing profession must recruit educators prepared to

teach the next generation of nurses with an emphasis on quality education (Anderson, 1998). The National League for Nursing (NLN; 2002) has taken the position, "We believe that quality nursing education cannot occur without faculty who understand their role, can implement that role effectively, and can influence the future of nursing education" (¶ 8). Clinical experience and expertise is recognized as a component of the nursing faculty role but there is more that is needed. Nurse educators must have an understanding of pedagogy and their role as a post-secondary educator (DeYoung & Bliss, 1995). Nursing faculty are aging nationwide, as documented in the 1999-2000 American Association of Colleges of Nursing (AACN) faculty data report, with a mean age of 50.2 years (Hinshaw, 2002). This, coupled with the lack of preparation, can cause concern for an increasing faculty shortage (DeYoung & Bliss, 1995).

Statement of the Purpose

The purpose of this study will be to determine the characteristics, experience and opinions of nurse educator faculty related to preparation for the role of nurse educator. These findings will be generalized to qualifications believed to be necessary for baccalaureate nurse educators and as criteria for development of educational curriculum for the preparation of nurse educators.

Research Questions

The questions that will be asked in this research study will include:

1. How have faculty in baccalaureate nursing programs been prepared to teach?

2. What additional information was identified by faculty of baccalaureate nursing programs accredited by the NLN as needed to meet the changing roles in teaching?

3. What did the baccalaureate nursing program faculty report as the positive and negative activities that were a part of their preparation for teaching?

<div align="center">Definition of Relevant Terms</div>

To enhance the understanding of this study, definitions will be given for relevant terms. The use of these definitions will be limited to the population, settings and results of this study. The principal investigator of this study, unless noted otherwise, has developed the definitions.

Faculty: Faculty will be limited to those registered nurses with faculty appointment to baccalaureate schools of nursing.

Baccalaureate nursing programs: Baccalaureate nursing programs are those programs within the continental United States that are NLN accredited and confer a bachelor degree in the science of nursing at completion of the specified program of study.

NLN accreditation: NLN accreditation is a voluntary, self-regulatory process that recognizes educational institutions or programs that have been found to meet or exceed standards and criteria for educational quality which supports the interests of nursing education, nursing practice, and the public by the functions of the process (National League for Nursing Accreditation Commission, 2003, ¶ 1).

Preparation: Preparation is defined as those activities carried out by registered nurse faculty to prepare themselves to teach nursing in the classroom and clinical area.

Teaching: Teaching is that process that is carried out from the identification of need to the completion of summative activities for the purpose of meeting learning needs of baccalaureate nursing students.

Educational mobility programs: Those programs designed to allow a registered nurse to attain a higher degree in nursing.

Limitations of the Study

The results of the study will be limited to the population studied within the locations of this study. The study will only be generalized within the context of these populations. The study will also be limited to electronic submission of the survey and subsequent responses.

CHAPTER II

REVIEW OF THE LITERATURE

<u>Introduction</u>

Preparation for the role of educator has frequently been discussed across the vast

spectrum of educational levels and disciplines in an attempt to identify the essential skills

of educators. And even though the discussions have created multitudes of relevant

literature, there continues to be an underlying dilemma in academia – what competencies

are needed for the effective teacher? This debate has expanded into the academic setting

for the faculty of baccalaureate nursing programs. A review of the literature relevant to

common parameters that are debated in the field of teacher preparation and the

difficulties to reach an agreement in these debates will provide insight into the difficulties

that the nursing profession faces in identifying solutions for the quality preparation of

nurse educators. Even though nursing educators focus on the science of nursing, their

preparation for the role of educator contains many of the same issues as those preparing

to be educators in K-12 and college settings.

<u>Educator Preparation</u>

The preparation for K-12 educators, whether it be pre-service, induction or in-

service methods, are issues that continue to be reported in the literature (Kennedy, 1991;

Kerr, 1983; Reynolds, 1992). Although fewer publications are found regarding

preparation of college educators, this also has been found to be a focus of discussion

(Beaty, 2001; Chew, 2000; Drummond, 2000; National Center for Research on Teacher

Education, 2003; Noone & Swenson, 2001). Even though it is generally agreed that there

is no one formula that new teachers must meet, various individuals, organizations, universities, and teacher education centers have focused on proposing solutions to these debates (viz., Center for the Study of Teaching and Policy, Institute of Education Sciences, National Association of State Directors of Teacher Education and Certification, National Board for Professional Teaching Standards, National Center for Education Research, National Center for Postsecondary Improvement, National Partnership for Excellence and Accountability in Teaching, The Association of Teacher Educators, The Carnegie Foundation for the Advancement of Teaching, United States Department of Education). A review of selected work indicates that these issues will not be resolved in the near future.

Published literature relevant to the preparation of K-12 educators frequently falls under the realm of pre-service education (Kennedy, 1991; Kerr, 1983; Reynolds, 1992). Pre-service teacher education has typically included courses in foundations and methods concluded by a semester of student teaching. We are told that we need to understand how teachers learn and what they need to learn in order to establish criteria for formal preparation for the role of educator (Feiman-Nemser & Remillard, 1995, p. 63). A sampling of opinions range from the degree necessary for entry into teacher preparation programs (Kerr, 1983), to qualifications necessary for entry into the profession (Kennedy, 1991), to identified teaching tasks for beginning teachers (Reynolds, 1992).

Support was found for the requirement of a bachelor's degree as the entry-level degree for pre-service teacher education programs with a doctorate degree for some teachers prior to entry into the field of teaching (Kerr, 1983). Because it was recognized

that doctoral preparation would not be economically feasible for all K-12 teachers, Kerr recommended a ratio of one educated at the doctorate level to 20-30 bachelor's prepared teachers. These doctoral prepared teachers would be referred to as "head teachers" with salaries aligned with educational preparation. Although this may be viewed as extreme with criteria difficult to define in the actual practice setting, it was offered as one of many methods for pre-service preparation.

In a study of over 700 teachers at the National Center for Research on Teacher Education, some startling discoveries were made by investigators (Kennedy, 1991). The premise of the study was built on the beliefs that in order for teachers to learn the craft of teaching, they must have an extensive knowledge of the content, know why and how to teach that content, understand how it is learned and possess the skills needed to incorporate new means of teaching that will maximize the benefit to the student. The Teacher Education and Learning to Teach (TELT) study found that even though teachers may have majored in an academic subject it did not guarantee that they had the knowledge of fundamental concepts to teach that subject at the K-12 level. Students are assumed to have already learned these things. Although the assumption was made that students had already learned the concepts, the students frequently had to draw on what they had been taught as primary students. The TELT Study also demonstrated that teachers were aware of diversity but did not necessarily know how to transfer this awareness to individual students with cultural differences. The investigators concluded that, "Teachers need not only to understand the content deeply, but also to know something about how that content is taught and learned" (Kennedy, 1991, p. 17).

Specific tasks were also identified that were believed to be necessary for entry-level teachers (Reynolds, 1992). The major categories of Teaching Tasks Domains included Preactive Tasks, Interactive Tasks, Postactive Tasks and Administrative Tasks. Although Reynolds did not believe that the steps had to occur in a given order, major activities were identified for each task After an extensive literature review, reflection on findings and synthesis of ideas, Reynolds came to the conclusion that entry-level practitioners should possess five minimal qualifications: (a) subject content knowledge, (b) ability to use resources and skills to learn as much as possible about the school and the students, (c) strategies to develop and sustain learning communities, (d) cognition of pedagogy in their content area, and (e) the ability to reflect on their practice and make changes as needed. Due to the necessity of the need to acclimatize to a new position, school culture and group of students, Reynolds did not believe that formal evaluation of the beginning teacher's competence should begin until the second half of the first year. By this time, the teacher should be able to plan lessons, develop a professional relationship with the students, treat all students equally, address the environment of learning, present information that builds on the student's prior learning, use effective evaluation strategies and reflect on their own practice to improve their teaching.

Support was also found for the belief that a greater focus should be put on induction strategies for new educators and/or ongoing in-service activities for both new and experienced teachers. Induction strategies were typically referred to as orientation or mentoring programs, while in-service activities evolved from research on teaching with

the findings presented as professional development activities designed to teach the teachers more effective practices.

Though pre-service education was believed to lay the foundation for teaching, induction programs were also proposed as a method to provide an avenue of assistance for the success of the new educator (Feiman-Nemser & Remillard, 1995; Hawley, 1992). These programs built on the premise that although the new teachers came with the necessary skills, learning how to use these skills to teach effectively occurred on the job. The Eisenhower Professional Development Program, Title II of the Elementary and Secondary Education Act (ESEA) was concluded after the 2002-2003 academic year and replaced by Teacher Quality Grants, which began in the 2003-2004 academic year. "The goal of the Eisenhower Professional Development Program was to support professional development experiences for teachers that enhanced classroom teaching and, ultimately, improved student learning" (Executive Summary, 2003, ¶1). As part of the evaluation of the Eisenhower Program, the Longitudinal Study of Teacher Change (LSTC) was carried out to determine if there was change in teaching practices over time due to involvement in professional development activities. One of the most significant findings from this study was educational sessions that focused on teaching strategies resulted in an increased use of them in the classroom and the use increased if the strategies were perceived to be of high quality. However, the investigators also concluded that the professional development activities changed in quality from year to year, and even from teacher to teacher, and that little change was found in teaching practice from 1996 to 1999.

The preparation of college educators also encompasses multiple issues and viewpoints. Character building especially through traditional teaching and personal contact was the focus of educators of the seventeenth, eighteenth, and the first half of the nineteenth century (Morrill & Spees, 1982). Today, the role has evolved to that of three facets: teaching, service and research. But the question still remains as to how college educators are prepared to teach.

It is believed that many college teachers do not have formal preparation in "methods" courses (Beaty, 2001; Morrill & Spees, 1982; Noone & Swenson, 2001). Their skills relevant to teaching have largely come from their own experiences as students in undergraduate and graduate classrooms taught by professors and/or teaching assistants. "They assume that the more knowledge they possess about their field of study the more they will convey. Too often they fail to see that enthusiasm for a subject does not substitute for a method to teach that subject" (Morrill & Spees, 1982, p. 23). Those entering academia were believed to have a higher degree in their discipline rather than any focus on the preparation as teacher (Beaty, 2001; Noone & Swenson, 2001) In fact, some felt that these same educators know even less about learning (Noone & Swenson, 2001). Some placed the reinforcement of these beliefs at an even higher level: that of the university itself. Chew (2000) felt that universities perceived the acquisition of teaching skills to be relatively easy because they were generic to all disciplines and that the greater need was to have expertise within the discipline.

There are multiple opinions as to what skills an entry-level teacher in higher education should possess (Beaty, 2001; Drummond, 2000; Elton, 1996; Shulman, 2001).

Descriptions and dialogue addressing competencies for college educators have many similarities and common threads. The Criteria for Competence as defined by Elton (1996) seemed to capture many of the commonalities between scholars: Organization, Presentation, Relationships, Assessment, and Evaluation. Organization involved pre-classroom activities – creating goals, developing objectives, preparation to meet those objectives and developing plans relevant to content to be taught. Presentation abilities included the ability to present content based on an in-depth knowledge of the subject matter and the ability to transfer that knowledge to learners. Both Drummond (2000) and Elton (1996) had a strong emphasis on Relationships or interactions between the teacher/learner that enhanced the learning process. Competencies within this realm surrounded the importance of individualizing instruction to demonstrate support for the student that would lead to successful learning through educator and student involvement. Assessment competencies were described as a critical element of the learning cycle. The teacher had to able to identify how learning objectives had been met and changes were made for those that were not met. The last competency of Evaluation commonly described the on-going process needed for teachers and learners in evaluation methods specific course to content and the overall curriculum. These evaluation activities were linked to both student and teacher self-reflection and improvement.

The question remained then as to why competencies needed to be identified for college educators. As teachers that are experts within disciplines, college educators were encouraged to promote exploration of the teaching role to enhance the professional identity of college faculty (Shulman, 2000). Before there can be excellence in teaching,

there must be competence (Elton, 1996). Students should be able to expect competence in faculty who are teaching courses and teachers must have professional autonomy to set standards of their practice (Beaty, 2001). Shulman (2000), in his work with the Carnegie Foundation for the Advancement of Teaching founded in 1905, identified three rationale for what he called the scholarship of teaching and learning: professionalism, pragmatism and policy. Professionalism involved melding the two foci of the college educator: that of the discipline and that of education by discovery, connection, application and teaching (Shulman, 2000). Pragmatism was demonstrated by on-going development of educators to improve so that the students would benefit from teaching. Self-reflection, analysis, evaluation and change strategies were all elements identified of pragmatism. And Policy was described as accountability and assessment measures that demonstrated to governing bodies and society the "evidence that (educators) are fostering learning, deep understanding, passionate commitments and civic virtues in the domains in which they educate" (Shulman, 2000, p. 52).

Evolution of Nurse Educator Preparation

The role of nurse educator evolved throughout the years from a skills-based on-the-job educator to that of the professorate in a university setting (Charron, 1985; Creighton, 1983; Fitzpatrick & Heller, 1980; Ruby, 1999). Hospital-based programs for nursing developed in the late eighteen hundreds as a means to train women to care for the infirmed while supplying a ready-made workforce for the hospitals. Because physicians oversaw these programs and carried out the teaching of the nurses, they were resistive to any attempt to reform nursing education programs that challenged their authority (Ruby,

1999). Three significant studies and subsequent reports, The Flexner Report, 1910; The

Goldmark Report, 1923; and, The Brown Report, 1948, had significant influence by

recommendations that nursing education be moved from the hospital setting to that of the

university. As nursing education moved to university settings, it was critical to remove

control from hospitals and to develop qualified nursing faculty to teach the nursing

curriculum (Ruby, 1999). However, the focus of the role preparation for faculty has been

debated over 50 years between that of functional roles which included teaching and

administration versus that of clinical specialization. Because of the prevalence of clinical

specialization in recent years and diversion from the focus on teaching, college

administrators had to hire clinical specialists to fill faculty positions. Although their

expertise was recognized, they did not come to the setting with formal preparation for

teaching (Fitzpatrick & Heller, 1980). This lack of formal preparation became the focus

of many recent studies (Boland & Sims, 1988; Carlisle, Kirk, & Luker, 1996; Herrmann,

1997; Karuhije, 1986; Love, 1996; McElroy, 1995; Melland, 1996; Moody, 1996;

Naughton & Strobel, 1996; Nugent, Bradshaw & Kito, 1999; Riner & Billings, 1999).

<u>Development of the Role of Nurse Educator</u>

Researchers in the United Kingdom as well as the United States have attempted to

investigate the development of the role of nurse educators (Carlisle et al., 1996; Love,

1996; McElroy, 1995). From 1991-1994, a national study in the United Kingdom was

conducted to attempt to determine how the role of the nurse educator has changed since it

has been linked to higher education and the university setting (Carlisle et al., 1996).

Questionnaires and telephone interviews involving over 500 nurses were the main

sources of data collection. Faculty involved in the study related an appreciation for being able to collaborate with other disciplines and colleagues within higher education in their educator role. But there was also concern expressed regarding fulfillment of the tripartite role expected of faculty in addition to clinical teaching and ongoing need for an increase in their own educational development. Within the same time period, another investigator attempted to determine how 316 nurse faculty actually kept up-to-date in both teaching methods and clinical practice (Love, 1996). Neither workshops nor in-service days were among those activities deemed desirable for keeping abreast of new developments in nursing and education. The activity that consistently received the highest responses was reading journals. The investigators found a relationship between desired activities and the time involved in those particular activities. In an attempt to obtain more direct opinions, a project was carried out for the development of the nurse educator's role by the use of focus groups (McElroy, 1995). The principal investigator of this study believed that in order for faculty to take ownership in the evolution and change experienced within their roles, that the nurses educators must be involved in the definition and development of those roles. Ten task groups, of which each composition was homogenous (similar programs within which the teaching occurred), were made up of 52 nursing educators. The overall purpose of the focus groups was to generate themes around which the nurse educator role is defined and developed. The four links that were identified included: clinical, time to think and reflect, personal tutor and teaching strategies. It was concluded that if advancements were to be made in the role of the nurse

educator and subsequent recruitment to those positions, then the nurse educators themselves must be involved.

A national survey carried out within the United States explored the relationship between job satisfaction of 285 nurse educators and their orientation to the role of nurse education, characteristics of the organization they were affiliated with and demographic variables (Moody, 1996). Two standardized instruments were used to measure job satisfaction, the JDI and the JIG. One of the significant findings of this study was the fact that faculty who taught in undergraduate programs demonstrated less job satisfaction. This was attributed to a lower level of educational preparation correlated to lower levels of pay and fewer opportunities for promotion. Further study was recommended to determine if educational preparation, among other variables, influences job satisfaction. Teacher self-efficacy was measured in another study involving 346 faculty in baccalaureate nursing programs using the Self-Efficacy Toward Teaching Inventory (SETTI; Nugent et al., 1999). The investigators defined teacher self-efficacy as " . . .the personal judgment or belief an individual has concerning his or her capabilities to execute given levels of performance" (p. 232). Inclusion criteria included faculty who had five years or less of teaching experience. Although formal education alone was not found to increase teacher self-efficacy, formal education combined with previous exposure to teaching and increased years of teaching experience, did lend to a higher level of self-efficacy. These findings supported the need for ongoing developmental activities for new teachers in nursing.

Clinical teaching and educator preparation has also been the focus of investigational studies (Herrmann, 1997; Karuhije, 1986). When 193 nurses were surveyed, nurse educators indicated a perceived need for improvement in preparation of the role of nurse educator with particular emphasis on competencies for clinical teaching (Karuhije, 1986). These results were particularly interesting when 61% of the sample (118) held master's degrees, the degree commonly required to teach in baccalaureate programs. The five most frequently identified items that nurses indicated were needed in curriculum for clinical teaching preparation included: (a) clinical teaching strategies; (b) evaluation of student clinical performance; (c) developing and writing clinical objectives; (d) developing clinical evaluation tools; and, (e) a clinical teaching practicum with an experienced teacher (p. 140). A later study attempted to determine if there were significant differences in characteristics, self-perceived effectiveness and time spent using various teaching strategies between those formally prepared for clinical teaching versus those who were clinical specialists (Herrmann, 1997). Six hundred and ninety-two respondents indicated that the more educational preparation the individual had had, the better they felt prepared to do clinical teaching. However, there were no significant differences in characteristics, methods used in teaching or time spent in using various strategies.

Three-hundred and fifty-two nursing faculty in licensed practical nursing (LPN) programs through doctorate of philosophy (PhD) programs participated in a statewide needs assessment survey to determine perceived needs of nursing faculty in the arena of teaching (Riner & Billings, 1999). The five areas that were assessed included:

(a) Teaching in a changing health care environment; (b) teaching, evaluation, and curriculum work; (c) use of learning resources and information technologies in teaching; (d) faculty role development for teaching in nursing; and, (e) preferences for faculty development opportunities. "According to this study, faculty have strong needs for development in preparation for teaching in community-based settings, learning the basics of teaching, curriculum, and evaluation, and developing and refining their role as faculty" (Riner & Billings, 1999, p. 429). There was also an identified need for faculty development regardless of type of program the faculty member was teaching in or years of experience.

Need for the Study

The teaching of the science of nursing must lead to quality educational preparation to ensure quality outcomes for graduates of baccalaureate nursing programs. Nursing faculty are aging nationwide and there is a shortage of qualified faculty to replace those aging educators in baccalaureate nursing programs. The present shortage of nurses has created a demand for an increased number of graduates, which has subsequently increased the need for faculty. Currently there are no established criteria for educational preparation of nurse educators relevant to the teaching role. If entry-level teaching competencies can be identified for beginning nurse educators, curriculum can be developed in advanced nursing programs or in-service offerings that leads to and enhances qualified faculty in nursing academia.

CHAPTER III

RESEARCH METHODOLOGY AND PROCEDURES

Design

This study was based on a triangulation design collecting both quantitative and qualitative data to answer the research questions and to develop a curriculum plan for the preparation for the role of nurse educator. Using the survey for quantitative data and open-ended questions for qualitative data allowed the investigator to formulate implications for curriculum development based on input from faculty in baccalaureate nursing programs.

Research Questions

The questions that were asked in this research study included:

1. How had faculty in baccalaureate nursing programs been prepared to teach?

2. What additional information was identified by faculty of baccalaureate nursing programs accredited by the NLN as need top meet the changing roles in teaching?

3. What did the baccalaureate nursing program faculty report as the positive and negative activities that were a part of their preparation for teaching?

Sample/Setting

Ten NLN accredited baccalaureate nursing programs from each time zone in the continental United States were randomly selected to participate in this survey. Ten faculty members from each institution who taught at the baccalaureate level were contacted and asked to participate in the survey for a total of 400 nurse educators. A password-protected Internet address was provided to participants for the completion of

the survey. Completion of the survey implied consent to participate in the study. All respondents had the opportunity to complete the final section of open-ended questions at the end of the survey.

Description of Instrument

The survey that was used for this research was an adopted version of The Nursing Faculty Development Survey developed by Riner and Billings (1999). This survey originally consisted of five sub-scales with responses placed on a likert scale ranging from 1 to 5 with 5 indicating the greatest need. The five areas covered in the sub-scales included: teaching in a changing health care environment; teaching, evaluation, and curriculum work; use of learning resources and information technologies in teaching; faculty role development for teaching in nursing; and, preferences for faculty development opportunities. The sub-scales of teaching in a changing health care environment and use of learning resources and information technologies in teaching were eliminated for this study due to minimal relevance to this study. Three open-ended questions were created and included at the end of the survey to allow respondents to provide individual input. Reliability and validity of the instrument had been established by the following means:

> Content validity of the instrument was established by literature review and review by a panel of five master's-prepared teachers in nursing. Factor analysis (Statistical Package for the Social Sciences-Personal Computer (SPSS_PC) for Windows 3.1) strongly supported the construct validity of four subscales of the instrument. Instrument reliability was assessed using Cronbach's alpha. Individual subscale alphas ranged from .58 to .96 and total instrument reliability was .97. (Riner & Billings, 1999, p. 4)

Threats to Validity

The threats to validity for this research study were drop-outs from the study and limited generalizability. Drop-outs had an equal chance of occurring in any of the four study groups so it was not controlled for. Generalizability was limited to the baccalaureate nursing programs that served as the settings for this study.

Data Analysis

Descriptive statistics were used to describe faculty characteristics of the samples. Findings of the open-ended questions were presented in a narrative format and attempted to substantiate what nurse educators believed was important for preparation of the role of nurse educators. A curriculum plan for preparation of nurse educators was developed from the sum of the findings.

Protection of Human Rights

The research application was presented to the Institutional Review Board (IRB) at the University of Northern Iowa. Participation in the study was voluntary, and participants were free to withdraw at any time during the study. Completion of the survey by participants implied consent for participation in the study. The purpose and duration of this study was explained to the participants. There was minimal risk to the participants, primarily in the area of inconvenience. The benefits of this study, a better understanding of faculty needs for preparation of the role as nurse educator, were explained to the subjects. Anonymity and confidentiality were ensured. All data were destroyed at the conclusion of the study. The results of the research were published in such a manner that no subject could be recognized on an individual basis.

CHAPTER IV

RESULTS

Data for this study were collected by using an adapted version of The Nursing

Faculty Development Survey. Descriptive statistics were used to analyze all

demographic data and to tabulate the total responses for all questions in Parts I and II of

the survey. Analysis of the data was carried out using the Statistical Products and Service

Solutions (SPSS) for Windows.

This chapter has been organized into five sections to report the findings: an initial

section to discuss the characteristics of the study sample and one for each research

question posed for this study. It is noted that the areas of need for additional information,

as indicated by 50% or greater of the respondents who indicated a need from some extent

to a very great extent, will be included as content in this author's proposed nurse educator

curriculum plan.

Characteristics of Sample

Four hundred invitations to participate in this study were sent electronically to

randomly selected baccalaureate nurse educators across the four geographic time zones of

the continental United States. Of the original 400 invitations, 21 messages were

undeliverable, 47 educators declined to participate, 26 educators agreed to participate but

did not do so after two reminders, and there was no response from 217 educators after a

second invitation. The final sample consisted of 89 baccalaureate nurse educators (23%)

who completed the study.

Nine percent ($n = 8$) of the faculty who completed the survey indicated that they were teaching part-time, while 81% ($n = 81$) were teaching full-time. Of the total respondents, 33.7% ($n = 30$) were tenured, 38.2% ($n = 34$) tenure track and, 28.1% ($n = 25$) were non-tenure faculty members.

Initial preparation for the role of nurse educator occurred in all four time zones of the continental United States. Twenty-seven percent ($n = 24$) of the faculty respondents were originally prepared as nurse educators in the Eastern time zone, 31.5% ($n = 28$) were prepared in the Central time zone, 15.7% ($n = 14$) were prepared in the Mountain time zone and 14.6% ($n = 13$) were prepared in the Pacific time zone.

Of the 86 faculty who responded to the question regarding how many years they had been teaching, the sample ranged from 1 to 37 years, with a mean of 24.14 years. Eighty-one respondents indicated that they expected to continue teaching for a range of 0 to 30 years, with a mean of 11.79 years. Teaching sites included a wide variety of nursing specialties. See Table 1 for the complete list of designated teaching areas.

Twenty-two respondents indicated that they held a doctorate of the science of nursing degree. Twenty-five participants indicated that they held a doctorate in another field, with 48% ($n = 12$) of those degrees associated with education. Forty-four (49%) of the 89 educators held a masters degree in the science of nursing, while five respondents (5.62%) held a master's degree in another field.

When asked what type of institution in which they were presently employed, 11.2% ($n = 10$) indicated they were employed in a private/secular institution, 31.5% ($n = 28$) were employed in a private/religious institution, 48.3% ($n = 43$) were employed

in a public four year institution and 9% ($n = 8$) were employed in a public research

institution. Sixty-six or 74.2% of these institutions were located in an urban setting and

23 (25.8%) were located in a rural area.

Table 1

Clinical Areas of Teaching

Area	n	%
Adult Medical/Surgical	53	59.6
Nursing Administration/Teacher Education	22	24.7
Advanced Practice	18	20.2
Community Health/Home Health	16	18.0
Newborn/Pediatrics	13	14.6
Psychiatric/Mental Health	11	12.4
Obstetrics (OB)/ Gynecology (GYN)	6	6.7
Critical Care (emergency nursing, intensive care, trauma, disaster)	6	6.7
Geriatrics	5	5.6
Ethics & Diversity	4	4.5
Fundamentals of Nursing	3	3.4
Research	3	3.4
BSN Completion	2	2.2
Leadership & Management	2	2.2
Oncology	2	2.2
Pharmacology	2	2.2
Health Promotion	1	1.1
BSN Completion	1	1.1
Resource Lab	1	1.1
Sex Therapist	1	1.1
Adolescent Health	1	1.1

When asked if they had had formal academic courses in teacher education, 69.7%

($n = 62$) of the survey participants answered "yes," and 30.3% ($n = 27$) answered "no."

Fifty-four (60.7%) respondents indicated that they had had preparation of a major or minor in nursing education, 41 (46.1%) had a major or minor in higher education and 24 (27%) indicated that they had had no formal preparation to be a nurse educator. In the 2001-2003 timeframe, respondents indicated that they had attended a range of 0–25 professional development programs/conferences related to teaching, with a mean of 3.89. It is noted that nine of the respondents had not attended any educational offerings in the past two years.

Of the 89 participants, 74.2% ($n = 66$) had been mentored in teaching nursing students while 14.6% ($n = 13$) had not had a mentor. Sixty (67.4%) of the educators indicated that they had been a mentor to a new teacher of nursing students and 5 (5.6%) indicated that they had not served in the role of mentor to a new teacher of nursing students.

How Had Faculty in Baccalaureate Nursing Programs Been Prepared to Teach?

Part I of the survey was used to answer the research question, "How had faculty in baccalaureate nursing programs been prepared to teach?" Descriptive statistics for Part I are included in Table 2. Table 3 has been included to demonstrate the frequency of responses in each category for all questions posed in Part I.

When asked about components included in their role preparation, the respondents indicated varying amounts of inclusion in five different areas related to overall program development. In regard to writing mission and philosophy statements, 63 faculty indicated that they had instruction from some extent to a very great extent. Twenty-six of the nurse educators had only a small amount of preparation in this area or none at all.

Table 2

Part I--Descriptive Statistics

Area Addressed	Components Included In Faculty Role Preparation As Indicated by Survey Question	M	SD
Overall Program Development	7. Writing mission and philosophy statements	3.09	1.116
	9. Developing educational mobility programs	2.26	1.300
	10. Participating in preparing reports	2.88	1.239
	19. Evaluating program outcomes	3.46	1.313
	23. Utilizing ethical-legal principles as a faculty	3.89	1.209
Design and Delivery	2. Designing curricula	3.67	1.205
	4. Assessing student learning styles	3.34	1.019
	8. Writing program, level and course objectives/outcomes/competency statements	3.73	1.168
Clinical Teaching	16. Planning clinical experiences	3.61	1.374
	17. Evaluating clinical performance	3.61	1.374
	24. Developing community-based teaching and learning experiences	3.04	1.325
Design & Development of Teaching	1. Using a variety of teaching strategies	3.92	.892
	3. Basing teaching on teaching-learning theories	3.77	1.100
	15. Choosing classroom learning experiences	3.79	1.182
	18. Teaching critical thinking	3.72	1.261
	20. Using collaborative learning strategies	3.43	1.243
	22. Establishing an effective teaching-learning environment	3.91	1.055
	26. Using instructional technologies	3.53	1.279
Evaluation	5. Assigning grades	3.73	1.259
	6. Assessing learning outcomes	3.86	1.125
	12. Writing NCLEX style test items	3.10	1.555
	13. Interpreting test item analyses	3.37	1.412
	14. Evaluating student writing	3.33	1.384
	21. Measuring teaching effectiveness	3.63	1.116
	25. Using portfolios to teach and evaluate	2.18	1.275

Table 3

Part I—Frequency of Responses For Each Response Category

Survey Question	Not At All		To A Small Extent		To Some Extent		To A Great Extent		To A Very Great Extent	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
1.	2	2.2	3	3.3	19	21.3	41	46.1	24	26.9
2.	8	8.9	5	5.6	23	25.8	26	29.2	27	30.3
3.	4	4.4	8	8.9	20	22.4	30	33.7	27	30.3
4.	5	5.6	11	12.3	32	35.9	30	33.7	11	12.3
5.	8	8.9	7	7.8	19	21.3	23	25.8	32	35.9
6.	5	5.6	6	6.7	17	19.1	30	33.7	31	34.8
7.	9	10.1	17	19.1	29	32.5	25	28.0	9	10.1
8.	6	6.7	7	7.8	21	23.5	27	30.3	28	31.4
9.	33	37.0	22	24.7	14	15.7	14	15.7	6	6.7
10.	13	14.6	24	26.9	26	29.2	13	14.6	13	14.6
11.	6	6.7	6	6.7	19	21.3	30	33.7	28	31.4
12.	20	22.4	13	14.6	12	13.4	20	22.4	24	26.9
13.	15	16.8	10	11.2	18	20.2	24	26.9	21	23.5
14.	15	16.8	8	8.9	21	23.5	20	22.4	24	26.9
15.	5	5.6	10	11.2	15	16.8	31	34.8	28	31.4
16.	11	12.3	9	10.1	18	20.2	21	23.5	30	33.7
17.	11	12.3	9	10.1	16	17.9	25	28.0	28	31.4
18.	9	10.1	5	5.6	20	22.4	27	30.3	28	31.4
19.	11	12.3	10	11.2	21	23.5	25	28.0	22	24.7
20.	9	10.1	10	11.2	26	29.2	23	25.8	21	23.5
21.	4	4.4	11	12.3	22	24.7	30	33.7	22	24.7
22.	4	4.4	4	4.4	18	20.2	33	37.0	30	33.7
23.	4	4.4	10	11.2	18	20.2	20	22.4	37	41.5
24.	17	19.1	13	14.6	24	26.9	22	24.7	13	14.6
25.	38	42.6	15	16.8	18	20.2	14	15.7	4	4.4
26.	10	11.2	7	7.8	24	26.9	23	25.8	25	28.0
27.	19	21.3	7	7.8	17	19.1	19	21.3	27	30.3

Over one-third of the faculty sampled had had no inclusion of content related to the development of educational mobility programs. One-third of the respondents had inclusion of this content to some extent or greater. Fifty of the nursing faculty surveyed had participated in preparing reports to a small or some extent. Evaluation of program outcomes was included in the majority of respondent's preparation to some extent or greater. It was also noted that almost one-fourth of the respondents, had received a small amount of education in this area or none at all. An overwhelming majority had received content in the area of utilizing ethical-legal principles as a faculty in preparing for their role in nursing academia.

In the areas of design and delivery, the amount of inclusion of content varied among topics. When asked if assessment of student learning styles was included in their role preparation, five of the respondents had not had any content related to this area. Eleven faculty indicated they had had assessment of learning styles to some extent and the remaining 73 educators received the content to some extent or more. When asked if writing program, level and course objectives/outcomes/competency statements was included in the nursing educator's curriculum, 13 respondents indicated it had not been included at all or only to a small extent. The largest number of faculty, 28, had had this content included to a very great extent. Twenty-seven educators indicated an inclusion of writing objective, outcomes and competency statements in their preparation to a great extent and 21 to some extent. For designing curricula, 76 of the nurse educators had had components related to this area included in their program to some extent or more.

The preparation for development of areas related to clinical teaching was asked in three different questions. In planning clinical experiences, 30 respondents had had this content included to a very great extent. Twenty educators had not had any content related to planning clinical experiences or only to a small extent. When asked if they had had content related to developing community-based teaching and learning experiences included in their faculty role preparation, over one-third of the educators responded not at all or only to a small extent. Forty-six of the nurse educators had content related to development of community activities for both teaching and learning to some or to a great extent. Thirteen had the inclusion of development of community activities to a very great extent. Evaluation of clinical experiences received higher ratings of inclusion to a great extent and to a very great extent by a total of 53 educators.

Design and development of teaching received various ratings from the surveyed nurse educators. The question regarding using a variety of teaching strategies received the highest mean response ($M = 3.92$) in Part I of the survey. Eighty-four respondents had this content included to some extent, to a great extent and to a very great extent. When asked if they had preparation for basing teaching on teaching-learning theories, over one-third of the educators indicated they had this content to a great extent. Twenty-seven had this component included in their role preparation to a very great extent. Choosing classroom learning experiences had been included to a great extent or to a very great extent for the preparation of nearly two-thirds of the nurse educators. Almost all of the educators had had content related to establishing an effective teaching-learning

environment. Seventy respondents indicated they had preparation for using collaborative learning strategies to some extent, to a great extent, or to a very great extent.

While preparation for teaching critical thinking had been included to a very great extent for 28 of the surveyed nurse educators, nine respondents had not had any preparation for teaching critical thinking. Ten respondents had not had preparation for instructional technologies; however, 72 nurse educators had received preparation to some extent or more. Twenty-six had not had or had to a small extent preparation for use of the internet and world wide web.

In the area of evaluation, nurse educators were surveyed regarding seven areas that were or were not included in their role preparation. Thirty-eight of the faculty indicated that they had not had any preparation for the use of portfolios to teach and evaluate. Twenty of the faculty had not had any preparation for writing NCLEX style test items but 44 had had content to a great or very great extent in preparation for their role as nurse educator. The majority of respondents indicated that they had also had inclusion of components for assessing learning outcomes in their role preparation from a small extent to a very great extent. Interpreting test item analysis was not included in the role preparation of 15 nurse educators but had been included to varying degrees for the remaining nurse educators. The evaluation of student writing was included to some amount in the role preparation for two-thirds of the nurse educators but 23 indicated they had had a small extent or none at all. Fifteen of the 89 nurse educators surveyed had not had or only had a small extent of preparation for assigning grades. The remaining 74 had had preparation to some extent or a greater degree. Measuring teaching effectiveness was

included in the role preparation of 74 nursing educators from some extent to a very great extent.

What Additional Information Was Identified By Faculty of Baccalaureate Nursing Programs Accredited By the NLN as Needed to Meet the Changing Role in Teaching?

The second research question to be answered by this data was "What additional information was identified by faculty of baccalaureate nursing programs accredited by the NLN as needed to meet the changing role in teaching?" Descriptive statistics for Part II of the survey have been tabulated in Table 4. Table 5 has been included to demonstrate the frequency of responses in each category for all questions posed in Part II.

Three areas related to the nurse educator role were explored in Part II or the survey to determine what additional information nurse educators felt they needed to meet their changing role in teaching. These areas dealt with faculty development issues, working with students outside of the classroom, and teaching.

Several questions were asked regarding faculty development. Almost two-thirds of the educators indicated they needed additional information in the area of understanding faculty rights, responsibilities, and academic freedom. Conversely, one-third of the faculty felt that they did not need any additional or only a small amount of information. Additional information in using institutional structure, policies and procedures was not deemed necessary at all or only to a small extent by over one-half of the participants. However, the other half of the respondents did feel a need for more preparation to some extent or more. A need for additional information in preparing for promotion and tenure was indicated by 47 of the faculty but 42 felt no need or only to a small extent.

Additional information for identifying agency resources available to faculty was needed by 47 of the 89 surveyed nurse educators. Also, a need for additional information regarding participation in faculty governance activities was needed to some extent by approximately one-fourth of the nurse educators with another one-fourth indicating that they needed this information to a great or a very great extent.

Faculty development issues were also covered in several additional questions. Content regarding the use of a portfolio to document teaching was needed to some extent or more by 49 of the participants. And knowledge of how to maintain clinical credibility as a faculty member was needed by 69 of the nursing faculty involved in this survey. Over one-half of the respondents indicated a need for additional information in the area of writing for publication. Close to one-half of the participants felt no need or only a small amount of information to participate in interdisciplinary teaching. Forty-eight nurse educators felt a need for some additional information or greater in using peer review of teaching. Thirty-five nursing faculty felt a need for information to cope with delayed faculty gratification. One-third of the respondents wanted more knowledge to adapt prior organizational experience to a differently structured academic environment. Coping with the isolation of the independent faculty role after working in clinical practice concerned 22 of the respondents to some extent or more.

Working with students was specifically addressed in two questions. Forty-four respondents felt they did not need any significant amount of information related to acting as a student advocate, advisor and resource. Whereas, 45 of the respondents felt they

could use some information in this area. The majority of faculty felt they could use additional information to identify agency resources available to students

In the area of teaching, nine different areas were addressed for the need of additional information. Over one-half of the faculty did not feel a great need for additional information in understanding how what is taught fits in the overall curriculum. Forty-eight nursing educators indicated a need for more knowledge in the area of the scholarship of discovery. Over one-half of the participants felt a need for more knowledge in revising expectations about types of outcomes. Additional information of varying degrees was indicated by almost two-thirds of the respondents in the scholarship of integration. Over one-half of the educators felt that they needed some degree of additional information to incorporate theory-based nursing practice in the clinical setting. Over one-half of the respondents felt they could use additional information in the scholarship of teaching. Two-thirds of the faculty felt a need for additional information to implement critical thinking in classroom and clinical teaching. Knowledge in relation to the scholarship of practice or applying new knowledge in teaching was desired by over one-half of the educators. Two-thirds of the educators sampled indicated a need for additional information in advancing nursing science through research utilization.

Table 4

Part II--Descriptive Statistics

Area Addressed	Additional Information Needed as Indicated by Survey Question	M	SD
Faculty Development Issues	2. Preparing for promotion and tenure	2.65	1.366
	5. Using institutional structure, policies, procedures	2.70	1.300
	6. Participating in faculty governance activities	2.63	1.247
	7. Participating in interdisciplinary teaching	2.74	1.183
	9. Using peer review of teaching	2.70	1.122
	10. Understanding faculty rights, responsibilities, and academic freedom	2.98	1.305
	14. Coping with the isolation of the independent faculty role after working in clinical practice	1.99	1.153
	17. coping with delayed faculty gratification	2.35	1.280
	19. Adapting prior organizational experience to a differently structured academic environment	2.26	1.344
	20. Maintaining clinical credibility as a faculty member	2.84	1.421
	21. Writing for publication	2.90	1.340
	23. Identifying agency resources available to faculty	2.71	1.120
	24. Using a portfolio to document teaching	2.81	1.136
Working With Students	1. Acting as a student advocate, advisor and resource	2.82	1.293
	22. Identifying agency resources available to students	2.83	1.180
Teaching	3. Incorporating theory-based nursing practice in the clinical setting	2.76	1.187
	4. Advancing nursing science through research utilization	2.91	1.221
	8. Uncovering and disseminating new knowledge	2.73	1.175
	11. Applying new knowledge in teaching	3.09	1.294
	12. Synthesizing knowledge into teaching	2.97	1.274
	13. Facilitating learning in the cognitive, affective, and psychosocial domains	3.07	1.259
	15. Understanding how what is taught fits in the overall curriculum	2.63	1.385
	16. Revising expectations about types of outcomes	2.76	1.138
	18. Implementing critical thinking in teaching	3.04	1.233

Table 5

Part II--Frequency of Responses For Each Response Category

Survey Question	Not At All		To A Small Extent		To Some Extent		To A Great Extent		To A Very Great Extent	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
1.	13	14.6	31	34.8	17	19.1	15	16.9	13	14.6
2.	25	28.1	17	19.1	22	24.7	14	15.7	11	12.4
3.	14	15.7	24	27.0	29	32.6	13	14.6	9	10.1
4.	13	14.6	20	22.5	29	32.6	16	18.0	11	12.4
5.	19	21.3	26	29.2	16	18.0	19	21.3	9	10.1
6.	21	23.6	21	23.6	24	27.0	16	18.0	7	7.9
7.	15	16.9	24	27.0	26	29.2	17	19.1	7	7.9
8.	14	15.7	27	30.3	24	27.0	17	19.1	7	7.9
9.	14	15.7	27	30.3	24	27.0	20	20.5	4	4.5
10.	14	15.7	20	22.5	23	25.8	18	20.2	14	15.7
11.	11	12.4	19	21.3	28	31.5	13	14.6	18	20.2
12.	13	14.6	20	22.5	27	30.3	15	16.9	14	15.7
13.	12	13.5	19	21.3	21	23.6	25	28.1	12	13.5
14.	39	43.8	28	31.5	10	11.2	8	9.0	4	4.5
15.	25	28.1	22	24.7	13	14.6	19	21.3	10	11.2
16.	12	13.5	28	31.5	24	27.0	19	21.3	6	6.7
17.	30	33.7	24	27.0	15	16.9	14	15.7	6	6.7
18.	10	11.2	21	23.6	27	30.3	17	19.1	14	15.7
19.	34	38.2	26	29.2	10	11.2	10	11.2	9	10.1
20.	20	20.5	20	20.5	20	20.5	12	13.5	17	19.1
21.	19	21.3	15	16.9	23	25.8	20	22.5	12	13.5
22.	11	12.4	27	30.3	27	30.3	14	15.7	10	11.2
23.	12	13.5	30	33.7	25	28.1	16	18.0	6	6.7
24.	13	14.6	27	30.3	24	27.0	14	15.7	11	12.4

What Did the Baccalaureate Nursing Program

Faculty Report as Positive and Negative Activities

That Were A Part of Their Preparation for Teaching?

Three open-ended questions were used in the survey to collect input to answer the

third research question, "What did the baccalaureate nursing program faculty report as to

the best activity for preparation to teach?" The responses to these questions provided an

insight to nurse educators' perception of their preparation for their role in academia.

Participants were first asked, "As you began your academic career, what was the

best development activity that you used to prepare yourself for the role of nurse

educator?" Responses could be categorized into six groupings.

Fifty-two percent ($n = 33$) of the nurse educators referred to some type of activity

that they had initiated for self-preparation. These comments ranged from self-directed

actions, to courses taken by the respondents to methods used as they began the teaching

experience. A selection of responses that fell into this category is as follows:

> The best development activity for me was filming myself as I taught classes. I got
> to see myself as others saw me. I could not believe how I acted, hesitated, caused
> distractions, etc. This visualization really helped me not be self conscious of
> myself . . .rather to focus on being the teacher I really wanted to be.

> . . . participating in workshops, such as test construction; reading books such as
> DeTourney on clinical teaching.

> Returning to school for PhD in education

> Reading about teaching/learning theory

> Consultant with my sister – a science educator. Current PhD in science education
> teaching at the college level.

Fifty percent ($n = 32$) of the 64 educators that answered this question indicated some type of activity related to mentoring was one of the best development activities that assisted them in preparing themselves for the role of nurse educator. Typical responses included:

Identifying a mentor and learning from her expertise.

For the first year, a small group of us who were new to the role, met regularly with an experienced educator. We could discuss anything, ask for informal assistance, or request a more formal presentation on something. I also had a mentor who was in the clinical facility at the same time who was available for help.

Talking with other faculty both nursing and nonnursing.

Use of seasoned faculty and department chair for questions.

I was extremely fortunate to have had an excellent support system with vast nursing education experience. The best development activity that I used was not a course or book - - it was frequent meetings with a mentor who served as a wealth of knowledge and support. No class, book, or computer course could have provided me with better guidance. I am now able to share this information with new faculty in my courses.

The personal mentoring I received at my first position teaching the clinical component of Foundations of Nursing. I received this mentoring from the person who had primary responsibility for the course and the mentoring focused primarily on the role of a teacher of nursing students and how to teach students in a clinical setting. Additionally, I have been mentored by a fellow faculty member in my present position. She had a doctorate in education and has mentored me in classroom teaching techniques (course organizers, test construction, syllabus composition, etc.) and in our overall curriculum design (level and program objectives, course offerings, curriculum changes, etc.).

Teaching with a good mentor and mentoring others.

The third category that evolved from the participant's responses was the type of educational programs that these nurses had taken prior to or at early stages of their entry

into academia. Forty-one percent ($n = 26$) made some type of reference to their

educational preparation.

> I took a formal course in teaching strategies for nursing education. I had previously taken workshops, this fine tuned many of the things I had learned and added to my expertise.

> I majored in teaching clinical nursing at Wayne State University and studied under Dorothy Reilly.

> My masters program included several teaching methods courses, and they were very helpful in several ways. For example: 1) Teaching a class in a setting where I was video-taped and then could critique my own teaching and receive critique from teachers and fellow students. 2) The classes provided skills that I used extensively later in my first faculty role, such as outlining my lectures so that I included specific questions and in-class activities that I would use throughout the class. Now I automatically include those things, but at first if I wasn't purposeful about planning them in (even questions), I often found that I just lectured rather than creating an interactive environment where students participated. I felt very fortunate to have been in a Master's program that provided both a clinical and functional track. Many nursing faculty have excellent clinical knowledge, but lack the skills to help students learn. Teaching is a skill, and it can be learned. We don't expect nurses to be able to provide clinical care without learning how to provide it well. Why then do we expect nurses who are expert clinicians to automatically know how to skillfully assist students with learning?

> Attending conferences related to nursing education . . .

> I had taken several education classes in my masters program directed specifically at teaching nursing.

> Obtaining my master's degree in medical-surgical nursing with a functional role in nursing education.

The remaining three categories included 19% ($n = 12$) who indicated the previous

experience that they brought to their position in education, 3% ($n = 2$) who mentioned

institutional assistance, and 3% ($n = 2$) who did not designate any activity. It was also

noted that 50% ($n = 32$) of the educators who answered this question utilized at least 2 or

more of the categories of activities in their preparation for their role in academia.

When asked what activities did not assist these nurses in their preparation for the

role of nurse educator, 85% ($n = 74$) answered "none" or "none that I can think of or

remember." It must be noted here, however, that respondents were instructed to type in

N/A or none if they did not want to answer any of the open-ended questions so this could

account for an undetermined amount of the percentage. Ten respondents did have

specific areas that they felt did not help them:

> While curriculum development assisted in preparing a curriculum, it did not assist in managing the stressors of change on a relatively new faculty member.

> The actual curriculum course I took was of little value. . .

> Some workshops on topics such as test construction, evaluating critical thinking.

> Observing another faculty member give lectures. Demeaning and very boring.

> In graduate school we spent a great deal of time in designing a curriculum. I think it would have been better if we had spent more time on classroom strategies, etc.

> NLN test-taking internet course – didn't help as much as I thought it would.

> The usual orientation sessions for new faculty had limited value.

> As I began teaching online perhaps 6-7 years ago, I was to take an online class to both learn how to teach one and to have the experience. Problem was that there was not enough time to do my regular teaching and also take a for-credit course. Wasted money and effort that might have helped if there were a way to cut back my other work.

> Yes, collaborating with peers. Several of the faculty I was working with at that time were not supportive. They seemed threatened and very territorial.

It was not helpful for me to attend a 3 day workshop on managed care as it related to nursing faculty or a 3 day workshop on nursing informatics (our faculty was not at all interested in nursing informatics).

The responses from nurse educators when asked, "If you were starting over again in preparation to teach in a BSN program knowing what you know now, what would you have liked to have done differently?" fell into four different categories. Twenty-two (25%) of the 87 respondents, stated that they would have done nothing different. Once again, it must be noted that respondents were instructed to type in N/A or none if they did not want to answer any of the open-ended questions so this could have accounted for part of the resulting percentage. The other three areas that participants indicated where they would have made changes were: 11% ($n = 10$) stated they would have liked to have had a mentor, 11% ($n = 10$) stated they would have obtained a specific degree before entering nursing education; and, 29% ($n = 25$) designated specific content areas and courses they felt would have helped prepare them better for the role of nurse educator.

Specific content areas and courses covered a wide variety of areas. Different degrees or educational preparation were designated by ten of the participants. These comments included:

I would have obtained my doctoral degree as soon as possible. I did not expect to begin in education and I surely did not expect to stay in education.

I would have tried to acquire some type of formal preparation as a nursing educator. Learning from the seat of your pants is not the best way to go but was the only option available to me at the time. The areas that I could have used assistance in were classroom and clinical evaluation.

Completed a certification program for nursing ed prior to starting the PhD program.

Finish a PhD program BEFORE taking a full time teaching position. Graduate education requires a lot of creativity but so does teaching. They are both also situations in which your mind is continually engaged. I had found it very easy to work as a staff nurse while in my MS program – only the school part was always there – I could leave the staff nursing behind. Doing the PhD while teaching and doing curriculum revision was very stressful, and it was difficult to give your best to both because they both require the same kinds of energy. I found one or the other always suffered in my eyes, although I don't think the students noticed, I did and I think my doctoral faculty saw it as well.

Masters degree in teaching instead of nursing admin or post grad teaching certificate (completion of 15 hours devoted to nursing education) . . .

Instead of getting a MA in Education first, I would have chosen a masters in nursing. After the MA I then received my doctorate in Curriculum and Instruction. I constructed my MA and EdD programs so that I took all 46 hours required for the Masters in Nursing as a part of those two degrees (because I wanted the knowledge and experiences), but did not earn the degree in nursing. That necessitated returning for a MSN later, retaking courses I had already taken, and in some cases, taking one I had taught. That experience was frustrating.

I started teaching clinical nursing in a baccalaureate program in 1979 with only my BSN. Within two years, I started a master's program in nursing and chose the clinical nurse specialist tract. If I had it to do over, I would have done nursing education, which would have been more beneficial.

Taken the educator track instead of the clinical track - - - there was scholarship money in the clinical track, plus my chair told me that anyone would hire me to teach with a Clinical Nurse Specialist (CNS) --- and they did!

I would have completed the Certificate in Nursing Education here at a local university. I wanted to do this, but did NOT receive support from my Dean despite the fact that there is no formal orientation program in place. All that was emphasized is acceptance to PhD studies instead of here seeing the real value in supporting my education certifications first, then moving on to doctoral study.

Summary

The preparation for teaching varied among faculty of baccalaureate nursing programs. Findings from the study revealed multiple areas where respondents felt that they needed additional education to meet their changing role as nursing faculty. The

need for mentors in the development of nurse educators was a dominant theme in

responses to open-ended questions. All of these data can be used to develop a model for

nurse educator curriculum.

CHAPTER V

SUMMARY AND CONCLUSION

This chapter summarizes the results and provides interpretation of the findings related to the demographics and the three research questions of the study. The chapter concludes with implications for development of nurse educator curriculum and recommendations for further research.

Summary

The purpose of the study was to determine the characteristics, experience and opinions of nurse educator faculty related to preparation for the role of nurse educator. Results may be used as criteria for development of more effective educational programs for the preparation of nurse educators because of the input provided by the respondents. A sample of 89 nurse educators with 1 to 37 years of experience teaching in baccalaureate nursing education programs was surveyed. The investigator, an educator in baccalaureate and master nursing programs, carried out the survey.

An adapted version of The Nursing Faculty Development Survey developed by Riner and Billings (1999) was used for this study. The three areas addressed in the survey were teaching, evaluation, and curriculum work; faculty role development for teaching in nursing; and, preferences for faculty development opportunities. Demographic data was also collected. The original authors of the survey established reliability and validity of the instrument.

Three research questions were asked in this study:

1. How had faculty in baccalaureate nursing programs been prepared to teach?

2. What additional information was identified by faculty of baccalaureate nursing programs accredited by the NLN as needed to meet the changing roles in teaching?

3. What did the baccalaureate nursing program faculty report as the positive and negative activities that were a part of their preparation for teaching?

Discussion

Because nurse educators come to the academic setting with various levels of preparation and clinical experiences, it is difficult to define competencies that should be universal to all nurse educators. This was substantiated in the present study with respondents holding various degrees at the masters and doctorate levels. These same respondents were also involved in more than 21 clinical areas of nursing. When budget constraints, aging faculty and increasing job competition are factored in, it is even more difficult to define educator competencies that should be required for entry into the educational setting since clinical experts are frequently hired to fill faculty roles (Fitzpatrick & Heller, 1980).

The findings from the present study paralleled those found in previous nursing educator research (Bachman, Kitchens, Halley, & Ellison, 1992; Choudhry, 1992; Riner & Billings, 1999). Bachman et al. (1992) found, as this present study did, needs for nursing faculty varied as to their level of educational preparation for the role of nurse educator. In Ontario, Choudhry (1992) found that activities for expansion of knowledge for nursing faculty must be built on previous educational experiences and activities. And Riner and Billings (1999), the authors of the original Nursing Faculty Development

Survey, had found that "faculty have strong needs for . . . learning the basics of teaching, curriculum, and evaluation, and developing and refining their role as faculty" (p. 429) as the results of the present survey substantiated.

<div align="center">Demographics</div>

Dr. Ada Sue Hinshaw (2001), a noted leader in nursing academia, related that in nursing programs rated as having the highest number of doctoral prepared faculty only half of those faculty members held a doctorate. Not only was there a shortage of adequately prepared faculty, but also that same faculty were part of what Dr. Hinshaw referred to as a "graying professorate" (¶ 1). In 1992, the American Association of Colleges of Nursing (AACN) reported that with the average age of faculty being 50.1, there would be a peak of faculty retirements within ten years (Hinshaw, 2001). The Association also supported the doctoral degree as the desired degree for nurse educators but only slightly more than half of the faculty in AACN-member schools were doctorally prepared at that time. This trend has continued as documented in the 2003 AACN report. It is projected that 200 – 300 of doctorally prepared nursing faculty will be eligible for retirement between 2004 – 2012. With doctoral and master's prepared faculty at 49.9% and 50.1% across the nation, a shortage of adequately prepared nursing faculty can be predicted to continue. The present study indicates that there has not been any significant change in these areas. The study participants expected to continue teaching for only a mean of 11.79 more years. Only forty-seven of the 89 respondents held a doctorate, slightly more than half of the faculty involved in this survey. "Essentially, the crisis of

today's nursing shortage pales in comparison to the looming catastrophe resulting from

the shortage of well-qualified nursing faculty" (Zungolo, 2002, p. 210).

<div align="center">How Had Faculty in Baccalaureate</div>

<div align="center">Nursing Programs Been Prepared to Teach?</div>

Preservice education has typically followed a pattern of classes taken in a

university setting with an emphasis on teacher education and courses that were the future

teacher's focus for the educational setting (Perry, 1982). To enter the teaching

profession, a teaching major with certification has been commonly required to teach in

kindergarten through 12th grade classrooms and beyond at the secondary level. Teaching

at the post-secondary level required a master's degree at minimum with a doctorate

degree in the emphasis area for tenure-track faculty. Nursing education preservice

education followed a far different path. Davis, Dearman, Schwab, and Kitchens (1992)

found that of 427 novice nurse educators (those that had been involved in nursing

education two years or less), 23.4% were not adequately prepared academically for the

role of nurse educator. In an American Association of Colleges of Nursing (AACN)

Survey conducted in 2002, it was found that of the 9, 978 faculty of the 555 schools who

completed the survey, 50.1% held master's degrees and 49.1% held doctoral degrees.

The doctoral degrees in nursing were 59.5% and 40.5% of those doctorates were in other

fields (AACN, 2003, p.4). Participants in the present study identified that 24.7% ($n = 22$)

of them held a doctorate of science in nursing degree and 28% ($n = 12$) held doctorates in

another field of which 48% ($n = 12$) of those degrees were associated with education.

Twenty-four (27%) of the 89 respondents indicated that they had had no formal

preparation to be a nurse educator. As Choudhry (1992) noted, "being an experienced nurse is no longer sufficient qualification for being an educator" (p. 265). These findings, along with the present study, support that preparation for the role of nurse educator continues to fall behind that of requirements for educators in other fields of higher education. If we are to continue to strive for recognition of nursing as a profession, we must have fully qualified nursing faculty to educate our students of nursing.

Feiman-Nemser and Remillard (1995) made a valid observation, "no matter how much teachers learn during preservice preparation, learning teaching inevitably occurs on the job" (p. 66). If this holds true for nursing education, what did the respondents of the survey find most beneficial to them as they began their career in academia?

Induction activities for new faculty typically involved orientation programs and mentoring. Orientation programs are commonly created to introduce and familiarize the new employee to the new employment setting. Some respondents in the present study found these activities to be helpful as they began new positions in nursing education. Preceptor handbooks developed by faculty to all materials supplied that were relevant to the program and specific courses were noted as being beneficial. This can easily be provided to new faculty by employing institutions.

Historically, mentoring has been in place throughout the history of nursing (Fields, 1991). Billings and Halstead (1998) related, "The mentoring of new faculty is an especially important responsibility because nurses are not usually prepared in graduate nursing programs for a role in academia" (p. 6). Research studies (Collins, 1994; Cuesta

& Bloom, 1998; Fagan & Fagan, 1983; Glass & Walter, 2000; Johnson, Lall, Holmes, Huwe, & Nordlund, 2001; Palepu et al., 1998; Prevosto, 2001; Zanting, Verloop, & Vermont, 2001) carried out within recent years have continued to validate mentorships taking place not only within nursing but also within other professions. The prevalence of mentoring found in the present study (74.2% of the respondents were mentored and 67.4% had mentored another faculty member) corresponded to other findings in the literature. In a study of 317 certified nurse midwives, 65% ($n = 208$) reported that they had had a mentor (Cuesta & Bloom, 1998). Fagan and Fagan (1983) found that of 87 registered nurses surveyed in a large midwestern hospital, over 84% reported having had some type of mentoring. In a study of 1,808 medical school faculty, 54% responded that they had had a mentor and 61% reported that they had been a mentor (Palepu et al., 1998). Of 576 third year midshipmen at the U.S. Naval Academy, 40% ($n = 231$) reported that they had had at least one significant mentor relationship and a majority of those respondents indicated that this relationship had had a positive influence on their professional lives (Johnson et al., 2001). Stewart and Kruger (1996), in a mega analysis of research abstracts and journal articles on mentoring in nursing, concluded that: "Mentoring is a unique relationship that is spawned from a mutual perception and experience of need for professional connection, interpersonal growth, scientific inquiry, and theory-based clinical practice" (p. 318). Experienced faculty need to provide this type of support to new faculty members.

Findings in the present study revealed that nursing educators, on an average, are taking advantage of educational opportunities. In the 2001-2003 timeframe, the survey respondents attended a mean of 3.89 professional development programs and conferences related to teaching. However, it is discerning that nine of the respondents had not attended any offerings in the past two years. I believe that, in order to remain abreast of changes, faculty must be required to attend educational offerings every year. Although I feel that this is the individual's responsibility as a professional educator, I also believe that this must be substantiated by financial and philosophical support from the employing institution. Inservice activities focused on the ongoing acquisition of skills and knowledge relevant to the role of educator are ". . . essential if our education programs are to be of the highest quality" (NLN, 2002, ¶ 2). "No matter how much teachers learn during preservice preparation, learning teaching inevitably occurs on the job" (Feiman-Nemser & Remillard, 1995, p. 66). The faculty respondents in the present survey supported this when they stated: "The best development activity for me was filming myself as I taught classes"; "Identifying a mentor and learning from her expertise"; and "Teaching with a good mentor and mentoring others." Billings and Halstead (1998) believe that teaching competencies not only must be developed in preparatory programs and beginning working in the academic setting but also in ongoing faculty development activities. These authors note that the responsibility for faculty development comes not only from the individual educator but also from the institution of employment. Administrators should provide encouragement and financial support for both informal

and formal offerings. It must also be noted that various educational opportunities must

be provided to meet varying needs of new educators.

<p style="text-align:center">What Additional Information Was Identified by Faculty of</p>

<p style="text-align:center">Baccalaureate Nursing Programs Accredited by The NLN</p>

<p style="text-align:center">As Needed to Meet the Changing Roles in Teaching ?</p>

As our society and the global world we live in becomes more diverse in all aspects of

our lives, so to do the roles that exist within that society.

> Today higher education and nursing education are poised on the brink of sweeping
> changes. The forces driving these changes are numerous and difficult to isolate: the
> increasing multiculturalism of society; finite financial resources in education and
> health care; expanding technology and the accompanying knowledge explosion; the
> need for life-long learning; a shifting emphasis to learning, instead of teaching; and
> the increasing public demand for accountability of educational outcomes are just a
> few of the issues educators must consider as they fulfill the responsibilities of their
> role. (Finke, 1998, p. 3)

If nursing faculty are to meet these changing roles, so must educational programs

designed for professional development of the educator. Institutions of higher education

must be willing to provide educational programs for the nurse educator.

The adult educators in the present survey reinforced the need for

continuation of learning when they submitted responses to Part II of the survey. For the

24 categories surveyed as to the need for additional information on the part of the

respondents, the nurse educator responses ranged on average from 1.99 to 3.09 indicating

their degree of need on a scale of one to five.

What Did The Baccalaureate Nursing Program Faculty Report as The Positive and Negative Activities That Were A Part of Their Preparation For Teaching?

In order for change to occur that leads to improvement, it is essential to consider input from those involved in the actual process. Therefore, for the success of this study, it was necessary to solicit opinions from the nurse educators. This phenomenological approach led to the revelation by this sample that at least one-half of them used multiple avenues of preparation for their role as nurse educator. I feel that this is significant in that one ideal solution cannot be offered. McElroy (1995) has a similar belief:

The role must be developed systematically in such a way as to empower teachers, address complex issues of change management and contribute towards producing an organizational culture, which is responsive to the inevitable changes that will occur in the future (p. 146).

The recommendations of the present respondents for change in preparation for the role of nurse educator ranged from "some type of formal preparation as a nursing educator" to education at the graduate level, masters and/or doctoral. It will be difficult to reach consensus as a professional body, but I feel that we must move forward by taking this type of input and developing more inclusive educational programs for nurse educators.

Implications for Development of Nurse Educator Curriculum and Professional Development Activities

A nurse educator curriculum plan is offered as the result of this study. It is not intended to be definitive but to be flexible to allow for the growth of the role of the nurse

educator in academia (see Figure 1). The areas of need for additional information, as indicated by 50% or greater of the respondents who indicated a need from some extent to a very great extent will be included as content in this author's proposed nurse educator curriculum plan. Only four areas of Part II of this survey do not meet this criteria: using institutional structure, policies, procedures; coping with the isolation of the independent faculty role after working in clinical practice; coping with delayed faculty gratification; and, adapting prior organizational experience to a differently structured academic environment. The three areas from Part I that fell below a mean of 3.0 will also be included in this plan: developing educational mobility programs; participating in preparing reports; and, using portfolios to teach and evaluate. I recommend that this plan be developed as a track with a nurse educator emphasis within a master in the science of nursing program. It should be built upon a strong clinical emphasis to give the nurse educator student a strong exposure to practical experience under the guidance of experienced faculty. As noted earlier, over one-half of the respondents answering the question regarding the activity that was the best preparation for teaching indicated some type of activity related to mentoring. A recommended co-component to this plan would be to assign a mentor to the nurse educator student on entry into the program, which would be a relationship that would be required throughout the educational experience. Reflective journaling by the student in regard to this relationship would enhance the quality of this experience. Nursing educators throughout the profession must come together to define and refine the role, which will ultimately provide an adequate supply of quality nurse educators.

Recommendations

Based on my personal experience, I felt I had the expertise in nursing needed to teach within the discipline but, I found myself in search of a missing link to complete my educational foundation for my role as a nurse educator. When I was introduced to the curriculum plan for a doctorate in education, I knew that I had found that link. The completion of the graduate courses in education has provided me with knowledge that I believe serves to enhance my role as an educator. I highly recommend this avenue to others in the profession of nurse educator who are looking to develop their teaching skills.

Studies of this type need to be replicated to further define the preparation requirements for the role of nurse educator. The NLN has taken a critical step in forming focus groups that have issued a position statement on role preparation for nursing faculty. Activities of this type must continue in the future to define more clearly what preparation is needed. As nurse educator programs are established, research needs to be carried out to determine if they are meeting the needs of beginning faculty in the profession of nursing academia. Universities that currently prepare nurse educators must be committed to meeting outcomes that lead to quality preparation for nurse educators. It is recommended that the curriculum plan offered here be evaluated as it is implemented for satisfactory inclusion of content as indicated by student satisfaction. Other areas of future research indicated by data results in this survey might include: needs of tenure and tenure track faculty versus those of faculty with no tenure option; needs of nurse educator faculty in different geographic areas; the needs of nurse faculty with differing

employment status; comparison of needs of educators who have been prepared in various ways for their role in academia and comparison of needs by years of teaching experience. In all of this, nurse educators themselves must be responsible for seeking out preparation and continuing education that will serve to enhance their role as nurse educator.

Figure I. A curriculum plan emphasizing the role of nurse educator to be used within a Master of Science in Nursing program.

Semester I - Educational Research and Theory

- Educational Research – to include:
  - Research utilization
  - The scholarship of discovery
- Educational Theory – to include:
  - Teaching and learning
  - Application to the classroom and clinical setting
- Curriculum Design – to include:
  - Fit of the overall curriculum
  - Development of educational mobility programs

Semester II - Curriculum and Teaching

- The scholarship of practice, integration and teaching – to include:
  - Learning Styles
  - Writing goals, objectives, outcomes
  - Syllabus construction
- The Teaching/Learning Environment – to include:
  - Interdisciplinary teaching
  - Peer review of teaching
  - Teaching/Learning Strategies
  - Integrating critical thinking in the classroom and clinical teaching
  - Using portfolios to teach and evaluate
- Working with students in classroom and clinical areas

Figure 1 continues

Figure 1 continued

Semester III – Education Evaluation

- Evaluation methods for program, course and student – classroom and clinical setting
- Test design, writing and analysis
- Assigning grades – classroom & clinical
- Revising expectations about types of outcomes
- Advising/counseling
  - Acting as a student advocate, advisor and resource
  - Identifying agency resources available to students

Semester IV – Educational Seminar

- Change
- Collaboration
- Budget relevant to education
- Educational accreditation
- Clinical credibility as a nurse educator
- Faculty Issues
  - Preparing for promotion and tenure
  - Participating in faculty governance
  - Using peer review of teaching
  - Understanding faculty rights, responsibilities, and academic freedom
  - Maintaining clinical credibility
  - Writing for publication
  - Identifying agency resources available to faculty
  - Using a portfolio to document teaching
  - Participating in preparing reports

REFERENCES

American Association of Colleges of Nursing. (2003). *Faculty shortages in baccalaureate and graduate nursing programs: Scope of the problem and strategies for expanding the supply.* Washington, DC: American Association of Colleges of Nursing.

Anderson, C. A. (1998). Academic nursing: A desirable career? *Nursing Outlook, 46*(1), 5-6.

Bachman, J., Kitchens, E., Halley, S., & Ellison, K. (1992). Assessment of learning needs of nurse educators: Continuing education implications. *The Journal of Continuing Education in Nursing, 23*(1), 29-33.

Beaty, L. (2001). Teaching evaluation and accreditation. In C. Knapper & P. Cranton (Eds.), *Fresh approaches to the evaluation of teaching* (pp. 75 – 85). San Francisco: Jossey-Bass.

Billings, D., & Halstead, J. (1998). *Teaching in nursing: A guide for faculty.* Philadelphia: W. B. Saunders Company.

Boland, D. L., & Sims, S. L. (1988). A comprehensive approach to faculty evaluation. *Journal of Nursing Education, 27*(8), 354-358.

Boyden, K. M. (2000). Development of new faculty in higher education. *Journal of Professional Nursing, 16*(2), 104-111.

Carlisle, C., Kirk, S., & Luker, K. A. (1996). The changes in the role of the nurse teacher following the formation of links with higher education. *Journal of Advanced Nursing, 24,* 762-779.

Charron, S. A. (1985). Role issues and the nurse educator. *Journal of Nursing Education, 24*(2), 77-79.

Chew, S. (2000). The culture we have and the culture we want: A commentary on Hugh Sockett's creating a culture for the scholarship of teaching. *Inventio, 2*(2). Retrieved January 22, 2003 from http://www.doiiit.gmu.edu/Archives/fall00/schew.htm

Choudhry, U. (1992). New nurse faculty; Core competencies for role development. *Journal of Nursing Education, 31*(6), 265-272.

Collins, P. (1994). Does mentorship among social workers make a difference? An empirical investigation of career outcomes. *Social Work, 39*(4), 413-419.

Council on Collegiate Education for Nursing. (2001). *SREB Study indicates serious shortage of nursing faculty.* Atlanta, GA.

Creighton, H. (1983). Education of instructors. *Nursing Management, 14*(5), 48-49.

Cuesta, C., & Bloom, K. (1998). Mentoring and job satisfaction: Perceptions of certified nurse-midwives. *Journal of Nurse-Midwifery, 43*(2), 111-116.

Davis, D., Dearman, C., Schwab, C., & Kitchens, E. (1992). Competencies of novice nurse educators. *Journal of Nursing Education, 31*(4), 159-164.

Davis, J. H., & Williams, D. D. (1985). The nurse educator: Functional role development. *Nurse Educator, 10*(6), 20-25.

DeYoung, S., & Bliss, J. B. (1995). Nursing faculty – an endangered species? *Journal of Professional Nursing, 11*(2), 84-88.

Drummond, T. (2000). A brief summary of the best practices in college teaching. [on-line]. Retrieved June 2, 2002 from http://nsccux.sccd.ctc.edu/~eceprog/sstprac.html

Elton, L. (1996) Criteria for teaching competence and teaching excellence in higher education. In R. Aylett & K. Gregory (Eds.), *Evaluating teaching quality in higher education* (pp. 33–41). London: The Falmer Press.

Executive summary: Does professional development change teaching practice? Results from a three-year study. Retrieved January 15, 2003, from http://www.ed.gov/offices/OUS/PES/esed/101300ex

Fagan, M., & Fagan, P. (1983, February). Mentoring among nurses. *Nursing & Health Care,* 77-82.

Fanutti, C. (1993). *How nurse-educators in associate degree programs learn to teach.* Unpublished doctoral dissertation, Syracuse University, Syracuse.

Feiman-Nemser, S., & Remillard, J. (1995). Perspectives on learning to teach. In F. Murray (Ed.) *Knowledge base for teacher educators* (pp.63–91). Oxford: Pergamon Press.

Fields, W. (1991). Mentoring in nursing: A historical approach. *Nursing Outlook, 39*(6), 257-261.

Finke, L.M. (1998). Teaching in nursing: The faculty role. In D. Billings & J. Halstead, *Teaching in nursing: A guide for faculty* (pp. 3 – 16). Philadelphia: W.B. Saunders Company.

Fitzpatrick, M. L., & Heller, B. R. (1980, June). Teaching the teachers to teach. *Nursing Outlook,* 372-373.

Gelmon, S. B. (1999). Promoting teaching competency and effectiveness for the 21st century. *AANA Journal, 67*(5), 409-416.

Glass, N., & Walter, R. (2000). An experience of peer mentoring with student nurses: Enhancement of personal and professional growth. *Journal of Nursing Education, 39*(4), 155-160.

Hawley, W. D. (1992). United States. In B. Leavitt (Ed.), *Issues and problems in teacher education: An international handbook* (pp. 247 – 276). New York: Greenwood Press.

Herrmann, M. M. (1997). The relationship between graduate preparation and clinical teaching in nursing. *Journal of Nursing Education, 36*(7), 317-322.

Hinshaw, A. S. (2001, January 31). A continuing challenge: The shortage of educationally prepared nursing faculty. *Online Journal of Issues in Nursing, 6*(1). Retrieved September 18, 2001, from http://www.nursingworld.org/ojin/topic14/tpc14_3.htm

Johnson, W. B., Lall, R., Holmes, E., Huwe, J., & Nordlund, M. (2001). Mentoring experiences among navy midshipmen. *Military Medicine, 166,* 27-31.

Karuhije, H. F. (1986). Educational preparation for clinical teaching: Perceptions of the nurse educator. *Journal of Nursing Education, 25* (4), 137-144.

Kennedy, M. M. (1991). Some surprising findings on how teachers learn to teach. *Educational Leadership, 49*(3), 14-17.

Kerr, D. H. (1983). Teaching competence and teacher education in the United States. In L. S. Shulman & G. Sykes (Eds.), *Handbook of teaching and policy* (pp. 126 – 149). New York: Longman.

Lindell, A. (1988). Knowledge and skills: Tools of the trade. *Nurse Educator, 13*(6), 6-7, 29.

Love, C. (1996). How nurse teachers keep up-to-date: Their methods and practices. *Nurse Education Today, 16,* 287-295.

McElroy, A. (1995, October). Developing the nurse teacher's role: The use of multiple focus groups to ensure grassroots involvement. *Nurse Education Today,* 145-149.

Melland, H. I. (1996). Great researcher . . . Good teacher? *Journal of Professional Nursing, 12*(1), 31-38.

Moody, N. B. (1996). Nurse faculty job satisfaction: A national survey. *Journal of Professional Nursing, 12*(5), 277-288.

Morrill, P. H., & Spees, E. R. (1982). *The academic profession: Teaching in higher education.* New York: Human Sciences Press, Inc.

National Center for Research on Teacher Education. (2003, January). *Teacher education and learning to teach: A research agenda.* Retrieved January 15, 2003, from the National Center for Research on Teacher Education Web site: http://ncrtl.msu.edu/http/lpapers/html/pdf/1p887.pdf

National League for Nursing. (2001, September 19). *Position statement: Lifelong Learning for nursing faculty* . Retrieved December 5, 2002 from http://www.nln.org/aboutnln/positionstatement.htm

National League for Nursing. (2002, May 18). *Position statement: The preparation of nurse educators.* Retrieved January 21, 2003 from http://www.nln/aboutnln/PositionStatements/prepofnursed02.htm

National League for Nursing. (2003). *Home page.* Retrieved January 21, 2003 from http://www.nln.org

Naughton, D. R., & Strobel, L. M. (1996). Assessment of new nurse educators. *The Journal of Continuing Education in Nursing, 27*(1), 8-11.

Noone, L. P., & Swenson, C. (2001, November/December). 5 dirty little secrets in higher education. *Educause Review,* 20-31.

Nugent, K. E., Bradshaw, M. J., & Kito, N. (1999). Teacher self-efficacy in new nurse educators. *Journal of Professional Nursing, 15*(4), 229-237.

Palepu, A., Friedman, R., Barnett, R., Carr, P., Ash, A., Szalacha, L., et al. (1998). Junior faculty members' mentoring relationships and their professional development in U.S. medical schools. *Academic Medicine, 73*(3), 318-323.

Perry, S. (1982). A doctorate – necessary but not sufficient. *Nursing Outlook, 30,* 95-98.

Prevosto, P. (2001). The effect of "mentored" relationships on satisfaction and intent to stay of company-grade U.S. army reserve nurses. *Military Medicine, 166,* 21-26.

Reynolds, A. (1992). What is competent beginning teaching? A review of the literature. *Review of Educational Research, 62*(1), 1-35.

Riner, M. E., & Billings, D. M. (1999). Faculty development for teaching in a changing health care environment: A statewide needs assessment. *Journal of Nursing Education, 38*(9), 427-429.

Ruby, J. (1999). History of higher education: Educational reform and the emergence of the nursing professorate. *Journal of Nursing Education, 38*(1), 23-27.

Shulman, L. S. (2000). From minsk to pinsk: Why a scholarship of teaching and learning? *The Journal of Scholarship of Teaching and Learning, 1*(1), 48-53.

Shulman, L. S. (2001). *About the Carnegie Foundation.* Retrieved February 25, 2003 from The Carnegie Foundation for the Advancement of Teaching Web site: http://www.carnegiefoundation.org/aboutus/index.htm

Stewart, B., & Krueger, L. (1996). An evolutionary concept analysis of mentoring in nursing. *Journal of Professional Nursing, 12*(5), 311-321.

Valiga, T. M. (2002, April 11). The nursing faculty shortage: National league for nursing perspective. Retrieved June 27, 2002, from http://www.nln.org/slides/speech.htm

Zanting, A., Verloop, N., & Vermont J. D. (2001). Student teachers' beliefs about mentoring and learning to teach during teaching practice. *British Journal of Educational Psychology, 71,* 57-80.

Zungolo, E. (2002). The preparation of nurse educators: Developing the knowledge base to transmit the discipline of nursing. *Nursing Education Perspectives, 210.*

APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL

University of Northern Iowa

Graduate College

Date: April 30, 2003

To: Vickie Barth
          431 Washington Street
          Denver, IA 50622

From: Dr. Mary E. Losch, Chair
          UNI Human Participants Review Committee
          (Institutional Review Board)

Title: Preparation for the Role of Baccalaureate Nurse Educator: Implications
          for Development of Nurse Educator Curriculum

Re: ID# 02-0268

Your project "Preparation for the Role of Baccalaureate Nurse Educator: Implications for Development of Nurse Educator Curriculum," has been deemed minimal risk and determined to be exempt from further review as authorized by 45 CFR 46.101(b). For you project, the applicable exempted category referenced in 45 CFR 46.101(b) of the federal regulations is:

Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior, where: (i) information obtained is recorded in such a manner that human subjects cannot be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

You may begin enrolling human research participants in your project. If you modify your project in a way that increases the physical, emotional, social, or legal risk to the participants or you change the targeted participants, you should notify the Human Participants Review Committee in the Graduate College Office before continuing with the research.

If you have any further questions about the Human Participants Review policies or procedures, please contact me at mary.losch@uni.edu or David Walker, the Human Participants Committee Administrator, at 319.273.6148 or email david.walker@uni.edu. Best wishes for your project success.

cc: Institutional Review Board
          Sharon Smaldino

APPENDIX B

INVITATION TO PARTICIPATE

Dear Nursing Educator Colleague,

Faculty, randomly selected from your baccalaureate nursing program, are being invited to participate in a study of baccalaureate nurse educators entitled, "Preparation for the Role of Baccalaureate Nurse Educator: Implications for Development of Nurse Educator Curriculum". I am conducting this study to explore the areas of knowledge nurse educators feel are important for teaching in a BSN program and how they have been prepared for this role. Information gained from this study could provide important data to assist nurse educators and add to the improvement of graduate school curricula.

There will be no cost to the participants. Although your input is essential to the success of this project, participation is completely voluntary. You are free to withdraw from participation at any time or choose not to participate at all, and by doing so, you will not be penalized. Participating faculty members are asked to take 20 minutes to complete the survey, "Nursing Faculty Development Survey" found at a designated URL between May 5 and May 15, 2003. I will provide directions to you regarding access to the survey after I receive your agreement to participate in the study. Your responses will remain anonymous. It should be noted, however, that the data are not encrypted while being transmitted so complete confidentiality cannot be guaranteed. I will have a list of the participants and assigned ID numbers. No one else will have access to this information and the list will be destroyed by shredding after the study is completed. The results of the study will be available upon request to all participants at the conclusion of the study. Information obtained during this study will be used for completion of the investigator's dissertation proposal, may be published in an academic journal or presented at a scholarly conference.

The only risk to the participants if they decide to participate is the time it will take to read this contact letter, to read the subsequent directions and to complete the survey. Participants will not receive any direct benefits.

Thank you for your time and expertise. **Please reply to this email indicating if you will or will not participate in the study**. If you have questions about the study of desire information in the future regarding your participation or the study generally, you can contact Vickie Barth at 319-266-2033 or the project investigator's faculty advisor Dr. Sharon Smaldino at the Department of Education, University of Northern Iowa 319-273-3250. You can also contact the office of the Human Participants Coordinator, University of Northern Iowa, at 319-273-2748, for answers to questions about rights of research h participants and the participants review process.

Sincerely,
Vickie Barth, EdDc, MSN, RN
The University of Northern Iowa
Department of Education
vbarth13@aol.com

APPENDIX C

DIRECTIONS FOR COMPLETION

Dear _____ (Study Participant),

Thank you for agreeing to participate in the survey on Nursing Faculty Development. This is a two-part survey: A questionnaire followed by three open-ended questions. As a nursing faculty member in a baccalaureate nursing program, you have valuable information to contribute on this topic. Remember that participation is voluntary and you are free to withdraw from participation at any time without any penalty.

Please complete the questionnaire and questions electronically by May 15, 2003. The URL for the survey is http://ci.coe.uni.edu/nursesurvey and your ID number for the study is _____. It should take you approximately 20 minutes to complete the survey. Your ratings, responses and comments will be treated confidentially. The data will be removed from the server as soon as the collection period is completed, May 16, 2003, and the access to the server will be closed. Only the primary researcher will have the list of participants and assigned ID numbers. This will be destroyed by shredding after the study is completed.

Sincerely,
Vickie Barth
EdD Candidate
Department of Curriculum and Instruction
University of Northern Iowa

APPENDIX D

SURVEY

NURSING FACULTY DEVELOPMENT SURVEY

DIRECTIONS: Check the appropriate number of the Likert scale that best reflects your response to the question.

PART I: FACULTY DEVELOPMENT FOR TEACHING, EVALUATION AND CURRICULUM WORK

Teaching in nursing requires special skills and techniques. Check the number that most closely represents your academic and clinical preparation in the teaching, evaluation and curriculum responsibilities of the faculty role.

	Not at All	To a Small Extent	To Some Extent	To a Great Extent	To a Very Great Extent
1. Using a variety of teaching strategies	1	2	3	4	5
2. Designing curricula	1	2	3	4	5
3. Basing teaching on teaching-learning theories	1	2	3	4	5
4. Assessing student learning styles	1	2	3	4	5
5. Assigning grades	1	2	3	4	5
6. Assessing learning outcomes	1	2	3	4	5
7. Writing mission and philosophy statements	1	2	3	4	5
8. Writing program, level, and course objectives/outcomes/ competency statements	1	2	3	4	5
9. Developing educational mobility programs	1	2	3	4	5
10. Participating in preparing reports	1	2	3	4	5

11. Assessing learning outcomes	1	2	3	4	5
12. Writing NCLEX style test items	1	2	3	4	5
13. Interpreting test item analyses	1	2	3	4	5
14. Evaluating student writing	1	2	3	4	5
15. Choosing classroom learning experiences	1	2	3	4	5
16. Planning clinical experiences	1	2	3	4	5
17. Evaluating clinical performance	1	2	3	4	5
18. Teaching critical thinking	1	2	3	4	5
19. Evaluating program outcomes	1	2	3	4	5
20. Using collaborative learning strategies	1	2	3	4	5
21. Measuring teaching effectiveness	1	2	3	4	5
22. Establishing an effective teaching-learning environment	1	2	3	4	5
23. Utilizing ethical-legal principles as a faculty	1	2	3	4	5
24. Developing community-based teaching & learning experiences	1	2	3	4	5
25. Using portfolios to teach and evaluate	1	2	3	4	5
26. Using instructional technologies	1	2	3	4	5
27. Using internet and world wide web resources	1	2	3	4	5

PART II: FACULTY ROLE DEVELOPMENT

Faculty roles are changing. To what extent do you need additional information to
develop your role as a faculty member. Check the one that applies to you.

	Not at All	To a Small Extent	To Some Extent	To a Great Extent	To a Very Great Extent
1. Acting as a student advocate, advisor and resource	1	2	3	4	5
2. Preparing for promotion and tenure	1	2	3	4	5
3. Incorporating theory-based nursing practice in the clinical setting	1	2	3	4	5
4. Advancing nursing science through research utilization	1	2	3	4	5
5. Using institutional structure, policies, procedures	1	2	3	4	5
6. Participating in faculty governance activities	1	2	3	4	5
7. Participating in interdisciplinary teaching	1	2	3	4	5
8. Uncovering and disseminating new knowledge (the scholarship of discovery)	1	2	3	4	5
9. Using peer review of teaching	1	2	3	4	5
10. Understanding faculty rights, responsibilities, and academic freedom	1	2	3	4	5
11. Applying new knowledge in teaching (scholarship of practice)	1	2	3	4	5

		1	2	3	4	5
12.	Synthesizing knowledge into teaching (scholarship of integration)	1	2	3	4	5
13.	Facilitating learning in the cognitive, affective, and psychosocial domains (scholarship of teaching)	1	2	3	4	5
14.	Coping with the isolation of the independent faculty role after working in clinical practice	1	2	3	4	5
15.	Understanding how what is taught fits in the overall curriculum	1	2	3	4	5
16.	Revising expectations about types of outcomes	1	2	3	4	5
17.	Coping with delayed faculty gratification	1	2	3	4	5
18.	Implementing critical thinking in classroom and clinical teaching	1	2	3	4	5
19.	Adapting prior organizational experience to a differently structured academic environment	1	2	3	4	5
20.	Maintaining clinical credibility as a faculty member	1	2	3	4	5
21.	Writing for publication	1	2	3	4	5
22.	Identifying agency resources available to students	1	2	3	4	5
23.	Identifying agency resources available to faculty	1	2	3	4	5

24. Using a portfolio to document teaching

	Not at All	To a Small Extent	To Some Extent	To a Great Extent	To a Very Great Extent
	1	2	3	4	5

PART III: PREFERENCES FOR FACULTY DEVELOPMENT OPPORTUNITIES

Faculty development can occur in a variety of ways. The following items ask you to indicate your preference for each method of learning. Please check the number that most closely indicates the extent of your preference for participating in faculty development opportunities for each method.

	Not at All	To a Small Extent	To Some Extent	To a Great Extent	To a Very Great Extent
1. Credit classes at a university campus	1	2	3	4	5
2. Non-credit short courses	1	2	3	4	5
3. Intensive session (1-2 weeks) at a summer "Teaching Institute"	1	2	3	4	5
4. 1-2 day continuing education workshops	1	2	3	4	5
5. Self-directed studies	1	2	3	4	5
6. Structured class sessions, but delivered at a distance (i.e. computer, interactive television)	1	2	3	4	5
7. Mentor relationships	1	2	3	4	5
8. Direct contact with faculty as opposed to self-directed or distance learning	1	2	3	4	5

PART IV: DEMOGRAPHIC DATA

Please answer the following questions by placing a check beside all the responses that apply.

1. I am currently teaching
   _____ Part-time (1)
   _____ Full-time (2)

2. I am currently teaching as a
   _____ Tenured faculty (1)
   _____ Tenure track faculty (2)
   _____ Faculty without tenure option (3)

3. My initial preparation for the role of nurse educator occurred in the geographic area of the
   _____ Eastern time zone (1)
   _____ Central time zone (2)
   _____ Mountain time zone (3)
   _____ Pacific time zone (4)
   _____ I had no formal preparation for the role of educator (5)

4. I have been teaching nursing _____ years.

5. I expect to continue teaching for another _____ years.

6. My clinical area of teaching is
   _____ Adult medical/surgical (1)
   _____ Newborn/Pediatrics (2)
   _____ OB/GYN (3)
   _____ Psychiatric/Mental Health (4)
   _____ Community Health/Home Health (5)
   _____ Advanced practice (6)
   _____ Nursing administration/teacher education (7)
   _____ Other (8) specify _____

7. My highest degree is
   _____ Associate in nursing (1)
   _____ Diploma in nursing (2)
   _____ Baccalaureate in nursing (3)
   _____ Masters in other field, specify (4) _____
   _____ Masters in nursing (5)
   _____ Doctorate in other field, specify (6) _____
   _____ Doctorate in Nursing (7)

8. Type of institution in which I am presently employed
_____ Private/secular (1)
_____ Private/religious (2)
_____ Public four year (3)
_____ Public research (4)
_____ Other, specify (5) _____

8. Location of my institution
_____ Urban (1)
_____ Rural (2)

9. In the past two years I have attended _____ (number) professional development programs/conferences related to teaching.

11. I have completed formal academic courses in teacher education.
_____ Yes (1)
_____ No (2)

12. I have education preparation (i.e., major or minor) in
_____ nursing education (1)
_____ higher education (adult education, administration, instructional technology) (2)

13. I have been
_____ mentored in teaching nursing students (1)
_____ a mentor to a new teacher of nursing students (2)

IF YOU WOULD BE WILLING TO ANSWER RELEVANT QUESTIONS IN MORE DEPTH, PLEASE GO TO SECTION V

SECTION V: INDIVIDUAL RESPONSES

As you began your academic career, what was the best activity that you used to prepare yourself for the role of nurse educator?

Was there any activities that were recommended to you that did not assist you in preparation for your role?

If you were starting over again in preparation to teach in a BSN program knowing what you know now, what would you have liked to have done differently?

Thank you for completing this survey. If you would like to have a copy of the final results, please send an e-mail request to vbarth13@aol.com

End of Survey

APPENDIX E

SECOND INVITATION TO PARTICIPATE

Dear Nurse Educator Colleague,

I recently sent you an invitation to participate in a survey of nurse educators. I would like to extend this request to you again to participate in this study. The data that I collect from this study will help to strengthen the role development of teachers in nursing education. I am attaching a copy of the original request for your consideration. PLEASE RESPOND TO THIS E-MAIL IF YOU ARE OR ARE NOT WILLING TO PARTICIPATE IN THIS STUDY. Thank you.

Vickie Barth, EdDc, MSN, RN
The University of Northern Iowa
Department of Education
vbarth13@aol.com

APPENDIX F

REMINDER

Dear Study Participants,

I have extended the deadline for completion of the survey to June 2, 2003. I realize that this is a very busy time of the year for nurse educators and some of you indicated that you would not be able to complete the survey prior to May 16. If you have already completed the survey, thank you. If you have not please do so as soon as possible as your input is valuable to the success of the survey. Thank you for your willingness to participate.

Sincerely
Vickie Barth, EdDc, MSN, RN
The university of Northern Iowa
Department of Education
vbarth13@aol.com