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N²E: Envisioning a process to support transition from nurse to educator

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Abstract

Rising health inequities, continuing nursing shortages, and overlooked professional development needs of nurse educators are three important issues facing nursing in Australia. This paper argues for an innovative and proactive strategy that could transform the nurse education workforce into one that is repopulated, reinvigorated and refocused.

The problem facing nurse educators, and subsequently affecting nurses' preparation for practice and longevity in the profession, was identified by drawing on findings from the literature, extensive educational experience, and an exploratory study

of nurse educators working in universities, colleges and health services. A solution has been devised by drawing together the tenets of critical social theory, transformative learning, communities of practice and social media.

Nursing educators, refocused around a social justice agenda, may be the remedy that the Australian Health Care System requires to embark on effective action that can benefit everyone, from the health service staff to our most vulnerable groups in society. This refocusing can be achieved in a structured and strategic process that builds confidence and professional capabilities.

Keywords: Communities of practice, Critical Social Theory, Nursing Education, Networking, Professional, Social Media, Transformation

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Introduction

Health Workforce Australia (HWA) predicts that by 2025, the nursing shortfall will rise to 110,000 health professionals (HWA, 2012). Reports indicate that these shortages, which include nurse educator numbers, may contribute to declining collegiality, morale and support among nurses (Cash, Daines, Doyle, Tettenborn, & Reid, 2009; Green et al, 2007; Jackson, 2008; Meleis, 2005; Smesny et al. 2007). Innovative, feasible and sustainable solutions are critically needed to foster the growth and quality of nurse education now and in the future.

Theory and evidence-based strategies to ensure the retention and flourishing of the nurse educator workforce are important. Whilst there are nursing education courses available for post graduate study, it is not clear if the curriculum content and delivery processes have been built upon research, nor have we identified strong underpinning rationales. The aim of this paper is to bring together the findings from previously completed research into Australian nursing education (Lead author and others, 2011),

the literature, and contemporary pedagogy to foster a scholarly approach in the nurse education specialty. Based on Community of Practice pedagogy, the innovation is termed N²E. The name emphasises two important concepts required for the specialty to flourish – nurses being assisted to make a smooth transition from clinician to educator, and novice educators becoming expert.

Review of the relevant literature

Whilst nurse educators are a heterogeneous group, comprising those who work in a health service, Tertiary and Further Education (TAFE) and University, they are also a group that shares a common domain of knowledge and goal – to educate nurses and nursing students (Lead author and others, 2011). These nurse educators play a key role in preparing students for graduate nursing practice, and also in inspiring future health care leaders and change agents, particularly in the care of vulnerable people, and populations that have been marginalised (Marshall & Marshall, 2010).

Health inequities within Australia, between Indigenous and non-Indigenous Australians, and between socio-economically disadvantaged and privileged groups are widening, not lessening even though Australia is developed and economically thriving (HWA, 2012). Thus, nurse educators, whether they work, need to be awakening and inspiring future nurses to be assertive, effective change agents in this regard, because it is nurses who are the largest profession in the health workforce and it is nurses who are ranked amongst the most trusted professionals of the nation (Marshall & Marshall, 2010). There are arguments in the literature to suggest that certain conditions limiting the development of nurse educators may be indirectly contributing to health inequalities (Author, 2012). These issues will next be discussed.

There is a global shortage of nurse educators, and increasingly clinicians are being appointed to, or expected to take up positions as educators without sufficient preparation or training (Lead Author et al., 2011, Cangelosi, Crocker et al. 2009). Thus nurses cannot be as well prepared for this social disadvantage and rising disease burden as they need to be. Nurses who are not well prepared for the changing health context are unlikely to be proactive in the prevention and health promotion fields, which

is where the health workforce needs to head, according to national policy (National Preventative Health Taskforce, 2009).

Nurse educators in Australia are also not required to be credentialed, thus there is no prescribed mechanism to guide professional and career development, and no clear way to assure quality and accountability (Sayers & DiGiacomo, 2010); there is no accessible national or international pipeline to resupply qualified educators and nursing academics once others retire or move positions (Cleary, Bevill, Lacey & Nooney, 2007; Yordy, 2006); and standards and boundaries of educator practice are not well utilised, secured or researched (Guy et al., 2011). There are national inconsistencies in educator access to, and involvement in, peer support and professional development opportunities (Altmann, 2011). A nursing specialty that is losing, rather than gaining, drive and purpose is unlikely to be the force that is much needed to inspire nurses and correct rising health inequities.

The need to support, develop and sustain an expert educator workforce

Current workforce patterns indicate that new nursing graduates, who may one day make worthy educators, do not remain long enough in the system and move on to other careers (Bartram, Casimir, Djurkovic, Leggat & Stanton, 2012; Eley et al. 2007; Rella, Winwood & Lushington 2009). By the year 2020, most of the baby-boomer nurses, who unlike subsequent generations, have tended to commit to nursing for their entire career (Yu & Miller, 2005), will have retired and left the health and education systems. Many of these retirees will be nurse educators. Without strategic succession planning, these educators will take with them the wisdom gained from years of experience, their educational know-how and problem solving skills.

An effective nurse educator may require a long lead time to gain clinical expertise and the skills to translate the clinical expertise in educational materials. Furthermore, in careers such as academia, the potential candidates will also need masters or doctoral degrees. At this moment it is uncertain who can and who will fill the educational positions left vacant by the retired professionals (HWA, 2012). If strategies are not put into place before clinical educators leave, a crisis for higher education, TAFE and hospital sectors is likely to develop in the near future.

Higher education providers, in response to shortages, may be employing more part time staff to educate students. Such staff is often sourced from the clinical workforce, with little preparation for academic demands and this can negatively impact on work satisfaction (Blackwell, 2012) and in the long term, is likely to reduce student satisfaction and outcomes. Although holders of nursing degrees, highly skilled and experienced clinicians, many of these sessional educators may not be very familiar or comfortable with the requirements of the academic environment (Bassell, 2010).

A professional and scholarly oriented community based on partnerships between seasoned and novice educators is needed to support, develop and sustain educator expertise. Boyd and Lawley (2009) identified that novice nurse educators experience an identity struggle when they move between a clinical role and an academic role. They frequently feel a need to hold on to their previous identity and feel a sense of loss and even grief when letting go of their singular allegiance to the previous role (Anderson, 2008). Thus, during the early stages of their careers, educators are vulnerable and support is needed to sustain the transition.

Nurse educators also identify a sense of professional isolation (Lead author et al 2011). Even though there are national organisations that educators could join, such as the Australian Nurse Teachers Society or the Australian and New Zealand Association of Health Professional Educators, membership to these and other organisations is diminishing across the world, as more people fail to see the benefit or simply don't care to become affiliated (Alotaibi, 2007).

Related to this is the argument that nurse education has become more individualistic in practice than collectivist (Hofstede, 2001). Nurse educators tend to be attracted to the autonomy in the role, the opportunity to practise and express independent thought and critical thinking (Author and others, 2011; Wade, 1999). They often operate in isolation. It is not that educators do not want to collaborate, but resource, time constraints, and a perceived need to compete, prevent exchange (Cherney, Head & Boreham, 2011). This focus on individualism, compounded by the working environment where individuals tend to work in isolation and experience role overload and even role dumping, has resulted in the subspecialty of nurse education in Australia languishing rather than thriving. This is exemplified in the declining publication

rates of Australian authors in nursing education journals, relative to other specialties (Wilkes & Jackson, 2011). This is not to say that all nurse educators are working non-productively because there are examples of collectivisation, innovation and productivity (examples include the Mental Health Teaching and Learning Clearinghouse, 2012; and the Nephrology Nurse Educators Group, Sinclair and Levett-Jones, 2011). These exemplars could provide models for innovation for the nurse education profession as a whole.

The prevailing climate of economic rationalism has also fuelled an over-emphasis on competency and skills training within the nursing curriculum at the expense of any serious reflection about the need to make space in the nursing curriculum for transformative pedagogies (Madsen et al., 2009; Lead author, 2012). This type of transformational learning may help address the stated insufficiencies in the health system - such as the documented lack of capacity in leadership, supportive culture, resilience, research and innovation (Jackson, Firtko & Edenborough, 2007; Vessey, Demarco, & Difazio, 2010). As a result of all of these factors, the nurse education specialty can be seen as languishing and reactive, rather than professionalising and advancing.

Nursing education is a specialised profession. In addition to competencies (Guy, Taylor, Roden, Blundell & Tolhurst, 2011), which set minimum standards, there is also an opportunity for developing and measuring professional capabilities. Arguably, competencies do not sufficiently describe the advanced aspects of an educator's scope of practice (Gardner et al., 2008). That is, competencies tend to describe skills performed, but overlook complex professional capabilities that are not necessarily technical or procedural, such as seeing problems and issues as potential research topics, innovating, inspiring, leading or facilitating leadership in others (Alimo-Metcalfe & Alban-Metcalfe, 2008; Garet, 2001). These intellectual abilities provide a more expanded view of professional practice and a vision for what is possible for the profession, rather than what are minimum expectations. Capabilities may be a better fit for nurse educators whose work, in addition to requiring technical acumen with learning procedures, also involves developing higher level skills of leading, anticipating, and aspiring excellence in others. We argue that capabilities may provide a more expanded

view of professional practice and a vision for what is possible for the profession, rather than what are minimum expectations.

An innovative solution to support nurse educators to advance their careers through accessing inspirational role models and engaging material is proposed.

N²E: An innovative learning resource

Theoretical underpinnings

The N²E approach builds upon the theories of transformative learning (Mezirow, 2000) and solution focused communication (Lead author, 2007; Mahlberg & Sjoblom, 2005; Tennant, 2005). Transformative Learning (TL) is a contemporary educational theory that has a social justice and change agenda and fits the pursuits of nursing well (Morris & Faulk, 2012). As has been argued and explained at length elsewhere (Lead author 2010), TL provides a rationale for educators to focus on ways to engage and sensitise learners on issues of social importance in the world. In health, this concerns social inequities and unmet needs of vulnerable and marginalised populations. An educational framework (Lead author, 2012) showing how to use TL to renew learning and teaching approaches has been developed, tested and will be shared with participants so that they can orient their educational work on sensitising learners, encouraging them to move beyond understanding towards taking action, and subsequently towards reflective thinking so that they become critical knowledge workers and not just individuals able to apply techniques.

The solution focus also fits because it explores learning issues not as problems, but as projects to be worked on, and innovative solutions applied (Tennant, 2005). It also emphasises a close and mutually beneficial relationship between participants and facilitators. Early in the program, participant and facilitator will be engaged in setting specific, measurable, achievable, relevant and time-based (SMART) professional development goals and in using particular communication styles such as externalising conversations, searching for exceptions and searching for solutions.

These narrative techniques are useful in considering problematic practices from angles that do not easily allow people to be seen as the problem. For example, if a

lesson fails it may be more helpful to discuss what happened to the lesson, rather than what was wrong with the educator, or the students. Similarly, when problems do arise rather than focus on how embedded the problem is, how frequently it is recurring, another approach is to consider situations when that problem has not featured heavily, spaces where that problem does not occur (Mahlberg & Sjoblom, 2005). Externalising conversations about vexing learning problems are useful because they help participants to see the issue as separate from themselves and from their students. Familiar aspects about the problem are objectified and unmasked, and participants can be encouraged to see other dimensions to the problem, and so tell new stories about the issue and take other ways to solve the problem. For example, 'incivility' in the clinical area is a major problem, but is often thought about by describing the poorly behaving student as 'unsuited to nursing' and a common action is to fail the student (Clark, 2008). However another way to look at this is to wonder if the student simply hasn't learned the codes of the hospital discourse – needing to being polite, composed, and prioritising the concerns of others before one's own. By conversing about how uncivil practices in other contexts are examined and resolved, or by noticing and rewarding behaviours in the student that are more pro-social (searching for exceptions), participants are helped to see how they might cultivate civility in students and so take a different course of action.

Once participants get a feel for being solutions focused, and they have been engaged in a conversation around what professional capabilities are, they are encouraged to set SMART goals in the program. With specific, measurable, achievable, relevant and time-based goals, facilitators can know how to assist the participant to achieve success and grow professionally.

Wenger's (1998) concept of a 'Community of Practice' (CoP) also provides an illuminating theory upon which to base development strategies for nurse educators. This approach to building strong professional communities emphasises three elements: 1) ensuring a clear and focused domain of knowledge; 2) valuing the elements that build a strong community, such as opportunities and strategies that bring people together, dissolve barriers, and build trust and relationship; and 3) developing the practice — that is, specific activities that can help define the identity of nurse educators and build a

knowledge and evidence base that can be shared amongst members for the benefit of both the individual and the collective.

Building on the above, in a CoP, a clear purpose for coming together is important. The experience of coming and working together should be positive, supportive and memorable. The outcomes of a productive N²E could include: a shared repertoire of resources; a shared understanding and ability to examine recurring problems facing the community; positive experiences that build confidence and good will; stories that enrich the expanding community; and tools for working efficiently and effectively. N²E would offer a participatory and collaborative framework within which to build creative and productive networks. A community built upon the above principles can encourage connectedness between members, increase collegiality across contexts and foster a positive environment (Jackson, 2008).

Increasingly, these types of support networks perform optimally through the use of electronic resources based in online environments such as the Global Alliance for Pre-Service Education (GAPS) (Thomas, Fried, Johnson & Stilwell, 2010), which can overcome many of the problems currently faced by educators who cannot travel to gain support, while benefiting from the interactivity and flexibility provided by interactive teaching technologies (Perry & Edwards, 2010). A review of electronic resources found that tools promoting communication, collaboration and sense of collegiality can improve the professional development of nurse educators (Bassell, 2010).

N²E learning outcomes

Throughout a sustained process of review and reflection on the literature and on educational practice and through conversations with educators working in the local health service, TAFE and university, eight potential domains focused on professional capabilities needed for nurse education have been developed. These domains provide a basis for the development of learning outcomes of the N²E program, and could form the basis for a measurement scale of capabilities. They include:

- 1) Ability to teach and facilitate learning
- 2) Appreciating “learning” as a dynamic attribute

- 3) Effective communication at multiple levels
- 4) Leadership
- 5) Contribution to an environment of innovation and creativity
- 6) Appreciating resilience in self and others
- 7) Contributions to the advancement of quality care through change management
- 8) Contributions to the advancement of knowledge in education

In order to develop and inspire future nurse educators to achieve these capabilities an professional development program (N²E) has been designed. The program has not been delivered, but it could form the basis of an online learning community, a text book, a course or a learning resource to enrich existing courses.

Three main assumptions drive the program. It begins with the assumption that nurses moving into the role of educator, or educators in the role but seeking to enhance their capabilities, benefit from opportunity to examine the transition that occurs when one moves between the world of the clinic to the world of education. These worlds are not the same, and coming to understand their differences may effectively pre-empt or offset internal frustrations, unrealistic expectations, and to assist educators to understand what is ahead and to plan for that proactively. It also appreciates that new skills, knowledge and attributes are needed in the role of educator, thus learning and development is required. Any professional is assisted to become stronger, more committed to the role and empowered to approach problems creatively if they feel a sense of belonging to their group. Thus a fundamental part of this program is to value communication, dialogue and process of learning.

Because role modelling and inspiration from mentors is known to be an important source for learning, N²E will include exemplars from successful educators, questions to prompt reflection and learning transfer, structured goal setting to identify relevant professional development, and guided practice. In order to generate resource renewal for the program, participants are engaged in activities where they can share their learning work with the group and future participants. In this way, the profession is assisted to value generativity and knowledge growth.

Processes to encourage professional engagement

By instituting a structured process to link nurse educators, the problem of professional isolation, and a major source of low morale, can be resolved. If planned carefully and executed effectively, the experience is likely to be mutually rewarding and productive.

Objectives for the structured program would be to build proficiency in: a) trialing existing or novel interventions to resolve present challenges; b) applying educational theory to nursing learning contexts, c) presenting teaching innovations at workshops and conferences; and d) writing for publication. All of these professional activities would be made less daunting, more sustainable and more achievable in a structured and strategic learning community such as N²E.

Special interest professional groups have made some attempts to provide supportive mentoring structures for those entering management and education (ANTS, 2011; AQNL, 2011). However, at the workplace level, there are few effective and efficient strategies to recruit and support those thinking about embarking on an education career in nursing.

While academics see mentoring as beneficial, their teaching and administrative loads, and a culture that is increasingly efficiency-driven, results in the mentoring of very few academic nurse educators (Turnbull & Roberts, 2005). Evidence from these few published studies indicates that the support structures for nurse educators working in all contexts have not been adequately investigated. Nor have effective strategies for community building or mentoring support been implemented on a large scale.

It is evident that there is a need for sustainable and innovative professional development structures built upon a professional support network designed to help educators meet the identified challenges. In a study by the Lead author et al (2011) participants considered that an engaging, supportive, interactive and easy-to-navigate online platform would provide support and in many circumstances would be more feasible than face-to-face support (although this too was highly valued). Despite the identified need for some form of networking supported through an electronic platform, concerns were raised about the effectiveness of such platforms. Participants cited past examples of websites being difficult to navigate and not having timely information. They

indicated that ineffective community sites might be visited only once or twice at most, and do not bring people together, generate dialogue, build capacity or respond to emerging needs. Thus for N²E to flourish it must benefit from the input of expert nurse educators, who share some of their expertise and resources to stimulate dialogue.

Three distinct phases of the professional development of educators in nursing relationship appear to be important to success (Johnson, 2007). These have been termed: Transitioning, Building and Communicating. These three phases will be described next.

Transitioning

The training and enactment of the mentor relationship will emphasise the importance of facilitating rapid transition from clinical expert to educational expert. Mentoring is more than a relationship where an expert offers their time and wisdom to a novice. For mentoring to be effective and achieve clear outcomes, there needs to be a purpose for the pair to meet and to work on a shared project. In relation to nursing education, Anderson (2008) has explained that it is common for novices to go through a period of ambivalence and uncertainty in the new role, and a reluctance to let go of the sense of security that had been achieved in their prior position as clinical expert. However, there is much to be gained in the new educator role – opportunity to make a systemic difference and to produce scholarly works that may be enduring and influential. Mentors who are aware of this common impediment to productivity may be able to act preventatively by raising the mentee's consciousness about this phenomenon, and helping them to appreciate that it is possible to retain a sense of expertise whilst eagerly moving forward to develop another skill set.

It will be emphasised to mentors that there needs to be time and effort placed on appreciating the subtle effects of transition so that new roles are negotiated smoothly (Anderson, 2008). The mentor and mentee are more likely to work productively together if they are aware of each other's backgrounds, perhaps what they are letting go of, what they can look forward to and what obstacles to avoid in their professional future. The N²E pair can be encouraged to share and compare values, aims and constraints, experiences of teaching and learning and to explore the perceived possibilities and

realities of the role. Thus, in a structured program time needs to be allocated for this relationship building and for the setting of goals so that the mentoring is productive and outcomes focused.

Building

At the beginning of the building phase, the mentee will be supported to articulate SMART goals pertaining to growth in their teaching and learning skills and expected outcomes will be identified. For example, a novice may identify that they wish to develop a curriculum in clinical decision making in palliative care. The mentor could guide goal achievement by breaking it down into objectives that can be achieved in a 3 month period. Ideally, there will be a project report, and a final presentation that can be shared with the community towards the end of the program. As the mentee tries out a new approach to teaching and learning, the mentor will provide unobtrusive monitoring, helpful feedback and advice (Greenhaus et al, 2010).

Communicating

Two thirds of the way through the time spent together the relationship should move into the new phase of communication, where the innovation achieved is reflected upon, formally evaluated and converted into a written account (Johnson, 2007). This could then form the basis of a conference presentation or a publication – practical, productive outcomes that benefit the individuals as well as the professional community through an active encouragement of scholarly practice.

Conclusion

Nurse educators need supportive and sustainable solutions to foster their professional development and the flourishing of the specialty. The end result can be a combination of high work satisfaction and high quality educational experiences for their students. This paper has elaborated on a proposed model designed to build professional connection and capability among nurse educators. The proposed systematic and strategic approach, N²E, has a vision to bring nurse educators working in a range of contexts and

geographical areas together and thus to aggregate individual expertise, creativity, innovations and evidence so that wisdom from practice is disseminated and advanced. N²E could be developed into a self-sustaining, collaborative, collegial network to support scholarly practice that could generate the solutions required to meet the complex healthcare needs of the nation, now and into the future.

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