Title: PROFESSIONAL DEVELOPMENT NEEDS OF NURSE EDUCATORS. AN AUSTRALIAN CASE STUDY

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Key words: nurse educators, nurse education, professional development, workforce issues, teaching

ABSTRACT

Because there is a global shortage of nurse educators, highly productive and committed nurse educators are needed to supply a rapidly expanding and changing health landscape. To support the aforementioned effort professional development needs of nurse educators must be systematically identified. This study explores practical issues around professional development needs of nurse educators. One hundred and thirty eight Australian nurse educators based in Queensland answered an online survey around professional development needs. Results indicate that 83% (n=115) of the respondents were enthusiastic about nurse education yet only 45% (n=62) were confident in their skills and less than 10% (n=13) saw themselves as expert nurse educators. The most desired areas of future development in teaching were information technology skills, assessment and technical knowledge. There seems to be a shared need for developing global online and offline support resources and communities of practice to support nurse educators in their teaching and research endeavours.

Highlights

- Reported top roles for nurse educators in practice were communicator, role model and supporter for learners.
- Most respondents were enthusiastic about nurse education yet less than half were confident in their skills as nurse educators.
- Assessment design, learning activities design and simulation skills were the most desired areas of professional development in general.
- The most desired areas of future development in the area of teaching were information technology skills, assessment and role-specific knowledge.
- The most desired areas of future development and support in the area of research were attending conferences, research skills, publishing skills, trialling educational innovations and presentation skills.
Title: Professional development needs of nurse educators. An Australian case study

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ABSTRACT

Because there is a global shortage of nurse educators, there needs to be an engaging and motivating professional development process to recruit and inspire new teachers. In designing the content of such professional development experience, a needs analysis of clinicians located within regional Queensland was conducted. A survey was developed that explored concerns and interests. One hundred and thirty-eight Australian nurse educators based in Queensland answered the online survey. Results indicate that 83% (n=115) of the respondents were enthusiastic about nurse education yet only 45% (n=62) were confident in their skills and less than 10% (n=13) saw themselves as expert nurse educators. The most desired areas of future development in teaching were information technology skills, assessment of student learning and clinical knowledge. We found also that there is a shared need for developing global online and offline support resources and communities of practice to support nurse educators in their teaching and research endeavours.

Highlights

- Practice based nurse educators reported that their priority roles were as communicator, role model and supporter for learners.
- Although most respondents were enthusiastic about the role of education, less than half were confident in their skills as nurse educators.
- Respondents face several challenges in the role – student anxiety, low motivation, poor communication skills and lack of resilience.
- The three top areas of interest in professional development were to learn about: Assessment process, design of learning activities, and simulation teaching.
- The most desired areas of future development and support in the area of research were attending conferences, research skills, publishing skills, trialling educational innovations and presentation skills.
INTRODUCTION

There is a global shortage of nurse educators, coupled with critically low numbers and instability in the qualified registered nursing workforce (Brendtro & Hegge, 2000; Orsolini-Hain & Malone, 2007). Reasons for this situation include low satisfaction with teaching experiences and environments within and outside clinical settings (Joynt & Kimball, 2008). Highly productive and committed nurse educators are needed to ensure quality learning experiences for the increasing numbers of nursing students needed to supply a rapidly expanding and changing health landscape.

Nurse educators across educational and health sectors play a key role in preparing students for graduate nursing practice, and also in inspiring future health care leaders and change agents (Adelman-Mullally et al., 2012; Kalb, O’Conner-Von, Schipper, Watkins, & Yetter, 2012). This issue is of critical importance within every country as the need for high quality health services grows. However what is unknown is the professional development needed to advance and enable productive and committed communities of nurse educators.

A qualitative study of Australian nurse educators working in health services, vocational technical and further education (TAFE) colleges and universities found that they are concerned about feeling isolated and lack time and mentorship to engage in dialogue about education (McAllister, Mosel Williams, Gamble, Malko-Nyhan, & Jones, 2011). Furthermore, there seems to be a lack of clear definition of the role (across settings) as well as other issues related to nurse education such as the need for the development of nurse educators in both clinical and university settings (McDonald, 2010; Poindexter, 2013). In order to address these challenges, nurse educators across Australia may need easily accessible professional development opportunities that will help them advance their teaching scholarship and their sense of professional efficacy. Whilst professional development needs
of registered nurses generally have been recently explored, (Katsikitis et al., 2013) we could find no published data on the needs of Australian nurse educators. Therefore a study was designed to explore the needs in professional development of Queensland-based nurse educators.

METHOD

The study used a cross-sectional design. The authors developed a survey to gather data on the nursing education needs. Content and face validity was established by piloting the tool with eight nursing educators at a regional nursing educator forum in February, 2013. The final online survey tool was refined based on feedback from the pilot. The online survey included 18 questions in the following categories: demographic information (3 questions), context for practice (2 questions), nursing education courses (2 questions), nurse educators’ roles, teaching challenges, teaching practices and professional development needs (11 questions). Ethical approval was given by the human research ethics committees of the two universities with which the researchers are affiliated (A12432 and H13/03-026).

Population and sampling

The target population for this study was nurse educators from Queensland, a state with the third largest nursing workforce in Australia. It is difficult to estimate the number of nurse educators working in Australia, as there is no requirement for them to be professionally affiliated. However, the Australian Institute of Health and Welfare estimated in 2012 there were 11,050 nurses and midwives in Australia who classified their main role as teacher/educator, 2096 of those in Queensland (Australian Institute of Health and Welfare, 2013), with representation from all of the nursing educator types. A convenience sampling method was used to distribute the self-administered online survey via Survey Monkey to
nurse educators throughout Queensland. Surveys were sent via email to nurse educators from four major universities and one large technical and further education (TAFE) college, and to educators who are members of the professional organisation, the Australian Nurse Teachers Society (ANTS) via the member database.

Prospective respondents were sent an email, which included a project information sheet and a link to the online survey, inviting them to participate in the research. In total, the survey was emailed to 894 nurse educators. The exact number of individuals who read the invitation email is not known. The survey was open for two months.

RESULTS

Demographics

One hundred and thirty eight participants answered the survey (a response rate of 15%). Over 90% of respondents were women (n=126; 91.3%). Men represented 8.7% (n=12) of the sample size. This represents the gender mix within this nursing cohort in Australia. The age distribution is detailed in Table 1. Eighty percent of the respondents (n=110) were practicing in clinical settings at the time of the survey, 29% (n=40) were functioning in a university setting and 4% (n=6) in a technical and further education (TAFE) setting. Some of the respondents were practicing as nurse educators across multiple settings. The highest education level of the respondents is detailed in Table 2.

In Australia, nurse educators can support students enrolled in a Bachelor of Nursing Program, which is a 3 year tertiary degree and is required to practice as a Registered Nurse. They might also support students enrolled in a Diploma of Nursing studied at TAFE colleges, and this is required to practice as an Enrolled Nurse, Australia’s second tier of nurse.
Educators may also support graduate students seeking to specialise in defined areas of nursing such as mental health, emergency, cardiac or critical care.

[Insert Table 1 & 2 here].

**More confidence needed as nurse educators**

The majority of respondents (83%; n=115) were enthusiastic about nurse education. However, less than half (45%; n=62) were confident in their skills as nurse educators. Furthermore, less than 10% (n=13) of the respondents perceived themselves as expert nurse educators. Eighty five percent of the respondents (n=117) had completed courses or workshops in nursing education. Eighty two percent of the respondents (n=113) would like to undertake courses or workshops in nursing education in the future. The top ten general areas of interest for future workshops and courses are detailed in Table 3. Assessment design, learning activities design and simulation skills were the most desired areas of professional development.

[Insert Table 3 and 4 here]

**Requirements and qualities of nurse educators**

Participants were asked to rank the most important roles that nurse educators must fulfil, and this is depicted in Table 4. Reported top roles were communicator (96%; n=133), role model (91%; n=126) and supporter (91%; n=125). The most desired areas of future development (Table 5) in the area of teaching were information technology skills (62%; n=85), assessment (50%; n=69) and specific knowledge (46%; n=63). The most desired areas of future development and support in the area of research were attending conferences (56%; n=77), research skills (56%; n=77), publishing skills (54%; n=74), trialling innovations (53%, n=73) and presentation skills (53%; n=73).
Challenging student behaviours

Survey respondents also identified the most frequent problematic practices or dilemmas seen in their work with students. The most frequent challenges reported were anxious students (64%, n=89), poor student performance (59%; n=82), poor development of professional and communication skills in students (53%; n=73), dysfunctional team dynamics (51%; n=70) and lack of resilience (44%; n=61).

Solutions to challenges

Some of the solutions developed by nurse educators to address challenges encountered as part of their educational practice included: use of quizzes, critical thinking scenarios, clinical challenge scenarios, dynamic communication exercises for domestic and international students, peer review, online reflective journals, use of pedagogical frameworks, Socratic teaching for group dynamics, think-pair-share strategies, pocket guides including medication guides with correct pronunciations, flipped classroom techniques, virtual classrooms and other IT supported activities.

DISCUSSION

Skilled but lacking confidence

Nurse educators, regardless of work context, are all scholars engaged in knowledge dissemination and critique and the building of new knowledge either by themselves as researchers and innovators, or by encouraging students to become researchers (Stockhausen & Turale, 2011). To have a successful and productive career, they need to incorporate teaching, research and professional community participation in their daily work (Biggs & Tang, 2011; Thorne, 2006). According to Higgs and McAllister (2005) educators work within
a relatively a high pressure environment, and in our study it is something the vast majority enjoyed. Love for the job, and thriving under pressure are important assets to the role and such aspects could be featured in future recruitment campaigns for nurse educators.

Lack of confidence in educational skills was a key finding in our study. Even though the overwhelming majority of respondents had completed training in education, less than half felt confident in their skills as educators. As Poindexter (2013) explained, confident nurse educators are good role models for students, they demonstrate how to link theory to nursing practice, and they provide effective supervision of neophytes. Because Australian nursing educators increasingly work in isolation because of their low numbers and wide geographical spread, there are few opportunities for them to learn from such confident educators. (McDonald, 2010). Nowadays, team teaching is also rare because it is expensive and staff shortages make such supportive and mentoring practices less likely.

Clearly it may be challenging to develop confidence, and achieve balance between the imperatives to teach and to research and to contribute to the professional culture without additional incentives and support (Bruce, Esmonde, Ross, Dookie, & Beatty, 2010).

Skills relevant to nursing education

Our study found that nursing educators thought favourably about professional development and were able to articulate the areas of highest learning need. This finding has also been noted elsewhere. Buckley et al (2013) reported that education in the role not only assists the teaching role but could transform educators into more effective practitioners and researchers (Buckley, Coleman, Davison, Morley, & Torgerson, 2013). Respondents identified teaching specific areas about which they were keen to learn more. These included assessment, design of classroom, use of the internet and simulation-based learning activities. Based on the findings, a conference or workshop-style format is likely to be appealing for
nurse educators. Such a format can cover necessary topics succinctly and secondly it can model professional practice as part of the teaching. In such settings, simulation learning experiences could be demonstrated first-hand for nurse educators. Cant and Cooper (2010) suggested that educator-oriented simulation training should cover scenarios based on the curriculum, with opportunities to brief and debrief, include educational theory, discussion of practice, and explorations for how the learning can be evaluated and continually developed (Kaakinen & Arwood, 2009).

There may be opportunities for professional development programs based on national or international standards to be developed and made available to nurse educators so that important context relevant practices, for example high stakes simulation challenges, are explored. These are learning experiences designed to simulate clinical issues not readily encountered in randomly accessed clinical placement experiences (Peckler, Schocken, & Paula, 2009). Other issues mentioned in the literature are nursing threshold concepts (McAllister, 2012), authentic assessment that guides and judges students on important nursing actions and not indirect or irrelevant capabilities (Webster-Wright, 2009).

The study also indicated that nursing educators did wish to develop scholarship skills such as intervention design and research. This finding supports the recommendation that Profetto-McGrath, Smith, Hugo, Patel, and Dussault (2009) made that suggests that nurse educators hold positive attitudes to research learning.. Methods such as action research, 360 degree evaluation, mixed methods involving surveys and interviews may all be useful inclusions in professional learning because these topics are so relevant to practice-based education (Munn-Giddings & Winter, 2013).

Limitations and areas of future practice and research
Generalising from the findings of this study needs to be made with caution because of the limited sample size, use of convenience sampling and the Australian-based context. Nevertheless, the data collected allows the identification of important considerations for future research and practice. Such considerations may be applicable to nurse educators regardless of their country of practice.

Respondents identified a number of problematic practices that continue to occur in their relationships with students, and in students’ relationships with others. Anxiety, low motivation, poor communication skills, dysfunctional team communication, and a perception of lack of resilience in students were identified. Whilst understanding of these problems is important, educators need practical skills to be solution-oriented, including the use of specific pedagogical approaches such as transformative learning (McAllister, 2010). The impact of such approaches can be assessed through systematic research project focused on teaching practice.

The pedagogy of transformative learning could be useful to convey to educators in a professional development program (McAllister, 2010). Concepts such as disorienting dilemmas are not only considered, but become the subject of inquiry with students (McAllister, 2012). Some scholars argue that within the nursing curricula there is an over-focus on students learning procedural skills (Ballat & Campling, 2011). Thus students may not develop the so called soft skills of resilient professional practice (McAllister & Lowe, 2011). These skills include learning how to communicate, self-regulate, and self-renew. By showing educators how to design lessons according to disorientating dilemmas, these professional capabilities will be developed in students (McAllister, 2012). For example, a dilemma faced is that patients and hospital environments can provoke anxiety, particularly for ill people who are experiencing pain and uncertainty. They are looking to nurses to allay that anxiety, yet students are themselves encumbered by anxiety and possibly not able to self-
regulate this emotion. Future research in the area of preparing students to manage personal emotion, and be able to respond effectively to others is suggested.

Finally, our respondents indicated a strong desire to discuss and develop ways to incorporate Information Technology into teaching practice. Technology provides opportunities to engage students beyond learning and into transformational experiences, however a real challenge exists to help educators develop their vision of what is possible (Petit dit Dariel, Wharrad, & Windle, 2013). Educational technologies are commonly used in nursing simulation, distance education, telemedicine and computer skills training, and are more likely to be used by nurse educators when given appropriate training and technical support (Nguyen, Zierler, & Nguyen, 2011). Whilst recognising the potential of technology for learning, and that nurse educators are motivated to develop their teaching, many remain frustrated by lack of time to realise technology use (Jensen, Meyer, & Sternberger, 2009). However when used productively, technology in nurse education can benefit widely including offering real time feedback from learners, flipped classrooms, monitoring and evaluation of clinical placements, delivery of engaging presentations, and collaborative generation of knowledge among others (Kala, Isaramalai, & Pothong, 2010). Research into facilitators and barriers into adopting information technology into teaching practice is recommended.
REFERENCES


Table 1. Age distribution

<table>
<thead>
<tr>
<th>Age bracket</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 to 29</td>
<td>13% (18)</td>
</tr>
<tr>
<td>30 to 39</td>
<td>22.5% (31)</td>
</tr>
<tr>
<td>40 to 49</td>
<td>30.4% (42)</td>
</tr>
<tr>
<td>50 and above</td>
<td>34.1% (47)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100% (138)</strong></td>
</tr>
</tbody>
</table>
### Table 2. Highest degree completed

<table>
<thead>
<tr>
<th>Highest degree completed</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Certificate</td>
<td>5.1% (7)</td>
</tr>
<tr>
<td>Bachelor Degree</td>
<td>26.1% (36)</td>
</tr>
<tr>
<td>Graduate Certificate</td>
<td>10.9% (15)</td>
</tr>
<tr>
<td>Graduate Diploma</td>
<td>21% (29)</td>
</tr>
<tr>
<td>Master Degree</td>
<td>35.5% (49)</td>
</tr>
<tr>
<td>Doctorate</td>
<td>1.4% (2)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100% (138)</strong></td>
</tr>
</tbody>
</table>
Table 3. What areas would you really like to develop confidence in as an educator?

<table>
<thead>
<tr>
<th>Areas of Development</th>
<th>Responses % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designing assessment challenges</td>
<td>64.5% (89)</td>
</tr>
<tr>
<td>Designing learning activities</td>
<td>63.0% (87)</td>
</tr>
<tr>
<td>Simulation, skills based learning</td>
<td>56.5% (78)</td>
</tr>
<tr>
<td>Critical thinking ideas</td>
<td>47.8% (66)</td>
</tr>
<tr>
<td>Reflective practice</td>
<td>34.1% (47)</td>
</tr>
<tr>
<td>Choosing from different pedagogies</td>
<td>30.4% (42)</td>
</tr>
<tr>
<td>Learning and teaching theory</td>
<td>29.7% (41)</td>
</tr>
<tr>
<td>Mentorship</td>
<td>28.3% (39)</td>
</tr>
<tr>
<td>Criterion versus norm based marking</td>
<td>22.5% (31)</td>
</tr>
<tr>
<td>Multimedia use and online teaching</td>
<td>13.8% (19)</td>
</tr>
</tbody>
</table>
Table 4. Requirements and qualities of nurse educators

<table>
<thead>
<tr>
<th>Requirement/Quality</th>
<th>Responses % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicator</td>
<td>96.38% (133)</td>
</tr>
<tr>
<td>Role model</td>
<td>91.30% (126)</td>
</tr>
<tr>
<td>Supporter</td>
<td>90.58% (125)</td>
</tr>
<tr>
<td>Knowledgeable</td>
<td>88.41% (122)</td>
</tr>
<tr>
<td>Facilitator of information</td>
<td>86.23% (119)</td>
</tr>
<tr>
<td>Assessor</td>
<td>83.33% (115)</td>
</tr>
<tr>
<td>Information technology</td>
<td>65.94% (91)</td>
</tr>
<tr>
<td>Critic</td>
<td>47.83% (66)</td>
</tr>
</tbody>
</table>
Table 5. Desired areas of development

<table>
<thead>
<tr>
<th>Area</th>
<th>Responses % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information technology skills</td>
<td>61.6% (85)</td>
</tr>
<tr>
<td>Assessor</td>
<td>50% (69)</td>
</tr>
<tr>
<td>Knowledgeable</td>
<td>45.7% (63)</td>
</tr>
<tr>
<td>Facilitator of information</td>
<td>39.9% (55)</td>
</tr>
<tr>
<td>Communicator</td>
<td>37% (51)</td>
</tr>
<tr>
<td>Critic</td>
<td>35.5% (49)</td>
</tr>
<tr>
<td>Supporter</td>
<td>23.2% (32)</td>
</tr>
<tr>
<td>Role model</td>
<td>18.1% (25)</td>
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