

EXAMINING INFLUENCES ON PRACTICING NURSE
EDUCATORS' VALUES AND BELIEFS OF THE NEED FOR
TRAINING IN TEACHING METHODOLOGIES

by

STEVEN WRIGHT

DOUGLAS MCKNIGHT, COMMITTEE CHAIR
STEPHEN TOMLINSON
ALICE L. MARCH
JOSHUA EYER
KATHLEEN OUZTS

A DISSERTATION

Submitted in fulfillment of the requirements
for the degree of Doctor of Education in the
Department of Educational Leadership,
Policy, and Technology Studies
in the Graduate School of
The University of Alabama

TUSCALOOSA, ALABAMA

2021

Copyright Steven Wright 2021
ALL RIGHTS RESERVED

ABSTRACT

Research shows that nurse educators have generally followed the traditional pathway into the classroom, from clinical experience and training directly to the academic setting with little, if any, education in teaching methodologies and practices. In the early years of the twenty first century the National League for Nursing developed a set of core competencies for nurse educators, designed to serve as a benchmark for effectiveness as an educator. Working from those core competencies and available research, the American Association of Colleges of Nursing, National Council State Boards of Nursing, and others published and promoted a preferred vision for educational preparation. This preferred vision included doctoral preparation, education in teaching methods, adult learning theory, and accepted course development and assessment techniques. A review of current literature suggests, however, that most nurse educators have little or no education in teaching, and three fourths of nurse educators are prepared only at the master's level. There is also a significant lack of literature on nurse educators' values and beliefs about the need for teacher education. This descriptive exploratory study utilized a social constructivist theoretical framework, based on the works of Vygotsky and Lave and Wenger to explore and identify common themes in those beliefs and values and factors influencing those beliefs. The results of this small study produced evidence of social constructivist processes in play regarding influences on nurse educators' values and beliefs. Established institutional and generational practices and expectations, along with the mentorship of peers and experienced educators appears to strongly influence a perpetuated belief that clinical experience is all that is needed for nurses to be successful as educators. This study should serve

as an impetus for additional research in this area and add to the body of knowledge in an area found sorely lacking in the literature, but vital to long term change, as evidenced by accepted organizational and institutional change theory.

DEDICATION

This work is dedicated to the memory of my son, Shawn Wright, a superbly talented musician and loving, accepting, and caring person who left us much too early. To my very brilliant wife and fellow cohort member, Rebecca Boyer Wright, whose patience, understanding, encouragement and ongoing calm attitude and frequent feedback helped me tremendously throughout the past four years. To our daughter, Shana Wright and our grandsons Alexander and Zachary, who showed extreme patience and understanding during those times when Pop was busy reading and writing. And, most of all to God, who has graciously blessed me with the ambition, drive, ability, and intellect to persevere and succeed in this endeavor.

LIST OF ABBREVIATIONS AND SYMBOLS

AACN	American Association of Colleges of Nursing
ANA	American Nurses Association
CONE	Capabilities of Nurse Educators
DNP	Doctor of Nursing Practice
EdD	Doctor of Education
IOM	Institute of Medicine
IRB	Institutional Review Board
MKO	More knowledgeable other
MSN	Master of Science in Nursing
NCLEX	National Council Licensure Examination
NCSBN	National Council of State Boards of Nursing
NE	Nurse Educator
NLN	National League for Nursing
PhD	Doctor of Philosophy
ROL	Review of literature
QI	Quality Improvement
UA	University of Alabama
ZPD	Zone of Proximal Development

ACKNOWLEDGEMENTS

I would like to acknowledge the invaluable guidance and assistance of Dr. Douglas McKnight in moving me forward through this process. And Dr. Josh Eyer, whose knowledge of research methodologies made this dissertation process much easier to understand and complete. To Dr. Stephen Tomlinson who, from the beginning, sparked a keen interest in learning, and motivation to persevere. To all the faculty of the College of Education and Capstone College of Nursing at the University of Alabama, who guided and directed me through coursework, and opened my mind to new ways of learning and understanding. To my wife Rebecca Boyer Wright who, even though she was working on her own research and dissertation, always offered insight and suggestions whenever I found myself at a standstill or needing a different perspective. A big thanks to Margaret McAllister for providing me with permission to extract items from her survey tool, the Capabilities of Nurse Educators, to aid in conducting initial research and recruitment. I would like to thank Dr. Joyce for her much-needed assistance as a second reader and editorial contributor to this project. Without her help I might have erred in the conclusions. And lastly, thanks to my co-worker Wendy Vix for adapting to a change in schedule for the three years I was involved in didactic coursework.

CONTENTS

ABSTRACT.....	ii
DEDICATION.....	iv
LIST OF ABBREVIATIONS AND SYMBOLS	v
ACKNOWLEDGEMENTS.....	vi
CHAPTER I: INTRODUCTION.....	1
Introduction.....	1
Statement of the Problem.....	7
Purpose of the Study.....	10
Significance of the Study	10
Research Questions.....	12
Assumptions.....	12
Limitations	13
Delimitations.....	15
Operational Definitions.....	17
Conclusion	20
CHAPTER II: REVIEW OF THE LITERATURE	22
Introduction.....	22
Literature Review.....	22
Topic 1: Core Competencies and Professional Recommendations	23
Topic 2: Current State of Nurse Educator Preparation	25

Topic 3: Impact of Current State on Future of Nursing Workforce	26
Topic 4: Conceptualization of Teacher Training Versus Education.....	27
Topic 5: Nurse Educator Perspectives on Seeking Education Training	29
Topic 6: Nurse Educator Perceptions and Beliefs on the Need for Education in Teaching Methodologies.....	30
Topic 7: Social Constructivism and Change Theory.....	30
Topic 8: Nurse Educator Survey Tools.....	31
Theoretical Framework.....	32
Conclusion	36
CHAPTER III: METHODS.....	38
Introduction.....	38
Research Question	38
Setting	38
Participants.....	39
Methodology	39
Research Design.....	40
Data Collection	42
Data Analysis	44
Timeline of Study	46
Ethical Considerations	47
Research Positionality.....	49
Conclusion	51

CHAPTER IV: FINDINGS.....	52
Introduction.....	52
Participant Description and Background.....	53
Expressed Values and Beliefs.....	73
Influences on Beliefs.....	74
Themes and Significant Statements.....	75
Correlation to Existing Research.....	76
Summary.....	78
CHAPTER V: DISCUSSION.....	79
Introduction.....	79
Discussion.....	81
Implications for Nurse Educators.....	89
Recommendations for Additional Research.....	93
Conclusions.....	94
REFERENCES.....	95
APPENDICES.....	101
Appendix A: National League for Nursing Core Competencies.....	101
Appendix B: Sample Nurse Educator Job Posting	103
Appendix C: Informed Consent Form	106
Appendix D: Informed Consent for Online Survey	109
Appendix E: Online Survey Instrument.....	112
Appendix F: Interview Questions.....	114
Appendix G: Recruitment Email.....	116

Appendix H: IRB Protocol.....117
Appendix I: IRB Approval Letter118

CHAPTER I

INTRODUCTION

Introduction

Reacting to an ongoing shortage of trained nursing professionals in the early years of the twenty first century, nursing leaders and others reviewed a number of studies in attempts to identify causes and recommend solutions. The majority of that research pointed specifically to one factor as an ongoing contributor to the shortages: lack of adequately prepared nurse educators. Study authors and others postulated the shortage of trained nursing faculty imposes limits on the numbers of students who are enrolled in nursing programs, and greatly contributes to the ongoing, well documented shortage of registered and advanced practice nurses (American Association of Colleges of Nursing [AACN], 2017; Bednash et al, 2014; Danzey et al 2011; Morin, 2014). Based on information generated from those studies recommendations have been made for training nurse educators in teaching methods, learning theory, and course and curriculum development, beginning with the National League for Nursing (NLN) Core Competencies for Nurse Educators (AACN, 2008, 2017; Benner et al, 2010; Committee, 2011; Halstead, 2019; NLN, 2002, 2012, 2013). The NLN Core Competencies (See Appendix A) were devised and adopted to establish a standardized set of measurement “tools” to guide nurse educators toward providing comprehensive, evidence-based nursing education programs (Halstead, 2019; NLN, 2002). The Core Competencies also served as an impetus for others to call for changes in the way nurse educators are prepared to teach nursing. Those recommendations included training nurse educators at the doctoral level

and inclusion of education-specific coursework as a component of that doctoral curriculum (AACN, 2008, 2017; Benner et al, 2010; Committee, 2011; Halstead, 2019; NLN, 2002, 2012, NLN, 2013).

In the ensuing two decades research has continued on means to increase nurse educator training and education in teaching methodologies, and factors which influence nurses to seek advanced degrees, and to enter or leave academia (Baron, 2017; Brown & Sorrell, 2017; Dreifurst et al., 2016; Fiedler et al., 2017). However, little research has been conducted to determine nurse educators' perceptions and beliefs on the need for formal training in teaching, or on the actual level of formal educational training for teaching among nursing faculty. Organizational change theory suggests effective meaningful change is accomplished when those who carry out the functions of the organization recognize and believe in a need for change (Wee & Taylor, 2018). Furthermore, Rahman and Hadi (2019) offer evidence that organizational culture and values are significant determinants in driving successful change. In *The Social Construction of Organizing* Lewis (2017) references the work of Frank Barrett, who suggests that organizational change is driven by beliefs, values, and meanings shared commonly by stakeholders within an organization. That being the case, an understanding of beliefs and values shared collectively among NEs is vital in any attempt to initiate change. This researcher contends the present state of nurse educator preparation for teaching and shortage of educationally prepared NEs will continue unless we begin to understand the values, beliefs, traditions, and culture of nursing education, and those factors which hold sway in determining those values and beliefs. And that forms the basis for this study.

Two recent studies support the contention that nurse educators have little if any educational preparation to teach. In one study Bullin (2018) reported that only about six

percent of nursing faculty in the United States received any formal educational training in teaching methodologies, with the large majority holding advanced degrees in clinical practice specialties. Similar results were reported in a meta-analysis study, suggesting that most nurse educators move from the clinical setting directly into academia, with little or no preparation for teaching (Baron, 2017). The AACN (2017), however, reported a need for more than 40,000 additional educationally prepared nursing faculty to help relieve an ongoing nursing shortage. In that same report, the AACN suggested that thousands of qualified candidates are refused admission to nursing school due to a lack of nursing faculty.

Nurse educators at the college or university level have, by and large, entered teaching after spending much of their nursing career in the clinical setting. Many nurse educators have specialty certification or advanced educational preparation in specific areas of clinical practice. Training to teach in the academic setting for most nurse educators is derived largely from peers and fellow instructors (Penn et al., 2008). This type of assimilation, integration, and internalization of professional identity, values, and beliefs has been well described in the literature (DeWaal and Khumisi, 2016; Lave and Wenger, 1991; Wenger, 1998; Woods et al., 2016; Vygotsky, 1978). While this is advantageous in improving nursing processes and practices, that experience and training may not adequately prepare those individuals to teach (Penn et al., 2008). Nursing programs are focused on teaching adult learners. For this reason, it is necessary for nurse educators to understand andragogy, adult learning theory, and basic tenets of accepted pedagogical practices to meet the learning needs of those students in effective ways (National Council State Boards of Nursing [NCSBN], 2008). The AACN (2017) asserts there is an ongoing critical shortage of registered nurses qualified and trained to serve as nursing faculty, which has significantly contributed to a growing shortage of

registered nurses in the United States. Insufficient numbers of adequately trained nursing faculty limit the number of students able to enter nursing programs. This continues a trend first identified as significant in the Institute of Medicine (IOM) study released in 2011 (AACN, 2017).

Over the past two decades several studies were conducted, seeking information to help reduce the nursing shortage. A number of these looked specifically at nursing education programs and ways to increase both the numbers of trained nursing educators and the effectiveness of their teaching methods (Benner et al., 2010; Committee, 2011; Duffy, 2013; Penn et al., 2008). A common thread noted among those studies was a recommendation that nurse educators be trained in teaching theory and practices, adult learning theory, curriculum and course development, and effective testing and assessment methods. A committee of nursing and education professionals, working in conjunction with the Robert Wood Johnson Foundation, conducted a groundbreaking study in 2007. Results of the study were published in 2011 by the IOM. *The Future of Nursing: Leading Change, Advancing Health* included recommendations for graduate and post graduate nursing education programs to include specific coursework on pedagogy, andragogy, curriculum development, and testing and assessment processes. Those recommendations were made, in part, to better prepare nurse educators to meet the core competencies developed and published by the NLN in 2002 and updated in 2012. Specific goals for those competencies were to improve and enhance classroom and clinical experiences of nursing students to better prepare them for the profession of nursing (Halstead, 2019).

In another study, initiated by the Carnegie Foundation for the Advancement of Teaching, Benner et al. (2010) reached almost identical conclusions, recommending that

every graduate level nursing program include teaching and learning theory, andragogy, and instructional methodology within the basic curriculum for advanced nursing practice. Similar recommendations had originally been proposed by the NLN (2002, 2012) with publication and revision of the core competencies for nurse educators. In a follow-up review of the NLN core competencies, Halstead (2019) suggests there is much work yet to be done for the majority of nursing faculty to meet even the basic level of educational preparedness to satisfy those competencies at a minimal level. The AACN (2008, 2017, 2019), NCSBN (2008), American Nurses Association [ANA] (2019), and others developed and published recommendations and preferred vision for educational preparation of nurse educators, derived from results of previous studies and designed to prepare nursing faculty to better meet the core components of NLN competencies. Those include doctorate level educational preparation; specific coursework in teaching theory, methodologies, curriculum development, and assessment techniques; mentoring and orientation programs to ease the transition from clinical practice to academia; and an adequate balance of practice experience and educational preparation for teaching.

A rather extensive search of the literature suggests little research has been conducted to determine nurse educators' perceptions and beliefs on the need for formal training in teaching theory and methodologies. Two recent studies address the level of nursing faculty pedagogical preparation, but there is little, if anything, in the literature examining perceptions and values. In one study Bullin (2018) reported that only about six percent of nursing faculty in the United States have received any formal educational training in teaching methodologies, with the large majority holding advanced degrees in clinical practice specialties. Additionally, Bullin reported that almost seventy five percent

of nursing faculty have only a master's degree as the highest level of education. When compared to the preferred vision for nurse educator education put forth by the NLN (2002, 2012) and AACN (2008) those results may indicate a prevailing belief among NEs that clinical experience is all that is necessary for teaching nursing.

Similar results were reported in a meta-analysis study, finding that most nurse educators move from the clinical setting directly into academia, with little or no preparation for teaching (Baron, 2017). Another study reported a need for at least 40,000 trained educators to minimally meet demand and positively impact ongoing nursing shortages, projected to be more than 250,000 by the year 2025 (AACN, 2017). Those results are inconsistent with recommendations and published core competencies and serve as an impetus for conducting this study.

The researcher proposed to examine issues and factors influencing NEs' perceptions and beliefs about the need for educational preparation for teaching. The study utilized a social constructivist conceptual framework to address the basic question; How do peers and institutions influence nurse educators' perceptions and beliefs about the need for formal training in educational principals? The study also sought to determine if individual educational background of the nurse educator impacts peer influences, and if level of classes taught by the educator influences perceptions and beliefs. The goal was to identify influences on nurse educators' beliefs, and use information gathered to add to the body of knowledge in an area where little research has been conducted. Gaining additional information in this area may result in better understanding of reported low levels of compliance with published and generally accepted competencies and recommendations (AACN, 2008; Bullin, 2018; NLN, 2002, 2012). Organizational change theory suggests socially constructed values and meanings play a

significant role in determining the need for change (Lewis, 2017; Rahman & Hadi, 2019; Wee & Taylor, 2018). Identifying factors which influence those values and beliefs within the NE community may well lead to changes in perception regarding the need for education in teaching methods.

Statement of the Problem

An extensive review of the literature, combined with anecdotal evidence, suggests that a large majority of nurse educators move directly from the clinical setting into the classroom, with little if any training in teaching theory and methods. This practice is diametrically opposed to the recommendations and preferred vision of professional and regulatory organizations (AACN, 2008, 2017; NLN, 2002, 2012, 2013). Those recommendations have been well publicized in the literature and nursing education media for almost two decades, yet there is evidence to suggest the practice of discounting the importance of educational training in teaching methods continues (Bullin, 2018). In fact, there is much to suggest that recruitment and hiring of nurse educators based on clinical expertise only is largely supported and promulgated by the historical cultural and institutional practices of the nursing education profession (Baron, 2017; Bullin, 2018; Penn, et al., 2008). See Appendix B for an example of a typical nurse educator job posting.

The AACN (2017) and others report a need for more than 40,000 additional trained nurse educators to help ease a nursing shortage, quickly approaching 250, 000. However, to meet the preferred vision of a nursing professoriate with doctoral preparation and training in teaching theory and methodologies, change must begin from within the profession itself. Social constructivist aspects of change theory (Lewis, 2017;

Rahman & Hadi, 2019) suggest those changes cannot happen without an understanding of factors which shape and mold nurse educators' basic values and beliefs about the need for education in teaching methodologies. Yet, despite recommendations and calls for change (AACN, 2008, 2017; Benner et al., 2010; Committee, 2011; NLN, 2002, 2012, 2013), there is little to nothing in the literature which addresses this very issue. This lack of knowledge and information may well present a major barrier in efforts to reduce the shortage of educationally prepared nursing faculty and improve overall quality and effectiveness of nursing education programs (Baron, 2017; Bullin, 2018). Accepted organizational change theory suggests that meaningful change can occur only when three conditions are met. First there must be an identified problem or area in need of change. Secondly, stakeholders must acknowledge and accept the need for change. Finally, those stakeholders must "buy in" to the idea and accept their role in motivating action before any meaningful change can occur (Rahman & Hadi, 2019; Wee & Taylor, 2018).

Frank Barrett, a professor of management and global policy contends our understanding of change and change processes depend on a social constructionist approach that places discourse and meaning-making as a central element of change (Barrett et al., 1995; Lewis, 2017). Building on those aspects of organizational change, one can easily argue that change cannot begin to occur unless we first understand not only the basic values and beliefs about long-held practices and processes, but also the factors and influences which underpin those values. Given the traditional and historical practice of nurse educators moving directly from clinical practice to the classroom (Baron, 2017; Bullin, 2018), understanding those factors and influences is of paramount importance. Review of the literature suggests a prevalent attitude among practicing NEs

that clinical experience is adequate preparation to teach effectively in the classroom, and the practical everyday aspects of teaching processes can be learned on the job (Baron, 2017; Bullin, 2018; Penn, et al., 2008). Identifying NE understanding of the differences between teacher training and teacher education as detailed in the literature (Ahmed, 2012; Rickman, 2004), and how that understanding may be influenced by peer and institutional expectations could be a key factor in moving the profession toward desired goals of a doctorally prepared professoriate with education in teaching methodologies (AACN, 2008, 2017, 2019; NLN, 2002, 2012).

This researcher determined, based on accepted organizational change theory (Wee & Taylor, 2018), that identifying and categorizing NE beliefs and values is a first step in beginning to identify a process to move the profession toward desired outcomes. Gaining an understanding of the factors and influences on those beliefs is critical to the change process (Lewis, 2017; Wee & Taylor, 2018). That information can be useful in identifying and pinpointing specific historical, institutional, and peer influences which shape and mold NE beliefs, as espoused in change theory (Wee & Taylor, 2018). Once the information is categorized and understood contextually, processes may be initiated which can begin to reshape and remold values and beliefs of members of the NE profession. Those changes can then be carried forward through the institutions and organizations within the profession to influence future NEs. This study was designed to gather that exact type of information on a small scale, and possibly lead to larger and more expansive research into methods for beginning to initiate institutional and professional changes.

Purpose of the Study

The purpose of this study was to explore and identify historical, institutional, and peer influences on values and beliefs practicing, doctorate-prepared nurse educators hold about the need for training in teaching methodologies. The researcher intended to elicit and provide information and knowledge in that area, and to identify additional areas for further research and inquiry. That information could prove beneficial in closing the gap between expectations for nurse educator preparation and the reality of the present situation.

Significance of the Study

A review of the literature (ROL) identified a significant existing gap between published, preferred vision for NEs and the situation which currently exists. While those recommendations have been widely publicized for more than a decade research suggests little progress has been made in moving the profession toward those desired goals (AACN, 2008, 2017, 2019; Baron, 2018; Bullin 2017; NLN, 2002, 2012, 2013, 2015, 2019). In point of fact that disparity has contributed to a shortage of registered nurses approaching 240,000, due primarily to a need for 40,000 additional educationally prepared NEs. This has resulted in nursing programs turning away thousands of qualified applicants due to lack of faculty (AACN, 2017). Unfortunately, in all published studies conducted to help rectify this disparity, there is a lack of available research regarding nurse educator perceptions of the need for formal educational preparation to teach. Studies have been conducted regarding nurse educators' perceptions on the effectiveness of mentoring programs and readiness to teach for novice educators (Duffy, 2013; Summers, 2017). Other studies examined, both qualitatively and quantitatively, nurse educators' reasons for moving from the clinical setting to the classroom

(Booth, et al., 2016; Goodrich, 2014). Research has also been conducted on factors influencing nurse educators to seek doctoral education, and to enter or leave academia (Fiedler et al, 2017; Booth et al., 2016; Dreifuerst et al., 2016). All these studies lacked information on the one area this research proposed to address, factors influencing nurse educators' beliefs and perspectives on the value and need for educational preparation to teach in the classroom. Given the direct connection to formal training for teaching found in the NLN core competencies (NLN, 2002, 2012), and based on similar recommendations from licensing and professional agencies (AACN, 2008; NCSBN, 2008), there is a real need for that information to begin a process for moving the profession toward significant change.

The study sought to provide needed, vital information in identifying specific influences on perceptions, beliefs, and attitudes among doctorally prepared nurse educators about the need for training in teaching methodologies. This research will add to the existing body of knowledge on factors influencing those perceptions and beliefs. That information could well prove significant as a starting point for initiating change at the higher levels of nursing education, and influence future generations of nurse educators to seek educational training in teaching methodologies. Accepted organizational change theories suggest that effective lasting change is typically initiated from within an organization or professional group (Rahman & Hadi, 2019; Wee & Taylor, 2018), The researcher hoped to offer insight into means and methods to stimulate that type of intra-professional change. The exploratory descriptive focus of the study was designed to illuminate areas of need, opportunities to initiate changes to improve the effectiveness of nursing education programs, and open new avenues for further research into ways to improve preparation and practice for nurse educators. The

overarching goal of the study was to identify means to improve nursing students' educational experiences and readiness to enter or advance in the practice of nursing and nursing education.

Research Question

What factors influence practicing nurse educators' values and beliefs about the need for formal training in education methods?

Assumptions

The primary assumption for this study was the hypothesis statement that nurse educators lack a belief in the need for and value of training in teaching methodologies. Based on results of the ROL it was assumed that the majority of nurse educators participating in the study would have followed the traditional, generational, institutional practices perpetuated by processes in which clinical nurses transition to educator roles. Training and experience is needed to advance nursing practice. Nurse educator is an area of advanced nursing practice (NLN, 2002, 2012), therefore an assumption can be made that training is needed to be effective in that advanced role. Yet institutional and professional practices encourage nurses to move directly from clinical to classroom, assuming the clinical experience is adequate preparation for teaching (Brown & Sorrell, 2017). See Appendix B as an example of position posting, description, and requirements from a typical nursing education program.

Anonymity and confidentiality are assumed to be important considerations in any research study. Participants in this study were not identified by name or institution, using pseudonyms, and providing information only about type of degree and level of courses taught. Participation in the study was strictly voluntary, and it was assumed the subjects were aware of the nature and purpose of the study after being supplied with a written and,

if needed, verbal description of informed consent for the research. (see Appendix C, Informed Consent). It was also understood that subjects could withdraw from participation at any time without ramifications or consequences. It was assumed that subjects understood they had nothing substantive to gain by participating in the research, other than an opportunity to provide information which can contribute to the body of knowledge in this area. Finally, subjects were assumed to understand that participation would have no impact on their employment status or affect their didactic and clinical activities in any way, short of ninety minutes to two hours of time needed for the interview process, and the time involved in answering the online survey.

Limitations

Limitations are factors, issues, or decisions which tend to place limits on the applicability or generalizability of results gathered from a research study. Some limitations may seem to be within the control of the investigator such as sample size, sample population, nature of problem or issue. However, even those factors cannot always be fully accounted for. The consensus is that limitations are generally beyond the control of the researcher or investigator (Simon, 2011). Several limitations were identified pertaining to this study. First, and foremost, the study was designed to only include doctorally prepared NEs teaching pre-licensure and graduate courses at colleges and universities in the southeastern United States. The investigator sought a specific small sample population, consisting of five to ten doctorally prepared NEs. Subjects were voluntarily recruited from a number of institutions, but the investigator had no control over who chose to complete the initial online survey, and then make the choice to follow up with an interview. The study utilized an exploratory design with a small, purposive

sample, in which sample size was dependent on potential subjects' willingness to participate.

Another potential area for concern was subjects' veracity and forthrightness in answering survey and interview questions. The investigator ensured participants that responses to survey or interview questions would have no impact or implications relative to their teaching or faculty duties, and all responses were held in confidence. Each subject was able to participate with a guarantee of anonymity in any published or disseminated results. Safeguards were placed to ensure that second readers and others would not likely be able to identify any participant.

Similarly, participant defensiveness relative to the research topic was a potential area for concern, possibly limiting the amount of useful information obtained from the study. The underlying nature of the topic, to wit values and beliefs on the need for or usefulness of education in teaching methodologies, could have brought about reluctance on the part of some participants to be fully forthcoming and truthful about their individual beliefs. This could potentially skew results obtained from the study and limit usefulness or nullify any responses from individual subjects. To overcome this, the investigator planned to confirm correctness and understanding of the verbatim transcript of each interview conducted, and confirmation of intent or meaning of any questionable areas with each participant. Additionally, the online survey portion of the research could be useful in verifying respondents' answers to interview questions.

Potential for errors in interpreting, coding, and thematic grouping of information also was considered. Using a process of multi-cycle and saturation coding was planned for analysis of the data and information collected. Second reader and participant

confirmation and validation were also planned, to reduce the likelihood of interpretation errors and investigator bias (Saldana, 2016).

Purposive sampling and small sample size could have potentially limited significance of information obtained from the study. However, the pragmatic, qualitative investigative nature of the study lent itself to a small sample size (Creswell & Poth, 2015). Due to those pre-conditions, information generated by the research may prove useful in identifying areas in need of further study. Additionally, no predictive assumptions can be made based on responses. Information would only be useful in identifying influences on common themes and beliefs, which may identify opportunities for further research.

Delimitations

Delimitations, according to Simon (2011), are characteristics that limit the scope and define the boundaries of a research study. Delimitations are within the control of the investigator but may still place restrictions on the usefulness of information gathered from a study. Delimiting factors include choice of the problem or issue to be investigated, research questions, variables of interest, theoretical perspectives adopted for the research, and characteristics associated with the population of interest. Information about the problem to be studied, purpose, and significance of the study are generally addressed in other specific statements and, as such, do not bear repeating in the delimitations (Simon, 2011).

For this study the investigator chose a very limited and defined issue of focus, influences which shape and mold doctorally prepared NEs' values and beliefs on the need for educational training in teaching theory and methods. This population was selected

specifically to gain an understanding of those NE's beliefs and how they might influence other nurses seeking graduate education, which would qualify them to teach in many nursing education settings. The research question as stated is very specific to both the purpose of the study and the theoretical frameworks on which the study will be conducted.

Another delimiting factor was the choice of questions used in the tool for gathering information from the participants. The survey tool, extracted with permission from a more expansive qualitative instrument, was designed to gather information on beliefs and practices relative to NEs' values. The original instrument, the Capabilities of Nurse Educators (CONE) questionnaire (McAllister & Flynn, 2016) addressed multiple areas of competencies which extend far beyond the purview of this study. For that reason the researcher utilized only those items of significance to the research aims of the study. The interview protocol was designed specifically to allow respondents to provide information on values and beliefs without being led or guided toward specific types of responses (See Appendices E and F). This was done to reduce the possibility of investigator bias in the information gathering process.

Purposive convenience sampling was chosen to increase the likelihood of recruiting adequate numbers of subjects who meet inclusion criteria: doctorally prepared with either a DNP, PhD, or EdD; teaching pre-licensure baccalaureate or graduate level classes; with three or more years experience teaching in the classroom. This population demographic was selected specifically to gather reliable and valid information from educators who are educationally qualified to teach classes which lead to a master's

degree in nursing, which is the minimum degree for entry into the nurse educator profession.

The qualitative nature of the study was also a delimiting factor. Using a pragmatic, exploratory descriptive approach allowed the investigator to gather information and present findings without inferences, all while answering the basic research questions in a satisfactory manner. Utilizing accepted coding and thematic grouping methods during data analysis provided information and helped identify common areas of beliefs and values among the different participants in the study. Results of analysis were useful in supporting the investigator's hypothesis that NEs are influenced in their beliefs about specific training in teaching methods by mentors and peers and long-held, deeply rooted institutional expectations and practices. NEs seem to believe this helps them acquire needed information and training to teach effectively. This analytical process ultimately pointed to a need of further research on the subject.

Operational Definitions

For purposes of this study one area in need of basic understanding is the difference between teacher training and teacher education. From a casual standpoint these concepts might appear to be very similar, but research has suggested two very distinct and separate, though inter-related processes. Understanding differences between the two can be accomplished based on comparisons in eight distinct areas: meaning; purpose; based on; perspective; involves; term; objectives; and teaches (Ahmed, 2012).

The meaning or definition of teacher training is "the act of inculcating specific skills and knowledge" (Ahmed, 2012). Its purpose is described as a means to develop specific skills, which are based on practical use and application. The perspective of

teacher training is very narrow, and generally well defined. Implementation involves on the job experiences learned through interactions with peers and mentors. Teacher training has a short-term focus, with an objective to quickly improve productivity and performance (Rickman, 2004). This type of training teaches specific tasks which can be readily applied in defined settings and situations (Mulenga, 2020).

Teacher education, on the other hand, encompasses a basic meaning of gaining theoretical knowledge of pedagogy, andragogy, and accepted teaching principals and methods, utilizing curriculum designed and presented by educational institutions. The purpose is to explore and gain knowledge of systems of learning, based on application of generally accepted theoretical principles. Teacher education has a broad focus of usefulness and application in various settings and situations. It involves classroom-based learning, which is designed to facilitate long-term knowledge retention. The overall objective is to develop a sense of complex reasoning and judgment. This is accomplished by teaching a series of general educational, social, ethical, and philosophical concepts (Ahmed, 2012).

Communities of learners is a term used by Vygotsky (1978) to describe a group of peers who share common values and beliefs, and actively engage in learning from each other, in both overt and subliminal ways. Vygotsky suggested that learning occurs in a multi-directional process, learners from teachers and from each other, and even learners to teachers. In communities of learners, information and knowledge are shared by use of cultural and historical artifacts and tools. These include customs, language, traditions, beliefs, arts, and sciences. Perceptions and beliefs about the value of information are assimilated by those within the group through ongoing exposure to and use of these

artifacts and tools. Assimilation and integration of values and beliefs is a significant factor of the learning process for members of the community. Values and beliefs are carried forward and reinforced by community members, and then relayed and shared with other members and individuals who enter and leave the community. Through this process historical and institutional values and beliefs are shared, integrated, perpetuated and reinforced (Shabani, et al., 2010; Vygotsky, 1978).

Vygotsky (1978) described the Zone of Proximal Development (ZPD) in two distinct and interrelated ways. His primary description of ZPD refers to the most immediate understanding of an individual's development of emotional, volitional, and cognitive processes. Vygotsky also used ZPD to describe the way in which individual members of a learning community possess skills or knowledge which they are close to mastering but need guidance or direction from a skilled teacher or mentor to master. This more knowledgeable other (MKO) is in a unique position to influence learners' beliefs and values about knowledge and information reinforced and mastered during this stage of learning and development (McLeod, 2019).

Situated learning, as described by Lave and Wenger (1991), is the process of learning which occurs in the practices of communities and leads to membership within the community or group. The central process of this learning focuses on the practices and values of the community, and activities which allow the community of learners to function. However, this interaction and negotiation does not occur as the primary concern of the community but takes place on the periphery of group and individual actions and interactions. Legitimate peripheral participation results from ongoing interactions and negotiations between established members of the community and newcomers to the

group. The legitimate, substantive characteristics of the interactions and negotiations are often organized and anticipated by the community itself (Lave & Wenger, 1991).

Communities of practice learners is an extension of the concept of situated learning. Wenger (1998) suggested that learning in a community of practice is an interdependent relationship between individuals and the group. In this context learning, knowing, thinking, and values development are a result of relations among those people engaged actively in, with, and arising from the social, cultural, institutional, and historical structures and expectations of the greater community. Communication and understanding of values and perceptions are situated within the ongoing historical activities and development of the community itself. In this way newcomers are assimilated into the community and begin to develop values and beliefs much in line with those conferred through these ongoing activities. This process offers a conduit between the development of knowledge, skill, and identity and the sustaining reproduction of the community of practice. (Lave, 2001; Wenger, 1998). DeWaal and Khumisi (2016) recognized the importance of communities of practice among NEs in developing professional identity and transmitting knowledge and skills needed to advance as a practitioner of nursing education.

Conclusion

Teacher training, as opposed to teacher education, is the way in which most NEs gain knowledge and skill in teaching. Novice NEs enter the world of academia, most coming directly from the clinical setting (Brown & Sorrell, 2017), and begin to learn by observation and interaction with peers. In this way NEs learn and assimilate knowledge, beliefs, and expectations from institutional, professional, and historical practices and

cultural mores (Lave & Wenger, 1991; Wenger, 1998). However, research has shown this not to be the most effective way to gain knowledge and skills needed to teach effectively in the classroom (Brouwer & Kothargen, 2005; Brown & Sorrell, 2017). In order to fully and proficiently meet the basic core competencies for NEs outlined by the NLN, teacher education is necessary (Halstead, 2019). This is confirmed by recommendations for educational preparation made by several groups and professional agencies such as the NLN, AACN, NCSBN and others. Recent research suggests that only about six percent of practicing nurse educators have any formal teacher education, a far cry from the preferred vision for NEs (Brown & Sorrel, 2017).

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

In preparation for this study an in-depth review of literature was conducted. Several areas of interest were investigated, beginning with recommendations for NE training and criteria for consideration of certification as a NE. The search focused on a number of other relevant topics as well. These included nurses' purpose for seeking doctorate education and factors influencing those decisions, as well as numbers of doctorate-prepared nurse educators with training in teaching methodologies. As the search progressed other topics were added, including differences between teacher training and teacher education, and the impact a shortage of prepared nursing faculty has on present and future state of the nursing workforce. The search was conducted using online databases ProQuest, CINAHL, EPSCO, Google Scholar, and Pub Med. Search terms included: nurse educator training; nurse educator preparation; requirements for nurse educators; teacher training; teacher education; social constructivism and change; situated learning; and communities of learners. Results of the literature review are detailed in the following sections.

Literature Review

Topic 1: Core Competencies and Professional Recommendations

Topic 2: Current State of Nurse Educator Preparation

Topic 3: Impact of Current State on Future of Nursing Workforce

Topic 4: Conceptualization of Teacher Training Versus Education

Topic 5: Nurse Educator Perspectives on Seeking Education Training

Topic 6: Nurse Educator Perceptions and Beliefs on the Need for Education in Teaching Methodologies

Topic 7: Social Constructivism and Change Theory

Topic 8: Nurse Educator Survey Tools

Core Competencies and Professional Recommendations

An extensive review of the literature found several studies examining various efforts to increase teaching education among nurse educators in response to core curriculum requirements and professional organization recommendations from the NLN (2002, 2012), AACN (2017), and NCSBN (2008). One such study reported that most doctoral level nursing education programs are designed for advanced clinical practice, awarding a Doctor of Nursing Practice (DNP) rather than a research or education-focused Doctor of Philosophy (PhD) or Doctor of Education (EdD). The study authors found, in most cases, DNP programs lack coursework in teaching and learning theory, adult educational concepts, and course and curriculum development information, considered essential elements for adequate preparation to teach effectively in the classroom (Booth et al., 2016). Results of this study offer insight into the disparity between current practices and recommendations of the NLN, AACN, and NCSBN. Those organizations recommend that nurse educators, teaching at the baccalaureate level or higher, be prepared at the doctoral level, and have specific education and training in pedagogy, curriculum design and development, formative and summative assessment techniques, distance education and classroom technologies, and adult learning theory (Baron, 2017; NLN, 2013).

In a 2008 position paper released by the NCSBN recommendations were made for nurse educators to be formally trained in teaching, learning theory, and curriculum and course development, to the extent that teachers in other disciplines are trained. Included in those recommendations was a minimum of nine hours of graduate/post graduate coursework in areas identified as necessary for effective teaching in the classroom setting. Likewise, the Carnegie Foundation for the Advancement of Teaching (Benner, et al., 2010) went so far as to suggest that every graduate level nursing program include teaching theory and adult learning theory in the basic curriculum.

The Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing (Committee, 2011) developed a seminal position paper, discussing the historical pathway from clinician to educator taken by most nurse educators. According to the authors, many nurse educators have specialty certification or advanced educational preparation in specific areas of clinical practice. While that educational preparation and experience is needed to train students in the clinical setting, this may not adequately prepare those individuals to teach effectively in the classroom. The committee recommended nurse educators understand adult learning theory and basic teaching concepts and theory to adequately meet the learning needs of students in effective ways. The AACN, in 2017, published a position paper, establishing a vision for preferred educational preparation for registered nurses entering the professoriate. The paper includes recommendations on training in four key areas of teaching, research, scholarship, and community engagement, along with a preferred vision of the doctorate as appropriate level of education for nursing faculty.

Halstead and others (2019) reviewed the NLN Core Competencies for Nursing Faculty more than a decade after implementation. The authors discovered that around two thirds of nurse educators are competent in areas related directly to teaching. Less than half, however, meet minimal competency levels for community and institutional engagement, and only about one quarter of nurse educators are competent in research and research utilization and integration. The authors concluded that many nurse educators are not adequately trained and educated to fully meet competencies. Those core competencies form the basis for credentialing as a Certified Nurse Educator (CNE) by the NLN (Halstead, 2019).

Two separate studies investigated quality improvement (QI) in nursing education programs (Merillat and Scheilbmeir, 2016; Penn et al., 2008). Both concluded that a major contributor to QI for nursing education is faculty who are trained specifically in teaching theory and methods, curriculum design and development, and use of technology in the classroom. Further recommendations included adherence to the standards and recommendations established by the NLN, AACN, and the NCSBN.

Current State of Nurse Educator Preparation

Several studies examined the impact of mentoring programs for novice nurse educators on readiness to transition from the clinical setting to the classroom (Brown and Sorrell, 2017; Goodrich, 2014; Hunt, 2013; Tabloski, 2016). Various successes and shortcomings were noted with mentoring programs, and all studies came to similar conclusions. While mentoring and faculty preceptorship programs are needed and beneficial, that alone is not sufficient to adequately prepare nurses for the academic setting. Hunt also found that, as of 2012, almost 75% of all nursing faculty in the United States are educationally prepared at the master's level, even though many of them teach coursework in doctoral level

programs. This was attributed to an acute shortage of doctorally-prepared nurse educators. Those findings were reinforced by other recent studies (AACN, 2017; NLN, 2015).

Mullan et al (2008) analyzed specific healthcare workforce factors contributing to nurses' decisions to enter or leave the academic setting. The authors identified several key areas contributing to ongoing faculty shortages. These include disparity in income between clinical and academic nursing, and feelings of inadequate preparation to take on faculty roles and responsibilities. The authors did not provide insight into factors influencing ongoing low levels of pedagogical training among nurse educators.

In 2020 the NLN published a position statement on research priorities and goals for nursing education. The paper included recommendations for additional research into means and methods to promote a culture of excellence in nursing education to support learning, evaluate factors affecting scholarly teaching practices, explore the impact of collaborative teaching strategies among doctorally prepared nursing faculty, and implement strategies to recruit nurse educators. The stated purpose of the recommendations is to connect the science of nursing with the science of learning to provide a more effective learning experience for nursing students and to foster a focus on research and practice application. This position almost certainly suggests an increased emphasis on nurse educators having a background and educational preparation in teaching and learning theory and doctoral level education (NLN, 2020).

Impact of Current State on Future of Nursing Workforce

A review of one dissertation study on outcomes related to adequate educational preparation for teaching with nurse educators (Kuss, 2014) provided insight on results of educational preparation among nursing faculty. The dissertation research compared

National Council for Licensure Examination (NCLEX) scores in associate degree nursing programs between students whose instructors had training in teaching and those who moved from the clinical setting to the classroom without training in education. Results showed a slight statistically significant improvement in the intervention group, those students whose instructors had teaching training. This suggests that nurse educators should have specific educational preparation for teaching to help students better prepare for the NCLEX. The author recommended, however, that additional research is needed to confirm results of the study.

Conceptualizations of Teacher Training Versus Education

Foundational to this study, one area in need of basic understanding is the difference between teacher training and teacher education. From a casual standpoint these concepts might appear to be very similar, but research has suggested two very distinct and separate, though inter-related processes. One researcher suggested understanding differences between the two can be accomplished based on comparisons in eight distinct areas: meaning; purpose; based on; perspective; involves; term; objectives; and teaches (Ahmed, 2012).

The meaning or definition of teacher training is “the act of inculcating specific skills and knowledge” (Ahmed, 2012). The purpose of teacher training is described as a way for developing specific skills, which are based on practical use and classroom application. The perspective of teacher training is very narrow and generally well defined, focusing on skills and techniques useful in the classroom. Implementation involves on the job experiences learned through interactions with peers and mentors. Teacher training has a short-term focus with an objective to quickly improve productivity

and performance, and to give teachers a basic set of tools and skills for immediate use. This type of training teaches specific tasks which can be readily applied in defined settings and situations (Ahmed, 2012).

Teacher education, on the other hand, encompasses a basic meaning of gaining theoretical knowledge of pedagogy, andragogy, and accepted teaching principals and methods, utilizing curriculum designed and presented within the setting of an educational institution. The purpose of teacher education is to explore and gain knowledge of systems of learning, based on application of generally accepted theoretical principles. Teacher education has a broad focus of usefulness and application in various settings and situations. It involves classroom-based learning, which is designed to facilitate long-term knowledge retention. The overall objective is to develop a sense of complex reasoning and judgment which allows the educator to function effectively in myriad settings. This is accomplished through teaching a series of general educational, social, ethical, and philosophical concepts (Ahmed, 2012).

Teacher education and teacher training can also be described by the way learning experiences for prospective teachers are designed and carried out. Teacher training focuses on preparing teachers in the vocational aspects and processes of teaching. Teacher education, by contrast, prepares teachers not only for the vocational work of teaching, but also in one or more academic fields of study as well as in teaching theory and curriculum development and design. In some situations either process is acceptable, but greater expertise and understanding of teaching expectations has been shown by teachers who completed defined, structured teacher education curricula (Mulenga, 2020) Rickman (2004) asserts the major difference between education versus training is the

emphasis placed on teaching philosophy and theory encompassed in teacher education programs.

Brouwer and Korthagen (2005) suggested that teacher education is better suited to prepare educators for academic settings. Basing these assertions on the work of Lortie, Zeichner and Tabachnick, Veenman and others, the authors presented evidence of the overall effectiveness of structured teacher education programs. These benefits included an understanding of basic teaching and learning theory, philosophy of teaching, and testing and assessment practices. The authors concluded that teacher education overwhelmingly proved of greater benefit than traditional, historical aspects of training through exposure and practice with guidance and mentorship from more experienced teachers.

Nurse Educator Perspectives on Seeking Education Training

Fiedler and others (2017) examined the impact of PhD and EdD programs on preparing nurses for academic teaching roles. In this case the authors concluded that education-focused doctoral degrees offered the best opportunity to prepare nursing faculty for effectiveness in an academic setting. Dreifuerst and associates (2016) examined factors influencing nurse educators to pursue doctoral education and conducted comparative analyses to determine which factors carried the greatest weight in those decisions. One significant finding involved practicing nurse educators who chose to pursue education-centered doctoral degrees rather than advanced clinical degrees. This was attributed by the authors to a desire to gain additional knowledge and skills to teach more effectively in both the classroom and clinical setting.

Laurencelle et al. (2016) conducted a qualitative descriptive study to examine perceived meanings associated with academic nurse educators, and factors which attract nurses to the academic setting. A significant result of the study was a reported lack of readiness to teach as novice educators. The authors recommended that aspiring nurse educators seek out educational opportunities to learn teaching theory and practices before moving into the academic arena.

Nurse Educator Perceptions and Beliefs on the Need for Education in Teaching Methodologies

Results of the literature review indicate little, if any, research has been conducted in the past decade or more to determine factors influencing level of preparation for teaching among active nursing faculty. Just as telling, no literature was found detailing or examining influences on nurse educators' perceptions and beliefs about the need for such training to be effective teachers in the classroom. A very evident lack of literature in this area points toward a possible explanation for the disparity between preferred educational preparation for NEs and the reality of the current situation. The purpose of this phenomenological descriptive study is to help address that lack of knowledge and understanding by exploring and examining influences on perspectives of the need for pedagogical preparation among nursing faculty. Using theoretical concepts of communities of learners and situated learning the researcher will attempt to identify common patterns or themes about influences on the perceived value of educational training to teach effectively in the classroom.

Social Constructivism and Change Theory

As the study progressed additional searches were conducted. The first of these sought to determine if there exists a connection between social constructivism and change

theory. Frank Barrett, as detailed by Lewis (2017) in *The Social Construction of Organizing*, contended that change within groups and organizations is directly linked to values, meanings, and interactions which contribute to the history and cultural complexities of the organization. Without an understanding of factors shaping and molding that history and culture attempts at change will be slow to ineffective (Lewis, 2017).

Rahman and Hadi (2019) go a step further in contending that organizational or group culture is the only factor dictating whether significant change can occur. They suggest the values, practices and beliefs which underpin that culture must be understood and addressed, and the group members need to recognize and accept the influences which dictate a need for change.

Wee and Taylor (2018) refer to the work of Barrett when suggesting that change is a continuous slow process which can only succeed if all stakeholders recognize and understand explicitly the underlying cultural values and beliefs of an organization. They posit the socially constructed language, meanings, and norms of an organization or institution are the prime determining factors of a need for change, and sustained change will occur only as those determinants are modified.

Nurse Educator Survey Tools

Another aspect of the literature search included a survey tool or instrument applicable to the scope of the research study. Results of the search returned a number of instruments related to nursing education, however most of those were quantitative instruments, not appropriate for this study. One qualitative instrument, the Capabilities of Nurse Educators (CONE) questionnaire (McAllister & Flynn, 2016) did appear to be

somewhat appropriate, even though the tool was very lengthy and detailed, and went well beyond the primary focus of this study. Other researchers had extracted portions of the instrument and used those items in other studies (Summers, 2017). The instrument had been validated, both in the original format and the extracted versions, with Cronbach's α ranging between .88 and .96 (Summers, 2017; McAllister & Flynn, 2016). A modified version of the instrument was easily found in the literature, but the complete survey was not available. To obtain a copy of the original survey the researcher contacted the lead author directly and arranged to have a copy sent by email. McAllister supplied not only the survey, but results of validation for the instrument as well.

Theoretical Framework

Constructivist theory, based on the work of Dewey, Piaget, Bruner, and Vygotsky suggests that individual's learning is influenced and guided by traditional, generational, and institutional beliefs and practices, and these processes impact the way in which learning occurs. In this context learning is a cumulative product of interactions with individuals, institutions, culture, and tradition. Social constructivists, of whom Lev Vygotsky was considered a pioneer, posit that all learning and knowledge acquisition takes place during multiple, ongoing interactions in social, communal settings. Construction of meaning during those interactions is heavily impacted by values, beliefs, and importance communicated through interactions and transfer of knowledge (Lees, 2017).

This study is based on two complimentary social constructivist theories of learning. The primary theory, often referred to as Communities of Learners, is based on the work of Russian social psychologist Lev Vygotsky. Communities of learners is a term

used by Vygotsky (1978) to describe a group of peers who share common values and beliefs, and actively engage in learning from each other, in both overt and subliminal ways. Much of Vygotsky's early work was conducted with school children, observing how they worked, interacted, and learned within groups, or communities. Vygotsky posited that learning occurs in a multi-directional process. Learners gather information and knowledge from teachers and from each other. Learners also pass information and understanding of knowledge acquisition and learning behaviors and preferences to teachers, who use that information to modify or adjust teaching and mentoring actions and processes. In communities of learners, information and knowledge are shared via cultural and historical artifacts and tools. These include customs, language, traditions, beliefs, arts, and sciences particular to the group or community. Perceptions and beliefs about the value of information are assimilated by those within the group through ongoing exposure to and use of these artifacts and tools. Assimilation and integration of values and beliefs is key to the significance of learning processes for members of the community. Those values and beliefs are carried forward and reinforced by community members, and then relayed and shared with other members and individuals who enter and leave the community. Through this process historical and institutional values and beliefs are shared, integrated, perpetuated, and reinforced (Shabani, et al., 2010; Vygotsky, 1978).

Vygotsky (1978) developed a specific concept of how knowledge, information, values, beliefs, and traditions are shared within such groups or communities. He described this process, the Zone of Proximal Development (ZPD), in two ways. His primary description of ZPD refers to understanding of an individual's immediate and

observable development of emotional, volitional, and cognitive processes, which changes over time as new learning occurs. Vygotsky also used ZPD to describe the way in which individual members of a learning community possess skills or knowledge useful to the community which they are close to perfecting but need guidance or direction from a skilled teacher or mentor to master. This teacher or mentor, the more knowledgeable other (MKO) is in a unique position to influence learner's beliefs and values about knowledge and information reinforced and mastered during this stage of learning and development (McLeod, 2019).

Situated learning, as described by Lave and Wenger (1991), is the way of learning which occurs in the practices of communities and leads to membership within the community or group. The central process of this learning focuses on the practices and values of the community, and activities which allow the community of learners to function. However, this interaction and negotiation does not occur as the primary concern of the community but takes place on the periphery of group and individual actions and interactions. Lave and Wenger referred to this process as legitimate peripheral participation, the transitional phase between entry into a group or community and full acceptance as a member. Legitimate peripheral participation results from ongoing interactions and negotiations between established members of the community and newcomers to the group. The legitimate, substantive characteristics of the interactions and negotiations are most often organized and anticipated by the community itself. Those interactions are based on historical, traditional, and institutional characteristics of the particular group or community and, as such, provide understanding of values, beliefs, and perceptions for members of the community. Individuals situated within these

communities learn those values and beliefs during ongoing interactions and exchanges which occur within the group (Lave & Wenger, 1991).

Korthagen (2010) suggests that situated learning is a significant factor in how teachers, even today, are educated and indoctrinated in the expectations and accepted practices of the teaching community. From a historical perspective Korthagen acknowledged the longstanding practice of training teachers by experience and mentorship on the job. Educators who complete established, accepted, standardized curriculum as preparation for teaching fail to use much of that training in the classroom, relying instead on practices and skills learned through observation and interaction with other teachers around them, according to research cited by Korthagen. He posited that situated learning is an entrenched, accepted, and institutionally perpetuated means for educators to gain skills, abilities, and knowledge necessary to succeed in the classroom, despite a preponderance of evidence which shows the benefit of teacher education (Korthagen, 2010).

Cognitive teacher education and situated learning can and should coexist and integrate harmoniously, according to Korthagen (2010). He cites studies which provide evidence of usefulness in having cognitively educated teachers engage in situated learning processes as a bridge between theory and practice. For this to be effective educators in established teaching education programs must accept the validity and usefulness of situated learning. At the same time members of the teaching profession need to acknowledge and understand the long-held institutional and cultural practices inherent in situated learning. And novice educators must ground theoretical concepts and

proven processes gained through education in the usefulness of practices acquired through situated learning processes (Korthagen, 2010).

Communities of practice learners is an extension of the concept of situated learning, developed by Lave and Wenger, as discussed previously. Wenger (1998) suggested that learning in a community of practice is an interdependent relationship between individuals and the group. Learning, knowing, thinking, and values development are a result of relations among those people engaged actively in, with, and arising from the social, cultural, institutional, and historical structures and expectations of the greater community. Communication and understanding of values and perceptions are often situated within the ongoing historical activities and development of the community itself. In this way newcomers are assimilated into the community and begin to develop values and beliefs consistent with those conferred by these ongoing activities. This process offers a conduit between the development of knowledge, skill, and identity and the sustaining reproduction of the community of practice. (Lave, 2001; Wenger, 1998). DeWaal and Khumisi (2016) recognized the importance of communities of practice among NEs in developing professional identity and transmitting knowledge and skills needed to advance as a practitioner of nursing education.

Conclusion

An extensive review of the literature produced a plethora of information on NE competencies and preferred qualifications. Much research on NEs has focused on reasons for entering or leaving academia and influences on seeking specific educational preparation. There is also abundant literature available on the theoretical bases for this study. However, no information was found to help answer the basic research question

driving this study. It is believed this research will begin to provide, in a small way, information on social, institutional, and peer influences and how they shape and mold NEs' beliefs and values about the need for educational preparation to teach effectively in the academic setting.

CHAPTER III

METHODS

Introduction

This exploratory, descriptive study sought to identify influences shaping common values and beliefs practicing, doctorate-prepared nurse educators hold about the need for education in teaching methodologies. The study employed a social constructivist theoretical framework to determine if perceptions are influenced by peer interactions and historical, social, cultural, and institutional expectations. This study should help to provide information and knowledge in an area found lacking in the literature. Results of the study could provide information useful in closing the gap between expectations for nurse educator preparation and the realities of the present situation as identified in the literature.

Research Question

What factors influence practicing nurse educators' values and beliefs about the need for formal training in education methods?

Setting

The study was conducted at several colleges and universities in the southeastern United States. Participants were recruited from colleges of nursing which grant baccalaureate pre-licensure and masters or higher degrees. The initial survey was conducted online, with each participant completing a twenty-four item instrument, designed to identify beliefs and practices of the respondents, and to provide baseline

demographic information. The interview portion of the study was conducted in real time, using web-based interactive software with video and audio recording capabilities.

Participants

Participants for the study were doctorally prepared NEs, with a minimum three years' academic teaching experience. Subjects were engaged actively in teaching undergraduate pre-licensure and graduate level coursework in the classroom. NEs who taught only clinical were excluded from the study. The investigator recruited a total of five doctorally prepared nurse educators, two with DNP, two with PhD, and one with both DNP and PhD. The level of educational preparation and teaching experience was chosen to provide a common baseline for the investigator to elicit useful information to identify common themes and patterns on factors influencing beliefs and values among faculty who are able to teach master's in nursing courses, the entry level credential for NEs.

Methodology

The study utilized a descriptive exploratory approach, using a pragmatic social constructivist design. The researcher asked participants to answer an initial online multi-question survey, designed to determine values and practices relative to the research topic. Interviews were then conducted, comprising a series of semi-structured open-ended questions. The interviews were conducted using web-based meeting technology. The researcher transcribed each interview and compared answers to participants' responses from the survey. This was done as an initial means to validate and confirm information and ideas gathered during the interview process. Once transcription was completed the

researcher reviewed the verbatim transcripts and contacted participants to confirm any areas of uncertainty, to ensure that understanding of meaning and nuances was clarified.

Qualitative analysis of data began during the transcription phase of information gathering. This first cycle coding process (Saldana, 2016) proved extremely helpful in identifying basic themes and recurrence of those themes between different participants. Comparison of transcripts to recordings of the interview sessions proved beneficial in highlighting affective aspects of responses, which profited the researcher by giving additional insight into values and beliefs. After coding was completed, signified by saturation, the point at which no additional themes were identified (Saldana, 2016), thematic grouping began. Once themes had been identified the researcher collaborated with a second reader to review transcripts and themes. This was done to insure completeness and accuracy of transcript interpretation. The second reader was a doctorally prepared acquaintance of the researcher, with education and background in a teaching discipline. This individual is well versed in qualitative research and familiar with coding and thematic grouping. Confirmation of final thematic analysis was then conducted with participants, and results compiled and reported as qualitative data. Second reader and participant confirmation were undertaken to limit the risk of researcher bias in interpretation of data (Saldana, 2016).

Research Design

The study was undertaken to explore and describe common themes on influences impacting the values and beliefs in the need for education in teaching methods and practices among doctorally prepared nurse educators. To that end, an exploratory phenomenological study seemed best suited to elicit information needed to address the

basic research question, and to frame the study within the context of social constructivist learning theory. Phenomenological inquiry looks at the lived experiences, values, and beliefs of several individuals within a community or group and seeks to discern patterns in meanings attributed to the phenomenon by those individuals (Creswell & Poth, 2018). Teherani et al. (2015) state phenomenological qualitative research is a process of rigorous, systematic inquiry, analysis, and reporting of “who”, “what”, “why”, and meaning of the subject or phenomenon under study, as told by participants through their experiences.

Creswell and Poth (2018) describe several details associated with phenomenological research during different phases of the qualitative research process. First, one must determine if the phenomenological approach is proper for the study. The researcher must be able to adequately and succinctly describe the problem or issue to be investigated. Philosophical and ethical considerations must be recognized and addressed. The researcher must ensure that participants have experienced the phenomenon being studied. The ability to generate and organize themes from participants’ individual responses and develop meaningful descriptions of those themes without interpretation is important. Finally, the researcher must be able to report an accurate, composite picture of the responses and present results of the study in a scholarly written format. Adhering to this process increases the likelihood of a valid study (Creswell & Poth, 2018).

This study was undertaken with practicing nurse educators from four colleges and universities located in the southeastern United States. Each interview lasted between forty-five and sixty minutes. Results of the interviews and surveys were evaluated in relation to the conceptual and theoretical bases of the study, and correlations and

connections identified as appropriate within the context of the research question. Participation in the study was strictly voluntary. The researcher recruited a total of five nurse educators, two with DNP, two with PhD, and one with DNP and PhD educational backgrounds. Subjects had on average a little more than ten years didactic teaching experience, ranging from eight to thirteen years, and were currently teaching on a fulltime basis. Participants taught undergraduate and graduate level courses at colleges or universities with established nursing education programs.

Inclusion criteria for the study included practicing nurse educators with at least three years didactic teaching experience, currently teaching in the classroom at the undergraduate or graduate level. At the time of the study subjects must have been teaching full time in established nursing education programs and agree to participate voluntarily. Participation required doctoral level educational preparation in nursing. Exclusion criteria included nurse educators who teach clinical only, teach part time, or those with less than three years experience as faculty. The assumption here being novice nurse educators may not have fully engaged and experienced the processes of knowledge acquisition and beliefs described within the conceptual and theoretical frameworks of the study.

Data Collection

Creswell and Poth (2018) suggest that effective data collection in phenomenological studies focus on two basic areas. First, a description of participant experiences in relation to the phenomenon under study. This is followed by descriptions and characterizations of factors, contexts and situations which influence those experiences. A well-designed data collection tool will consist of open-ended questions

which can generate in-depth information from study participants to help answer the research question (Teherani et al., 2015).

Subjects for the study were recruited using purposive sampling. The principal investigator contacted deans or nursing program directors via email, seeking nurse educators to participate in an initial online Qualtrics survey. Those educators were invited to participate, and to recommend additional educators who met inclusion criteria. Subjects were not randomized, and selection was based on the participants' volunteering. The researcher set up web-based interviews with each subject. Subjects did not incur any costs for participation, nor was there any overt benefit derived from participation in the study. Participant anonymity and confidentiality were maintained, each participant being referred to only by pseudonym. Institutional anonymity was also ensured, using only a description of the type of college or university, and level of classes offered. No reference was made regarding location, other than the schools are located within the southeastern United States. There were no adverse or negative consequences anticipated for educators or institutions which participated or declined the invitation to engage in the study.

An initial survey, adapted from McAllister and Flynn's (2016) CONE questionnaire, was administered to potential study participants online, addressing two areas related to efficacy in teaching and performing the faculty role. Several items addressed attitude and beliefs while others focused on practice. The survey was used as a recruiting tool, and to identify nurse educators' perceptions and beliefs of their ability to teach effectively in the classroom. Thirteen individuals completed the initial survey, and the five who indicated a willingness to continue in the study were contacted to complete an interview process using web-based video conferencing software. The interviews

consisted of a series of semi-structured open-ended questions designed to explore and expound upon influences, perceptions, values, and beliefs. Questions focused specifically on gathering information relative to influences to seek or not seek training, and the impact of peers on subjects' beliefs about the value of pedagogical education and training. Specific goals of the interview and survey were to identify and categorize common themes related to beliefs about educational preparation and factors influencing those beliefs. The researcher planned to view the information gathered within the context of community and situated learning, as suggested by Vygotsky and Lave and Wenger. Demographic information on educational background and teaching experience were also collected and used to identify any significant themes based on educational preparation.

Data Analysis

Creswell and Poth (2018) suggest that data analysis can be the weak point in an otherwise well-designed and developed qualitative study. Researchers must be very aware of the impact interpretive frameworks and philosophical assumptions can have on analysis of data. Researcher positionality must be recognized and elucidated within the study, and efforts made to counteract potential influence in data collection and analysis. Saldana (2016) suggests strategies to overcome the effects of positionality and philosophical preconceptions include second reader and participant review of interview transcription, and final thematic grouping.

Responses were transcribed and follow up interviews conducted on two occasions to clarify understanding of responses. Analysis began during transcription of interviews, as the researcher grouped recurrent phrases and formulated and aggregated potential meanings associated with repeated responses. Identified recurrent phrases and terms were

grouped together in categories or themes of similar relevance and significance. First cycle constant comparative coding and thematic grouping of responses, known generally as the Colaizzi method of qualitative interpretation, was utilized to begin data analysis (Corbin & Strauss, 2014; Wirihana, et al., 2018). Second and third cycle coding was undertaken, utilizing a combination of exploratory, affective, attribute, and magnitude coding. Exploratory coding was utilized in grouping keywords or phrases into initial similar areas of meaning. Affective coding, as much as possible given the nature of web-based interviewing, was undertaken to add implied or inferred meaning to responses, based on how responses were delivered during the interview process. Affective coding can be a slippery slope, as the researcher may be interjecting himself into the meaning of the response but can be very helpful when seeking follow-up responses for clarification (Saldana, 2016). Attribute coding was used, in some instances, to assign specific characteristics to responses. Magnitude coding, the number of times words or phrases appear in responses across the spectrum of all respondents, was included in the data analysis process. Magnitude coding can also be useful for conducting nonparametric quantitative data analysis if desired (Saldana, 2016). Saturation coding, the point when no new themes or ideas are evident (Saldana, 2016), proved beneficial in aiding the investigator to determine a point in which to stop further coding analysis. When no additional significant data which could be thematically connected or potentially related to the theoretical framework of the study was found the researcher concluded data analysis. These methods are used routinely in qualitative research and have been shown consistently to enhance trustworthiness and reliability of study results (Saldana, 2016).

After coding and thematic grouping were completed, selective review and confirmation of responses with participants was conducted as a means for confirming reliability and trustworthiness. This process, known as member checking, is a component of triangulation of data, along with second reader confirmation (Saldana, 2016) Second reader confirmation of thematic grouping and interpretation of transcripts and interview recordings was accomplished with the assistance of a doctorally educated individual known to the researcher, with a background in qualitative research in nursing education, and a familiarity with coding and data analysis. Correlation of themes to the major tenets of the theoretical frameworks, situated learning and communities of practice learning, were identified, described, and confirmed with respondents.

Qualitative analysis proved very useful in helping to identify influences on nurse educators' beliefs about the need for educational preparation to teach and helped to correlate significance of the theoretical framework to those perspectives. The resulting information may well add to the body of knowledge in this area and should also be useful in identifying potential areas for further study. Current and future nurse educators could gain insight into how their attitudes and perspectives are influenced by peers, and how transfer of knowledge shapes and molds their practices of teaching. The overarching aim of the study was to improve delivery of nursing education and better prepare students to enter the profession of nursing.

Timeline of the Study

Creswell and Poth (2018) suggest the timeline for a qualitative research study begins long before actual research occurs. A well thought out timeline includes the planning phase, literature review, developing and refining research questions,

development of the data collection tool, recruiting participants, and data collection, analysis, and reporting. The timeline should be realistic in scope and allow for unexpected delays during any of the later phases of the project (Creswell and Poth, 2018).

The first phases of this study, development of project, literature review, writing and refining the research question, and developing the data collection tools, have taken more than twelve months to complete. Before research was conducted, Institutional Review Board (IRB) approval was obtained. That process encompassed about three weeks time. Recruiting and selection of participants accounted for another three weeks. The next step, conducting surveys and interviews to collect data took one month. Transcription of interviews and analysis of data after the interviews were completed took five weeks. The final phases, writing up and presenting results comprised a total of three months. The combined timeframe for this study from inception to completion encompassed a total of twenty-two months.

Ethical Considerations

Creswell and Poth (2018) state that ethical considerations should be addressed during all phases of a qualitative research study, from planning and development, through recruitment, data collection, analysis, and reporting of results. While details of each study dictate ethical matters, all studies have common considerations. These include honesty and lack of deception, recognizing and addressing researcher bias, and accurate reporting of results. Equal consideration and opportunity for participation should also be given to all who meet inclusion criteria for the study (Creswell & Poth, 2018).

During development of this study the researcher considered a number of potential ethical issues. After the topic and theoretical frameworks were selected, literature review

was undertaken and the researcher sought to present results of the review honestly and without falsification, embellishment, or plagiarism. As the project unfolded, approval was sought through faculty advisor and committee members. Permission to use portions of the copyrighted survey tool developed by McAllister and Flynn was sought and obtained from the primary author. The researcher contacted the publisher, Elsevier, and obtained a license to use the copyrighted material for purposes of this research study. Institutional Review Board approval was obtained prior to beginning any portion of the research phase. During recruitment of participants, permission was sought from the respective Deans of Colleges of Nursing by using them as the conduit for recruiting subjects from their nursing faculty. The researcher did not share or make reference to any participant or institution during recruitment or data collection. Participant and institution anonymity were maintained during all phases of the research, and no personally or institutionally identifiable information was included when reporting results. The researcher also sought to address any policies or standards imposed by institutions where the participants teach which may have ethical implications for the study

Participants were informed of the purpose for the study during the informed consent process. All pertinent information relative to the study, including purpose, risks and benefits, timeline, and participant expectations were addressed within the informed consent document (see Appendix C). All data and information collected during the study, both electronic and hard copy, were maintained under control of the researcher only, and were stored in a secure manner, using the University of Alabama (UA) password protected Box cloud storage system. Electronic data, including transcripts, recordings, etc were kept in password-protected files. The researcher made every effort to schedule

surveys and interviews with participants in a timeframe least disruptive for them. The researcher expressed complete honesty and disclosure with participants as a means to gather best possible data and information. The researcher utilized information from the online survey to confirm and validate responses to interview questions, thus helping to verify veracity of participant responses

The researcher addressed potential bias during data analysis by using a multi-step coding process, review by a second reader, and confirming results with study participants. Triangulation of data has been shown in multiple previous studies to increase trustworthiness and reliability of results (Saldana, 2016). The researcher reported all results accurately, attempting to minimize any inherent biases or preconceptions. Methods to address researcher bias and positionality were included in all phases of data collection, analysis, and reporting. Those methods have been reported on in previous sections of this document. It is of paramount importance for the researcher to report only those results derived directly from the participants, and not attempt to interpret information collected during a purely descriptive study. This was accomplished utilizing second reader review and participant confirmation prior to publication of results. All pertinent results derived from the study, even those which may be contradictory to the hypothesis and expectations of the researcher, are reported in the final document.

Research Positionality

The investigator holds an inherent bias favoring formal educational preparation to teach in nursing programs. Based largely on personal educational background and twenty plus years experience working with new graduate nurses, it appears evident to the investigator that nursing school graduates who matriculated with formally trained NEs

are better prepared to enter the profession. Novice nurses possess varying levels of competence and critical thinking abilities, and much of this can be anecdotally attributed to the educational preparation of NEs. In the researcher's experience nurses who studied under NEs with only clinical experience and little formal training in teaching fare very well with basic clinical skills but are less adept at critical thinking and clinical reasoning. Those nurses who were taught by trained educators seem to possess both good clinical skills and critical thinking and decision-making processes.

In light of those experiences the researcher investigated a number of doctoral educational programs and purposely chose the EdD program in Instructional Leadership for Nurse Educators to prepare for a faculty position teaching nursing. The investigator believes theory and methodologies education for NEs is critical to prepare them for the demands and expectations of academic nursing education in varying settings and situations, particularly with regard to the most recent NLN position statement on research aims for nursing education (NLN, 2020).

Based on experience and research into the literature and theoretical frameworks for this study, the investigator's expectations were that historical peer, institutional and generational factors influence nurse educator's values and beliefs in a way that precludes the need for formal education to teach. Historically, NEs follow the clinical to classroom pathway, and there is little motivation or desire to change that, despite recommendations and development of core competencies which favor formal education in teaching (Brown & Sorrell, 2017; Booth, et al., 2016). As such, the researcher expected even doctorally prepared NEs to downplay the need for such formal training, and those factors noted

previously to be dominant in shaping their beliefs and attitudes, as suggested by theoretical frameworks for this study.

Conclusion

The purpose of this study was to explore and identify factors which influence NEs' perceptions and beliefs about the value of formal educational training to teach in the classroom. To that end the researcher conducted a descriptive qualitative study, using a social constructivist theoretical framework based on the writings of Vygotsky and Lave and Wenger. Participants for the study were doctorally prepared NEs teaching undergraduate and graduate level coursework at several colleges and universities around the southeastern United States. Purposive snowball sampling was used to recruit participants, after gaining permission from the respective Deans of nursing programs at those sites. Research was conducted using an online survey and web-based interviews. Interviews were transcribed and qualitative data analysis took place using accepted coding and confirmation techniques. Results of the study are reported in a purely descriptive manner, with no attempt at inference or interpretation. Information gained from this study should be useful in adding to the body of knowledge in an area where almost nothing exists in the current literature. The results may also prove beneficial in providing a basis for further research into this and similar areas.

CHAPTER IV

FINDINGS

Introduction

This exploratory, descriptive study was undertaken to identify factors influencing practicing NEs' perspectives and beliefs about the value of formal training in education methods to be able to teach effectively in the academic setting, and to identify those beliefs where possible. The literature is sorely lacking in this area, and the researcher sought to identify influences which may account for the reported low numbers of NEs with any formal training in educational methods (Bullin, 2018). The disparity between published preferred educational preparation for nursing faculty (ANA, 2019; NCSBN, 2008) and the reality of the current situation is considered a significant factor in ongoing shortages of nurses and nurse educators (AACN, 2017; NLN, 2015) The researcher used an initial introductory online survey to recruit participants, then conducted in-depth interviews with five of the respondents in order to explore the experiences of nurse educators transitioning from the clinical to the academic setting .

Convenience sampling was utilized to make initial contact with potential subjects. The researcher sent an email to the deans, directors, or chairs of Colleges of Nursing at fourteen colleges and universities in the southeast United States. The email solicited participants to take part in an online survey about beliefs regarding self rating of teaching competence. A link to the Qualtrics survey, derived from the much more expansive CONE survey (McAllister & Flynn, 2016) was contained within the email. Interested

individuals were asked to review an informed consent document included with the email, and to access the survey constituted implied consent to participate according to the guidelines contained within the consent document (Appendix D). Thirteen nurse educators from seven different universities completed the online survey. Of those thirteen, five educators from four different schools agreed to participate in the interview.

The researcher contacted each of the five individuals by email to schedule interviews. Participants were asked to review and sign a separate informed consent document (Appendix C) for the interview and submit to the researcher as an email attachment. Interviews were conducted using web-based technology over three weeks from the end of November through the second week of December 2020. Each interview consisted of the same series of open-ended questions. Additional lines of inquiry were included in response to subjects' answers and discussions of the original questions. Each interview took an average of fifty minutes to complete. Interviews were recorded to the web-based platform, and transcribed to written format using a speech to text app. The researcher converted those documents to Word format, editing the content for accuracy while listening to the recorded interviews. Completed transcriptions were stored securely, using the UA Box cloud storage system. A discussion of each participant and interview follows.

Participant Description and Background

The first interview was conducted with Amelia, a white female in her 40's, with a clinical background in family nursing. Amelia has 19 years nursing experience and 12 years as nursing faculty. She holds a master's degree as a family nurse practitioner. After she had been teaching for several years she completed a DNP in adult health nursing, and

completed additional coursework in nursing education. She rationalized this by saying she discovered a need for education in teaching theory and methods to be most effective as a nurse educator. Amelia did confess, however, that after working with peers for more than six years she developed a style and understanding of how to teach to meet the requirements and outcomes of her university's nursing program.

Amelia teaches pre-licensure undergraduate nursing courses and advanced assessment for graduate students in the family nurse practitioner program. She has yet to engage in any significant research and has published only poster presentations. She stated that she cannot achieve tenure with a DNP, but her school continues to encourage her to conduct research and seek funding for studies.

When Amelia completed the initial 24 item survey, she expressed a high level of confidence in her ability to teach. Her responses were consistent across all items, both Practices and Beliefs. Yet she discussed frankly and openly a very real feeling of being unprepared when she first moved from the clinical to the classroom setting. However, after 12 years that feeling of confidence and belief in efficacy was very evident in her responses during the interview. She readily attributed this to the influence and training she received from her peers, as well as the education coursework she completed with the DNP. Amelia believes the NE profession continues to rely heavily on clinical experiences and peer mentorship to prepare and equip nurses for the role of educator. She also contends that NEs really should have education in teaching theory and methodologies, preferably before entering the profession. She also expressed a belief that NEs seek certification as nurse educator, as a measure of their readiness and efficacy as instructors.

As the interview progressed Amelia made several comments which proved to be significant when compared with the other respondents. Her initial response, when asked to describe the experience of moving from the clinical setting to the classroom, was a direct reflection of Patricia Benner's (1982) Novice to Expert model. "I felt like I was living Benner's model, except I had gone from expert directly to novice." "I had no idea what the school expected me to do, or even the basics of stepping into a classroom and getting a bunch of students to listen to me, much less understand the things I was trying to say to them. I only knew that I had good clinical skills and habits, and that was the reason I was asked to teach." This was her very real way of describing how ill-prepared she felt at that time.

When asked to describe how she was recruited to teach Amelia stated, "I worked with a nursing faculty member who supervised me when I was teaching clinicals as an adjunct and she told me that I had good clinical skills and could teach and should take the fulltime classroom position." This type of rationale for getting clinical nurses into the classroom as teachers is well supported in the literature (Booth, et al., 2016; Brown & Sorrell, 2017; Duffy, 2013; Goodrich, 2014), and is consistent with experiences described by other NEs in this study. These types of statements are confirmation of one of the five themes identified by the researcher, specifically clinical experience as preparation for teaching.

The researcher, seeking to gather as much information as possible on influencing factors, asked Amelia about mentoring and peer help. She responded with the following statements, "She worked with me at different periods of time over the first two years and basically guided me in how to teach the students." "I learned from her the most important

things about teaching nursing students. What to teach them, how to teach and test them, and one thing that is really important, how to serve as advisor and counselor, which we do a lot in nursing school.” Duffy (2013) describes this type of mentoring behavior as a factor in shaping novice NEs professional identity. The researcher interprets these comments, and similar ones from other subjects, as confirmation of the major theme peer mentorship and influences, and validation of a belief expressed by all participants, the value of mentoring.

The researcher then sought to gain additional information on potential institutional or professional practices which might come into play in shaping and molding NE beliefs and values so the focus shifted to institutional practices and policy. Amelia provided this bit of insight. “The institution that I teach for basically assigned the novice educator to work with experienced educators. We worked alongside those instructors for more than a year and learned from them as well as the online coursework in teaching we were required to take. I was able to learn from those experienced educators how to teach. I was expected to follow their guidance and training until I gained enough experience to work on my own”. This is a direct reflection of institutional practices guiding and dictating how NEs should teach and corresponds strongly to the theories of both Vygotsky and Lave and Wenger. The researcher also sees these statements as a direct indicator pointing specifically to a third identified theme, institutional practices and policies.

To conclude the interview Amelia was asked about her thoughts on the need for education in teaching methods. She responded that education in teaching would make a big difference in the experiences of new NEs. She summed up her thoughts in this way,

“There was a lot that I realized I needed when I first moved into the classroom. Really, the educational background and training that you really need to have to be able to step into a teaching role and be as effective as you can from the beginning. That knowledge would have made the move much easier.”

Amelia’s responses and discussion were consistent with the other subjects’ and she helped bring to light the five major themes identified during data analysis, which are discussed in more detail in a following section. She professed a high level of confidence in her ability to teach effectively after teaching for twelve years, but verbalized feelings of being unprepared when she first started teaching. This change in ability and self-efficacy can be directly attributed to her interactions with peers and the mentoring experience, to institutional practices she experienced, and online coursework she was required to take by her university. Amelia credits the courses she took in educational methods and theory while completing the DNP for increasing her confidence and ability to teach.

Her experiences offer a telling view of Benner’s (1982) Novice to Expert theory in play. She entered the classroom very much a novice, unsure of what was required and unprepared to teach. Then, after mentoring, peer interactions, and institutional training and further education, Amelia progressed through the stages from competent to proficient, and now, twelve years later, an expert in nursing education, as evidenced by responses on the initial survey and interview.

Of particular importance to the study, Amelia offered information on two beliefs and values, of which little information can be found in the literature. And she also gave insight, through her commentary, on the influences which shaped those beliefs. Amelia

was very forthcoming about her mentoring experiences and the value she placed on the way that helped her to gain understanding of how to teach. Her responses indicate a significant influence from the mentor, peers, and her university in reinforcing the value of those experiences. Additionally, she discussed an institutional and profession-wide belief in clinical experience as adequate preparation for teaching, and suggested that peers and the school were a major influence in shaping and perpetuating that belief. Those experiences are significant, in that this is information found lacking in the literature.

The second interview took place with Brad, a NE with both DNP and PhD. Brad was the first respondent to the initial survey and, not unexpectedly, expressed a high level of confidence in his ability to teach effectively. Brad is a white male in his late thirty's who teaches at a public institution which offers undergraduate pre-licensure, graduate, and doctoral level courses in nursing. At this time Brad teaches only graduate level courses and serves as department chair. The public university where he teaches confers only DNP in advanced clinical practice areas in the nursing program but does award PhD in other areas of study.

Brad has been a nurse for 12 years and has been teaching for 8. He started teaching clinicals while completing the DNP in acute care nursing. Brad told the researcher he was asked to move into the classroom shortly afterward and began didactic teaching in the pre-licensure undergraduate program. During this period he completed his DNP and participated in a one year, structured onboarding process for new faculty at his university. Brad stated he was given direction and guidance from his mentor and learned how the university desired him to teach from the onboarding courses. He stated, however, that he began to realize he needed more education in teaching methods, and needed a

terminal degree to achieve tenure, so he went back to school and completed a PhD in adult education.

Brad was very open and forthcoming about how his mentor helped to guide and mold his teaching and the way the university directed him to teach using the classwork which he completed over the first year. He believes the biggest influence on what he thought about teaching at the time was the ongoing work he did with the mentor. He did state that, as he completed coursework in the PhD program he realized the mentor was very knowledgeable in the basic methods for teaching, testing, and assessment but likely lacked a full understanding of teaching theory and methods. He also finished the interview with a short discourse on the need to restructure curriculum in advanced graduate level nursing programs to include teaching theory and methods, regardless of the area of specialization.

The discussion with Brad took somewhat of an unexpected turn. When asked about his experiences at the time he first started teaching, Brad began a discourse on the reasons he chose to go back to school and get a PhD after completing the DNP. He discussed the need for a terminal degree to attain tenure, but also stated that he very quickly realized he did not know how to teach and wanted to get education in that area. He continued about how much his ongoing education helped him learn to be a better teacher, and concluded his answer with the following, “If I had those classes in teaching before I started in the classroom I would have been better prepared.” Brad then began to talk about being recruited to teach and detailed an expectation from the school and his mentor that clinical experience would be enough to help him get started. The following statement confirms this, which is supported by existing research. “The school where I

had studied for my graduate degree asked me to teach clinicals, then moved me into a fulltime faculty role, telling me not to worry, what I didn't know about teaching I could learn from coworkers." This common profession-wide practice of relying on clinical experiences as preparation for teaching is well documented in the literature, as noted previously. This statement, and others from all participants, is confirmation of a major thematic concept identified during analysis, clinical experiences as preparation for teaching.

As done during all interviews, the researcher steered the conversation toward mentoring and institutional practices, seeking to gather information on influencing factors. Brad offered the following regarding mentoring in response, "Yes, I had a good mentor, the same instructor who spearheaded the effort to get me into the classroom. She served as a mentor for me for the first year and a half. She really helped me to understand how to teach classes. She helped me understand the differences in teaching pre-licensure nursing and teaching upper-level graduate courses." Responding to the question about institutional practices Brad said, "Here where I teach, we have a one year on-boarding process for all new faculty. There is a lot of information provided on how to teach, what to teach, what is important to the college. Those classes here at the university actually helped me to gain an understanding of how to teach what the school expected." As described by Brad, this is very real evidence of the influence mentoring and historical institutional practices have on recruitment and teacher training for NEs. This is an area, however, where very little information can be found in the literature and adds to the significance of this study. Brad went on to say, as well, that coursework he completed for the PhD had a significant impact on his understanding of teaching.

When asked if he had anything he would like to add to the interview Brad offered the following, “We need to restructure some of the nursing education programs at the graduate level for advanced practice in different areas. We need to include some teaching theory, teaching methods and that type of thing in those curricula.” Asked if that were something he could initiate or influence in his role as department head he responded that it would take much more than just his input and minimal influence to make such a change, even at his school. This again can be viewed as the very strong influence colleges and universities hold over recruitment, training, and education of NEs. Brad, as a department head, stated that he would have little chance in changing the current process, which leads one to question if the NE profession perceives a real need to change.

Brad, in his responses during the interview, offered considerable information to support the five identified themes. His conversation also provided information to help answer the research question. He also produced very telling evidence of the firmly entrenched institutional and professional practices which contribute to the ongoing problem of lack of educationally prepared NEs. Brad suggested that one possible starting point for change would be to require NEs at all levels to attain CNE certification. He believes this is an area which can be addressed at the individual school level and may well initiate major change in the practice of recruiting NEs. This suggestion is in line with preferred practices espoused by the NLN (2002, 2012, 2020) over the past two decades, and, as Brad suggested, may well serve as an impetus to initiate some form of change.

Cathy proved to be one of the more interesting interviews. She is a white female in her 50’s with an extensive nursing and teaching background. She has been a nurse for

more than 30 years, and her clinical background is in cardiac nursing, critical care, and nursing management. She holds a master's degree in executive nursing administration and a PhD in nursing education. Her teaching experiences began with Sunday school classes, fitness, and group exercise. This sparked a keen interest in teaching nursing, and she realized after several years in the classroom that she needed a more complete grounding in teaching theory and methods to do the best she could for her students. That prompted her to return to school and get a PhD in education, which she completed in 2015.

Cathy began her teaching career as an adjunct clinical instructor for a community college pre-licensure nursing program. After doing that for 2 years she was encouraged by her mentor to take a fulltime teaching position with the school. There she worked with her mentor and peers for three years and, as she stated, learned how to teach, what to teach, and the way to teach to meet the school's objectives and outcomes. Cathy specifically stated that her mentor and fellow instructors were very instrumental in helping her to understand what is important about teaching.

Two years into the PhD program Cathy took a faculty position with a public university's nursing program, the same institution where she was matriculating for her doctorate. The university confers undergraduate, masters, and doctoral practice degrees through the nursing program. The DNP programs are all advanced clinical practice and master's programs vary from advanced practice to clinical nurse specialist. Cathy currently teaches psychiatric/mental health nursing courses to pre-licensure undergraduate nursing students. The school has encouraged her to pursue research as a means of gaining tenure, but she is somewhat ambivalent about doing so. Cathy believes

the mentoring and peer relationships she developed when she first started teaching were very important in developing her beliefs about teaching. She did relay, however, that feelings of being unprepared to teach were a major factor in her decision to seek the PhD in education. After thirteen years of teaching, working with peers, and completing doctoral coursework in education, Cathy believes she is very capable in her ability to teach effectively, as evidenced by her responses on the initial survey and during the interview.

Cathy offered a good bit of information and provided numerous statements which serve to support the five identified themes. Her response to describing her experiences when she first became an educator was somewhat surprising, especially given her almost twenty years of nursing experience at that time. “The biggest barrier that I had to overcome was in not knowing how to teach, not knowing what I needed to do to sit down in front of a group of students and teach them the things they needed to know to become nurses.” One might expect a nurse with that amount of experience to have a good understanding of the things new nurses need to know. But her statement is very indicative of Benner’s (1982) Novice to Expert model, in that she moved from the clinical area as an expert into the classroom as a novice, but then gained experience and confidence through the influences of peers and mentoring.

Now, thirteen years later she once again feels like an expert, and the process that led to this change is evidenced through some of her other responses, to wit “I had a really good mentor, the same person who convinced me to become a fulltime instructor, that I worked with on and off for a couple of years when I first got into teaching full-time. She showed me what was important about teaching over the first two years, and basically

helped me understand how to teach and work with the students.” She went on to say, later in the interview, “Yes the mentoring was great, but other nurses in the program were also very helpful getting me to know what was important about teaching. The other instructors helped me to understand how to teach to meet the guidelines within the curriculum. The outcomes were built into the coursework and handed down to the college from the state”. These statements are indicative of the influence peers, mentors, and institutions have in shaping and defining what NEs believe and value about teaching. This can also be directly correlated to the theoretical frameworks for this study, and the process of knowledge and values acquisition which takes place within the community of NEs.

Concerning recruitment to teach and how that came about she stated “I worked as a clinical adjunct for a community college and my friend, who I worked with, helped influence me to decide that I wanted to seek a teaching position full-time. She thought I had good clinical skills and that would help me teach.” This statement supports one of the five themes uncovered during data analysis, clinical experiences as preparation for teaching, and parallels information found in the literature (Brown & Sorrell, 2017; Duffy, 2013; Goodrich, 2014). Additionally, her response adds to the body of information providing answers to the research question, specifically the influence of mentors and peers.

Cathy went on to talk about her decision to seek additional education in teaching and went back to school to get the PhD. She rationalized this by stating “I needed a degree which would offer more of a background in teaching and help me to understand teaching theory, learning theory, those types of things.” When asked if this was her only

reason for seeking the PhD she talked about how the degree would increase her earning potential and retirement, and might help her to gain tenure. She mentioned, however, that she is really ambivalent about seeking tenure because of the requirement to do research and publish. Cathy's comments are consistent with information available in the literature regarding reasons for pursuing doctoral education (Driefuerst, et al., 2016; Fiedler, et al., 2015).

The interview with Cathy provided insight into factors which influence NE values and beliefs regarding education and preparation for teaching. Her commentary regarding recruitment based on clinical experience underpins the belief prevalent in the NE profession that clinical experience and knowledge is adequate training for teaching nursing. As stated previously, this is a pervasive, prevailing belief in the NE profession, as supported in the literature. Cathy also offered information on the value that NEs place on mentoring and peer influences regarding teaching training for novice NEs. Her statements and comments were also helpful in identifying the five significant themes uncovered during analysis of data and helped to answer the research question for the study.

Denise was the only non-white respondent. She is a black Hispanic who has been teaching at a public college for 10 years. She teaches graduate level advanced adult health classes in her school's advanced practice nursing track. She started her nursing career almost 20 years ago with an associate degree, and later entered an RN to MSN fast track advanced practice program. While working as a pediatric nurse Denise taught clinicals as an adjunct for about two years at the university where she now serves as fulltime faculty. The instructor she worked with encouraged her to take a classroom

teaching position a little over ten years ago, and she has been teaching didactic coursework and limited clinicals since. After about a year of teaching and working with the mentor Denise made the decision to continue her education and entered a DNP program in informatics. When asked why she chose that area of specialization she responded that a keen interest in use of computers and technology in nursing was the primary deciding factor.

Much like the other participants, Denise verbalized a very real feeling of being ill-prepared to teach when she made the move from clinical practice to classroom teaching. She also talked about how the mentor helped and guided her and made her feel more confident in the way she was teaching. The university gave her an opportunity to attend several teaching seminars during her first two years, which she claims helped her better understand teaching methods and processes. She also gives much credit to her mentor for providing specific direction on what to teach and how to teach in a way to satisfy university requirements.

After ten years of experience, the aid of a mentor, and educational opportunities provided by her university Denise claims to have a great deal of confidence in her ability to teach and understanding of what is important to her peers and the university. She responded to the initial survey with a high level of self-efficacy in teaching, and she backed that up during the interview. Of note, Denise made one comment about how the university where she teaches promotes and requires specific ways to teach certain curriculum content and discourages faculty from going outside those bounds for that content. She stated that specific material has been taught in the same way for the ten years she has been on faculty. In closing the interview, Denise commented that having

specific educational training in teaching would have helped her greatly when she made that transition from clinical to classroom ten years ago

Denise was very open and forthcoming about her experiences and thoughts on becoming a NE. She readily admitted her lack of preparation when she moved into the classroom in this way “When I made the transition from clinical instructor to classroom instructor the biggest obstacle ahead was overcoming that lack of understanding and lack of knowledge about how to teach.” She went on to say that her mentor acted as a guide for more than a year, “telling me what I needed to do and how to teach different classes and subjects. She was really helpful in getting me more comfortable as a teacher.” This is, again, a direct reflection of the process described in Benner’s Novice to Expert theory. Denise came into the classroom and unprepared novice and, with the help and guidance of her mentor, and training courses provided by her university, became competent and confident in her ability to teach effectively.

Asked to talk about how she got into teaching she described the recruitment process, “I was teaching clinicals for a couple of years and the school asked me to take a fulltime faculty position because they were comfortable with the way I interacted with the students.” This is similar to experiences described by other participants and is consistent with information readily available in the literature.

After ten years as a NE and ongoing interactions with peers Denise now claims to feel very confident in her ability to teach and carry out the roles of an educator. She mentioned that she was studying for the CNE and planned to take that examination after the first of the year (2021). Denise also offered that she believes only a few of the faculty where she teaches have any formal training in education aside from the university-

required coursework, most of them holding DNP in a clinical practice area. Her final comment on the experiences she encountered during her initial time as a NE was “Having educational experiences in teaching I think would have been extremely helpful. I believe that, in fact, probably would have sped up my gaining a certain level of comfort as a nursing instructor.” This comment supports one of the five major themes, lack of preparation for teaching.

Denise also discussed how the school where she teaches offers ongoing education for faculty through nationally recognized educational resources, and she claims this also has helped her in feeling more comfortable and becoming a better teacher. She commented that the faculty are encouraged to enroll in at least one online course per month as a part of the university’s educational development program. She stated that most faculty take advantage of the opportunities although some attend conferences to gain the necessary development hours. This is an exemplar of institutional practices influencing NEs’ understanding and beliefs about preparation for teaching.

Denise did touch on two areas not covered in existing literature, NE beliefs about the need for formal education in teaching, and factors influencing those beliefs. She offered evidence through her responses about the value the NE profession places on clinical experience as preparation for classroom teaching, and on mentoring relationships to move novice NEs through the learning curve in order to become competent, effective teachers. Her comments also helped identify two significant influences on those beliefs, institutional and professional practices, and the influence of peers and mentors.

The final interview was conducted with Elise, who happened to be the oldest NE interviewed. A white female in her sixty’s, Elise has taught for 8 years as fulltime faculty

although she had several years of experience as adjunct instructor in a simulation lab prior to that. Elise has practiced nursing for 22 years, with a background in medical-surgical and adult health nursing. She started her career after completing a baccalaureate in nursing at a university in south Florida. Several years later she returned to school and attained a master's in nursing informatics from the same school where she completed the undergraduate degree.

Her transition from clinical practice to classroom was filled with several twists and turns. She began teaching as an adjunct instructor in the simulation lab of a community college and, after several years, was asked to set up and run a similar lab for the university where she now works. She readily accepted that position, and soon afterward decided to take advantage of the university's tuition waiver program for employees and started the PhD in education. This led to additional faculty duties teaching both undergraduate and graduate level informatics as well as continuing in the simulation lab.

Elise confided to the researcher that she really felt overwhelmed and underprepared twice in her faculty career. The first time being when she took on the fulltime faculty position, and the second when she moved into the classroom from the simulation lab. She came to the realization that all her experiences and background education had not really prepared her for either of those transitions, because she had always relied on others to do the major teaching activities. Faced with the fact that she would now be responsible, Elise began work on the PhD in education, with the specific intent to become better at teaching. Elise stated very clearly that she believes having a

background in education and teaching methods and theory would have benefited her greatly in the beginning of her teaching career.

Unlike other subjects in the study Elise described experiences in two separate transitional periods as she moved from clinical to classroom. The first of those came at the time she took on a fulltime simulation instructor position at the university where she now teaches. She described that change as “a major shift in the way I needed to think and act. I was no longer an assistant, I was now responsible for the day-to-day operations of the lab, and for making sure our students gained maximum experience and learning from their time in the lab”. She went on to say, however, she relied on her mentoring experiences and the training she had gotten from her previous position to help make the transition easier. Elise described those experiences in this way, “The nurse who ran the simulation lab took me under her wing. She guided me and directed me, and she really told me how to teach.” She also detailed a similar experience with mentoring in her new role. “My mentor knew that I had worked part time as an adjunct in the simulation lab at another school, so she felt I could teach at the university.” She related that over a period of about one year in each instance she gained a level of greater confidence and belief in her ability to teach students in the simulation lab.

Elise described her decision to seek a PhD as a practical means of gaining tenure while learning more about teaching. That decision prompted the university to give her additional teaching duties in the classroom, which triggered another period of uncertainty about her teaching abilities. Her mentor was there once again to help her move through that process and guide her in the specifics of classroom teaching versus simulation lab. Elsie summed up her appreciation for the help and guidance in this way, “Having no

educational background in teaching, it would have taken me a lot longer to understand what was expected of me, how to teach.”

In each of these instances Elise experienced the process described by Benner (1982). In the Novice to Expert theory. She started in the simulation lab as somewhat of a novice even though she had similar experiences helping in another lab. She described in her comments how she was guided, led, and directed in how to teach and work in the simulation lab. This process repeated itself as she made the transition from lab to classroom. Again, Elise relied on the guidance and help of her mentor to become competent in classroom teaching.

Reflecting on her experiences and the journey from novice teacher to competent and capable educator Elise said, “To understand the types of things that I now realize I needed when I had started teaching. If I had some background and some education on how to teach effectively, do meaningful assessments, to design courses and curricula, develop realistic learning objectives it would have been a much easier transition into the classroom. These are things I learned from mentoring and peer relationships but gained much more knowledge and understanding as I completed the PhD courses.” Her closing comment was, “I am fairly certain I would have benefited from that type of an education background before I started teaching.”

In describing her experiences Elise was able to evoke a meaningful picture of the process almost all nurses go through when they first move into the classroom from clinical practice. The transition from clinical expert to education novice can be unsettling and generate doubts about teaching ability, as described by all subjects in this study. All subjects detailed experiences which are directly indicative of the Benner (1982) Novice

to Expert theory in some manner, and Elise described the transient nature of that process which many NEs experience during their careers. Moving through the knowledge acquisition process from expert to novice, to proficient then back to novice before once again becoming proficient describes very well the experiences Elise encountered.

In summary, each of the participants described how they were encouraged to teach based on clinical experience, how unprepared they felt at the time, and the way mentoring, peer, and institutional practices shaped and molded their thoughts and beliefs about teaching. The transition from unprepared novice to competent, expert educator mirrors the processes described in the theoretical works of Vygotsky and Lave and Wenger. Each of the subjects moved through participating on the periphery of the NE community to become legitimate, fully engaged members, following the influences and guidance of other community members while incorporating beliefs and practices perpetuated by the community. This process appears to present a significant obstacle in the NE profession achieving desired goals for educational preparation of educators. And that may well not change until beliefs and practices of the profession and institutions are altered.

All five participants related experiences which mirror the processes described in Benner's (1982) Novice to Expert theory. Relying on the help and guidance of mentors and peers, each one worked to gain confidence in their ability to teach effectively and knowledgeably. After years of experience and the tutelage of mentors, along with additional education in teaching methods required either by the institutions or sought out by the individuals, all participants now imply through their responses to the survey and interviews an expertise in teaching.

Analysis of the interviews identified three areas of importance to this study. First, information was obtained to answer the research question; What factors influence practicing nurse educators' values and beliefs about the need for formal training in education methods? Information was also gathered about the actual beliefs and values NEs hold about this subject, and five major themes, significant to the purposes of the study, were identified through repeated analysis of transcripts of the recorded interviews. Those subjects will now be discussed in greater detail.

Expressed Values and Beliefs

As the interview process played out the researcher began to recognize similar patterns of beliefs and values expressed by the respondents. First, and most easily recognizable, was the value that each of the individuals placed on the mentoring process they experienced on moving into the classroom. A common response from all respondents, when asked about mentoring, related to the guidance and direction from their mentors, including gaining an understanding of what the schools expected from faculty. The mentoring process was valuable and significant enough that it continued for two or more years in almost all cases. Existing research on mentoring suggests that long term mentoring relationships are a prime determinant in shaping beliefs and perceptions about the importance of teaching methods and processes (Duffy, 2013).

A commonly held belief expressed by the study participants relates to the value placed on clinical experience as preparation for teaching nursing. It was evident from responses that this belief is widespread and entrenched within the NE profession. Each of the five subjects in this study discussed how they were encouraged to take faculty positions based on clinical experiences and were told in one way or another that those

experiences had prepared them to teach. This is a profession-wide practice as detailed in the literature (Baron 2018; Bullin, 2017; Duffy, 2013) and goes counter to published preferred educational preparation for NEs (AACN, 2008, 2019; NLN, 2002, 2013).

Speaking reflectively the subjects verbalized a belief that having coursework in teaching theory and methods would have been very beneficial to them when they first began to teach. This belief developed over a period of time and with ongoing experiences and interactions with peers and mentors and served as impetus for three individuals to go back to school and seek an educational degree or take education-related courses. Even the subjects who did not take any specific education classes as part of their doctoral curriculum verbalized a belief that those courses would have helped them teach more effectively and be able to help the students more.

Influences on Beliefs

In-depth analysis of the transcripts helped to identify at least two major influences on what the subjects believed and considered important about preparation for teaching. The first and most easily recognizable of these is the impact mentors and peers have on shaping and molding those educators' beliefs. That influence extends well beyond values related to educational preparation, affecting beliefs about how to teach, what to teach, and how to satisfy institutional and regulatory requirements for teaching. In fact, all five subjects in this study made repeated references to mentor and peer interactions which guided them during their first two to three years as faculty.

Another significant influencing factor can only be described as the long held, historical practices of the NE profession. Despite specific recommendations for educational preparation, the profession perpetuates a process whereby nurses move

directly from clinical to classroom, and the basic level of educational attainment required is a masters in a clinical practice or specialty area. This practice is well documented in the literature, as previously stated.

The other major influencing factor on values and beliefs is institutional practices and policies. By and large, nursing education programs follow the traditional, historical practice of seeking nurses with clinical experience as faculty. One can easily recognize that, if the institution one teaches for does not specifically require doctoral preparation and education in teaching methods, that will translate into educators who do not place a high value on those things. That institutional influence, along with historical practices of the profession and the impact of mentors and peers, very likely is a major contributor to the reported low levels of adherence to the recommendations published by professional and regulatory bodies.

Themes and Significant Statements

During transcription of interviews the researcher began to identify recurring themes, based on similar comments and experiences shared by the five subjects. Utilizing the Colazzi method of qualitative data analysis (Saldana, 2016) the researcher began to extract and compile a list of key terms and phrases common to all transcripts. This process was repeated several times until no additional keywords or phrases were identified. Saturation coding, as referred to by Saldana (2016) helped to ensure that all possible common ideas were identified. The researcher communicated twice with subject number one to clarify meaning of beliefs and thoughts about the value of educational preparation before and after completing doctorate coursework and communicated once

more with all five participants to gain additional information about demographics, background, and teaching experiences.

The next step in the process of data analysis was to group identified terms and phrases into thematic concepts, and to identify those concepts and themes (Saldana, 2016). In doing this the researcher identified five significant themes, to wit: lack of preparation for teaching; clinical experiences as preparation for teaching; peer mentorship and influences; institutional expectations and influences; need for education. Each theme was expressed in some manner by all five participants, yet individually the experiences relative to those themes were quite different for each subject. A detailed view of the individual statements from each participant supporting these themes is included in a previous section.

After completing analysis and thematic grouping the researcher consulted a doctorally prepared nurse educator acquaintance with experience in research and publication to review and confirm findings. Utilizing a second reader in this manner tends to strengthen the validity of results in a qualitative research study (Saldana, 2016). Finally, the investigator contacted each of the respondents via email to confirm accuracy in interpretation of identified themes.

Correlation to Existing Research

There is a good deal of literature available describing reasons nurses enter or leave academia, factors determining the decision to seek doctoral education, and mentoring processes for novice nurse educators. However, there is little to be found on NE beliefs about the need for educational preparation and even less about influences on those beliefs. Even so, results of this study can be correlated to available research in some

areas. First among these is mentorship and peer influences. This pattern of mentorship and peer influence is well documented within the literature (Booth, et al., 2016; Brown & Sorrell, 2017; Duffy, 2013; Goodrich, 2014) and was described as a common experience among all five respondents. Another area which supports the literature is the experience of each subject moving from clinical to classroom without any actual educational preparation to teach other than a graduate degree in nursing. This result also mirrors the institutional practices reported in the literature. Significant themes identified through analysis of interview transcripts correlate well with existing literature. Peer and mentor influences, institutional practices, and the expectation that clinical experience is adequate preparation for teaching are subjects which have been previously studied. Two themes not readily addressed in the literature are the feeling of lack of preparation expressed by all five participants and their stated belief in a need for education in teaching methods and theory. Neither of those topics have been a focus of any significant research, and this may be an area needing to be explored more fully.

Two specific areas addressed in this study are not readily available in the existing literature. Those are: specific beliefs and values held by NEs on the need for educational preparation to teach; and the factors which influence those beliefs. This study has provided useful data and information in both of those areas and may well serve as an impetus for further research to corroborate those findings.

Of note, all five participants answered the initial survey indicating a high level of efficacy in teaching and teaching practices. Survey responses were consistent regardless of educational degree, years of teaching, or years of nursing experience. Those surveys, however, were completed after eight to thirteen years experience in the classroom and

completing doctoral education. When questioned during the interviews each of the participants verbalized an understanding of the benefit they would have derived from classwork in teaching methods, and how unprepared they were to teach when first moving into the classroom. The researcher attributes this difference to the processes of learning and values acquisition described by Vygotsky and Lave and Wenger. Peer mentorship and guidance along with institutional processes and expectations seem to have shaped and molded these educators' perceptions of their ability to teach.

Summary

Repeated review and analysis of the verbatim transcripts resulted in identification of the five major thematic concepts described herein. Information was also obtained from the interviews identifying commonly held beliefs and values among NEs and the factors influencing those beliefs. Transcripts were reviewed and significant information and themes corroborated by an experienced, doctorally prepared second reader, with a background in qualitative nursing research and publication. The investigator contacted each of the subjects to confirm correct interpretation of the themes. Detailed discussion of the significance and potential implications of the information produced by this study follows in the next section.

CHAPTER V

DISCUSSION

Introduction

The study encompassed two phases. The first phase, recruitment of subjects, consisted of a twenty-four item online survey exploring educators' beliefs about their ability to teach effectively in the classroom. The initial survey was completed by thirteen individuals from five different colleges and universities. A review of the results indicated a unanimous high level of confidence in the ability to teach effectively and carry out duties and roles expected of nursing educators. In a somewhat unexpected twist, there was no difference in results based on background, experience, or level of educational preparation. All respondents expressed the same high level of confidence in their ability to teach effectively.

Of those thirteen initial respondents five individuals agreed to a follow-up interview, comprised of a series of semi-structured questions designed to elicit information on beliefs about teaching and influences which may have impacted those beliefs. In addition to gaining an understanding of the participants' beliefs and values relative to educational preparation, information was also uncovered on factors which influence those beliefs and how that process plays out. A triad of influencing factors weigh heavily on NE beliefs and the value they may place on the need for education in teaching methods, as evidenced by results of the interviews.

Three significant beliefs were espoused by study participants. The first of these is a perpetuating belief, by NEs and institutions alike, that clinical experiences are adequate preparation to teach nursing in the classroom. As expected, that belief is heavily influenced by peer interactions and institutional and professional practices. A second commonly expressed belief is the value of mentor and peer training to help novice educators learn to teach. Responses from study subjects suggest this belief is predominantly influenced by mentors and peers themselves and supported by institutional practices. This type of teacher training is well documented in the literature as offering immediate and practical understanding but is not an adequate substitute for teacher education (Ahmed, 2012).

A third, often stated belief is more reflective in nature and is primarily influenced by the personal experiences of the subjects. Each of the participants expressed, in one manner or another, a belief in the need for educational training in teaching. Three of the subjects, in fact, believed so strongly in this they returned to school to pursue doctoral studies in education, two seeking PhD in education and one taking additional coursework in education as part of the DNP studies. While there is also a pragmatic aspect for the PhD, tenure, each of the participants detailed how they wanted the education in teaching methods and principals.

To summarize, peer and institutional influences weighed heavily in shaping and molding the beliefs of study participants about clinical experiences and mentorship preparing them to teach. Individual reasons and issues, however, guided the belief about the need for education in teaching. This is decidedly an area in need of change if the profession is to begin to move toward desired goals.

Discussion

Analysis of verbatim transcripts from the interviews identified five major thematic concepts significant to the study: 1) Lack of Preparation to Teach; 2) Clinical Experiences as Preparation for Teaching; 3) Peer Mentorship and Influences; 4) Institutional Expectations and Influences; 5) Need for Education. These concepts and the relationship to the social constructivist theoretical frameworks for the study will now be discussed in detail.

Social constructivism, as conceptualized by Vygotsky (1978) and expounded on by others, contends knowledge, behaviors, beliefs, and values are defined, learned, and internalized from the interactions and individual encounters experienced within a group or society. Those beliefs, values, and knowledge of what is and is not of import are shared within the group and carried forward generationally by use of language, tools, art, the written word, and multiple artifacts common to that group. Use of those artifacts, language and tools perpetuates an understanding of significance relative to certain knowledge and customs. In so doing, the group or society reinforces group expectations and acceptable behaviors for members of that group or society.

Wenger (1998) posited those same processes come into play within professional groups or organizations. Within those communities of practice, one finds specific common language, skills, values, and expectations utilized to advance the purposes and aims of the group. To gain acceptance into such an organization one is expected to adhere to the commonality of the group, in language, skill, values, beliefs, and expectations. This is accomplished, according to Wenger (1998), through established members defining expectations and acceptable behaviors for all members. By careful and considered

analysis of data collected during this study the researcher found evidence of such processes occurring routinely within the community of nurse educators.

Considered the pre-imminent proponent of social constructivism, Vygotsky's theoretical concepts on knowledge acquisition and transfer formed the basis for this study. Vygotsky contended learning occurs in a multi-directional process, where learners gather information and knowledge from teachers and from others within the shared "community". Learning takes place within this context in a multidirectional fashion, where all constituents share information and understanding, knowledge, values and collective beliefs to and between each other, with guidance and direction supplied by MKOs. In communities of learners, information and knowledge are shared via cultural and historical artifacts and tools, including customs, language, traditions, beliefs, arts, and sciences particular to the group or community. Perceptions and beliefs about the value of information are assimilated by those within the group through ongoing exposure to and use of these artifacts and tools. Assimilation and integration of values and beliefs is key to the significance of learning processes for members of the community. Those values and beliefs are carried forward and reinforced by community members, and then relayed and shared institutionally and generationally with other members and individuals who enter and leave the community. Through this process historical and institutional values and beliefs are shared, integrated, perpetuated, and reinforced (Shabani, et al 2010; Vygotsky, 1978).

Vygotsky (1978) espoused a very specific conceptualization, the ZPD, of how knowledge, information, values, beliefs, and traditions are shared within such groups or communities. He described ZPD in two distinct and interconnected ways. The initial

description of ZPD refers to understanding of an individual's immediate and observable development of emotional, volitional, and cognitive processes, which change over time as new learning occurs. Vygotsky also used ZPD to describe the way in which individual members of a learning community possess skills or knowledge useful to the community which they are close to perfecting but need guidance or direction from a skilled teacher or mentor to master. This teacher or mentor, the MKO, is very influential in shaping learner's beliefs and values about knowledge and information reinforced and mastered during ongoing phases of learning and development (McLeod, 2019).

. Analysis of data and identification of concepts and themes produced a very significant and irrefutable connection to the aforementioned processes for integration of values and beliefs within the group of NEs studied. Statements by the subjects, such as “I had a really good mentor, the same person who convinced me to become a fulltime instructor, that I worked with on and off for a couple of years when I first got into teaching full-time. She showed me what was important about teaching over the first two years, and basically helped me understand how to teach and work with the students” and “Here where I teach we have a one year on-boarding process for all new faculty. There is a lot of information provided on how to teach, what to teach, what is important to the college.” during the interview process corroborate a strong influence from mentors, peers, and institutions on beliefs and values relative to the need for education in teaching methodologies. Three identified themes which support this conclusion are: 1) Clinical Experiences as Preparation for Teaching; 2) Mentorship and Peer Influences; 3) Institutional Expectations and Influences. Those influences were common among all five study participants and were reinforced often during the interviews. Data from the study

revealed two commonly held, overarching beliefs among the five subjects interviewed. The first of those is the belief that clinical experience is adequate training for teaching in the classroom. Each participant verbalized in some manner an implicit understanding that all they needed to teach in the classroom was good clinical skills and clinical experience. This belief was also evident from descriptions of the way in which each of the five subjects were recruited to teach by peers and institutions. The second common belief was that peer mentoring and institutional training would be sufficient to prepare the novice educators to teach. This also is a long-held and firmly entrenched belief among NEs and NE institutions, as evidenced by responses during the interviews and available research (Baron, 2017; Brown & Sorrell, 2017). Of note, all subjects stated in one manner or another that mentors and peers guided them and told them what to teach, how to teach, and the importance of teaching and doing things in ways to meet institutional and professional objectives, which is exemplary of influences on NE values and beliefs.

One area of belief, common to all subjects, was a lack of adequate preparation to teach at the time they transitioned from clinical practice to the classroom. Despite this very evident lack of readiness each subject was encouraged and influenced by peers and mentors to move into the classroom, once again highlighting the influence peers have on NE values and beliefs. A review of the statements in Chapter 4 confirms this. When the researcher reviewed the online surveys of participants, every individual claimed a high level of confidence in their ability to teach and perform in the role of nurse educator, in stark contrast to initial feelings and beliefs described during interviews. When asked about this, all subjects attributed the change to influences of mentors and peers during their first two to three years of teaching. This is a direct correlation to the ZPD and

influence of the MKO described by Vygotsky. The subjects came into the classroom with a certain level of clinical knowledge, skill and ability, and were guided toward meeting expectations of the institution and peers by the MKO. In this way, subjects developed and internalized values and beliefs about what was needed and required to serve effectively in the role of nursing faculty.

Situated Learning (Lave & Wenger, 1991) involves learning which occurs in the practices of communities, leading to acceptance and membership within the community or group. The process focuses on the practices and values of the community, and significant activities which allow the community to function effectively. Those activities, however, do not occur as the primary concern of the community, but take place as peripheral transactions between the group and individuals. Lave and Wenger (1991) described this process as legitimate peripheral participation, the transitional phase between entry into a group or community and full acceptance and authentication as a member. Legitimate peripheral participation takes place during ongoing interactions and negotiations between established members of the community and newcomers. The legitimate, substantive characteristics of the interactions and negotiations are most often organized and anticipated by the community, based largely on historical, traditional, and institutional characteristics of the particular group or community. As such, those transactions and encounters provide understanding of values, beliefs, and perceptions for members of the community. Individuals situated within these communities learn values and beliefs during ongoing interactions and exchanges which occur within the group (Lave & Wenger, 1991).

Legitimate peripheral participation is very descriptive of the experiences described by interview subjects during the transitional phase from clinical to classroom. Wenger (1998) suggested that learning in a community of practice is an interdependent relationship between individuals and the group. Learning, knowing, thinking, and values development are a result of relations among those people engaged actively with each other, and arising from the social, cultural, institutional, and historical structures and expectations of the greater community. Communication and understanding of values and perceptions are found ensconced within the historical expectations and ongoing developmental activities of the community itself. Newcomers are assimilated into the community and thus develop values and beliefs consistent with the desires of the greater community of practice. This process offers a specific conduit for development of knowledge, skill, and identity and sustaining reproduction of the community (Lave, 2001; Wenger, 1998).

Analysis of data from this study suggests a very strong influence on values and beliefs based on the active and ongoing processes of legitimate peripheral participation within communities of practice for nurse educators. All study participants discussed the help and guidance of mentors and peers in understanding how to teach, and what is of importance relative to teaching. One notable outcome is the influence, especially of mentors, on novice NEs' belief that clinical experience and skill is sufficient training for teaching nursing. This was evidenced by such comments as "She thought I had good clinical skills and that would help me teach". Other statements offered during the interviews helped to bolster this belief that clinical experiences are adequate training for teaching nursing in the classroom.

One somewhat surprising theme which came to light during data analysis was an expressed understanding of a need for further education to help teach in the classroom. This idea, while verbalized in hindsight, runs counter to the researcher's hypothesis that NEs believe clinical experiences are adequate preparation for classroom teaching. Each of the study subjects expressed, after years of teaching, a basic belief that educational preparation to teach would have aided them in being able to teach better in their early years as NEs. When questioned further about this, subjects relayed that experiences during the first two to three years as a NE, feeling unready and unprepared to teach, helped them realize that education in teaching methods and theory during graduate or doctoral school would have resulted in being better equipped to make the transition from clinical to classroom.

The investigator compared respondents' answers for the online survey to outcomes from interviews, primarily to validate information gathered, but also to determine any differences between perception of efficacy and experiences. Not surprisingly, all subjects reported being effective or very effective in the classroom when completing the initial survey. This belief in self-efficacy was reported by NEs with eight to thirteen years experience. Responses to interview questions, however, produced very different beliefs during their early years as NEs. Each of the subjects provided details of a two to three years period before they became comfortable and felt competent to teach effectively. This experience corresponds well with the process of knowledge and skill acquisition outlined in Patricia Benner's Novice to Expert theory (1982). In the true novice stage, verbalized by participants during their time as new NEs, they possessed limited ability to predict student behaviors, develop teaching plans, and assess outcomes

and relied on the guidance and knowledge of peers and mentors. With additional experience and tutoring from mentors the NEs in this study moved through the advanced beginner and competent stages, where they have begun to master many of the skills and tasks associated with teaching nursing. As the participants became comfortable in the classroom and pursued educational opportunities to learn teaching methods and theory, they made the transition to expert. This was evidenced very clearly during the interview process and the level of confidence and self-efficacy in teaching reported by each participant.

Each of the subjects also expressed a belief that educational training in teaching methods would have helped them early on to move more quickly through those stages of knowledge acquisition. The researcher believes very strongly the disparity in efficacy and confidence from novice to experienced, expert educator resulted from the influences and shaping of mentors and peers during the early years of transition. Interestingly, all participants shared these experiences in a similar manner, regardless of educational level and nursing experience.

To summarize the participants' experiences, all subjects in this study were convinced by peers, mentors, or others that clinical experiences had prepared them for teaching. Yet each of them encountered doubts and feelings of being ill-prepared during the first two to three years of teaching. Peer mentorship was vital to all subjects in helping them gain confidence in their ability to teach. Institutional expectations also played a key role in shaping and defining what the participants valued and believed about teaching. Brad addressed this issue with the statements "Here where I teach, we have a one year on-boarding process for all new faculty. There is a lot of information provided

on how to teach, what to teach, what is important to the college.” And “Those classes here at the university actually helped me to gain an understanding of how to teach what the school expected.” And Elise addressed those influences in this way “My colleagues made sure I did everything the school way, from teaching to professional growth.”

These results seem to indicate a perpetuating belief among the NE profession that clinical experiences are adequate to prepare one to teach, and that peers and mentors will provide sufficient guidance and understanding of how to teach, what to teach, and what is important to the profession and the institution. Additionally, institution expectations and historical practices continue to shape and mold NE beliefs about educational preparation to teach. Another point of interest was a universal experience of teacher training rather than teacher education as a means for the subjects to become proficient in teaching, as indicated by results of the initial surveys and interviews.

Implications for Nurse Educators

While this study is small in scope and size, there appear to be potential implications, both for the profession of NE, and for colleges and universities which offer nursing as a course of study. As a profession, NEs must begin to change the perception that clinical experiences are adequate to prepare nurses for the role of educator. The subjects in this study each professed a lack of preparation for teaching when they transitioned from the clinical setting to the classroom. Yet each of them was encouraged by members of the NE profession, with assurances that they would gain insight and ability with experience and mentoring. At the same time, institutional requirements must change. Colleges and universities need to change the entry level educational requirement for NEs from MSN to doctorate for both pre-licensure and graduate level courses. This

position is strongly supported by two recent professional organization publications (AACN, 2021; NLN, 2020). There should also be a requirement for certain levels of training in educational methods for all NE classroom positions. Brad, program director and graduate level educator, recognized and expressed this very succinctly with the statement, “We need to restructure some of the nursing education programs at the graduate level for advanced practice in different areas. We need to include some teaching theory, teaching methods and that type of thing in those curricula.” There is no discounting the value of clinical experience and training, but simply having an advanced degree in a clinical specialty or area of practice should not be a sole determinant of qualification to teach. And institutions should encourage or even require certification as a NE for all didactic nursing faculty. The CNE is considered the benchmark of educational preparation to teach (Halstead, 2019) and should be viewed as standard credential for all nursing education programs. It might also be prudent to encourage certification as clinical nurse educator for faculty who teach only clinicals.

In a recently released position paper the AACN (2021) addressed the changing landscape of nursing education. Titled *The Essentials: Core Competencies for Professional Nursing Education*, the publication contains recommendations for specific training and competencies for nurse educators which reinforce and strengthen those found in earlier published guidelines. In particular, the authors pointed to the need for an educated, adaptable, and competent professoriate to guide nursing students through the changes in nursing art and science brought about by technology and differing client expectations. The AACN, with publication of the updated competencies, for the first time differentiated basic competencies based on level of nursing taught. While maintaining the

previous stance on doctoral education and classwork in teaching theory and methods, there is a recognition of different skills and experiences needed to teach graduate courses.

In a similar way the NLN released updated information and guidelines in 2017 which are reflected in the AACN position, and recently published updated and revised recommendations for research in nursing education which favor doctoral preparation and education in teaching and learning theory for NEs (NLN, 2020). Results of this study, however, seem to confirm findings from the literature which suggest that most NEs who make the transition from clinical practice to classroom do not possess the necessary training and skills to accomplish those goals, and rely on the guidance and leadership of mentors and peers to understand how to teach to accomplish this. Unfortunately, literature suggests that many of those mentors and peers may also not be educationally prepared or sufficiently competent to provide appropriate and adequate guidance (Booth et al., 2016). This is a notable ongoing issue as evidenced by the recent publication of updated competencies and guidelines by the AACN and NLN.

While this study answered the basic research question on peer and institutional influences on NE beliefs and values and provided information in areas not previously explored in the literature there are still many questions left unanswered. The most immediate and pressing question might well be “How can we ensure that NEs are educationally prepared to move into the classroom, and what can be done to optimize the mentoring process?” Mentoring has been a hallmark of teaching training for NEs (Booth et al., 2016) and the NE profession must take advantage of every possible opportunity to maximize benefits derived from that process.

Other questions which come to mind include “Do colleges and universities accept lesser educational preparation for NEs as a practical means to fill a position?” Are professional and regulatory agencies reluctant to press issues about preferred education, and if so, what factors influence that reluctance?” “Are financial and budgetary constraints factors which dictate colleges’ hiring practices for nursing faculty, and how does that impact basic requirements?” “Does the disparity in salary between faculty and clinical positions limit the number of educationally prepared nurses who enter academia and, if so, how can that be addressed?” “How can curriculum be modified to include teaching theory and methods in all graduate and doctoral nursing programs?” “What can be done to enhance recruitment of educationally prepared NEs?” While answers to some of these questions can only be found in the literature, there is still much research needed to gain sufficient understanding of the complexity found in these potentially inter-related issues. Meanwhile the NE profession and institutions must recognize and accept the need to change current practices if progress is to be made toward desired goals.

While small in size this descriptive exploratory study highlights and brings attention to specific values and beliefs practicing NEs hold about educational preparation for teaching and, more importantly, how those beliefs and values are shaped and molded by peers, institutions, and the profession. The intent of the study was not to draw conclusions or make predictive statements, but simply to identify common values and beliefs about the need for education in teaching methods and factors which may influence those beliefs. To that end, the researcher believes the study was successful, identifying five common themes and pinpointing specific factors influencing practicing, doctorally prepared, experienced NEs’ beliefs. The investigator used several methods to increase

validity of the results, including repeated review of verbatim transcripts, member checking, and second reader confirmation. The initial online survey, used primarily as a recruitment method, was extracted from a much more expansive tool which had been validated both as a complete tool and in extracted form on several previous occasions (Summers, 2017; McAllister & Flynn, 2016). The investigator believes results of the study indicate that peer and mentor influences, coupled with institutional expectations, strongly mold and shape NEs' beliefs and values relative to educational preparation for teaching in the classroom. While that process is likely to continue, to advance further toward the preferred vision for NEs those influences need to undergo significant change.

Recommendations for Additional Research

This study was very limited in scope and size, consisting of five doctorally prepared NEs teaching coursework in pre-licensure baccalaureate and graduate level courses. The researcher believes a major factor in initiating change in educational preparation to teach lies with the NEs who teach coursework which leads to qualification as an educator. For this reason, additional research on values and beliefs is needed, focusing specifically on those NEs who teach graduate and doctoral level courses. Another area for continued investigation is NEs who teach only pre-licensure nursing, at both the baccalaureate and associate degree level. This groups comprises a large majority of NEs (NLN, 2019), and those educators have the potential to influence beliefs and values for the greatest numbers of novice educators.

Research may also be needed in institutional expectations and requirements for NEs. The researcher believes this is one area where significant change can be accomplished to alter the current statistics relative to nurse educator educational

preparation. But much information is needed to foster change. What factors influence institutional policy and decisions? Are institutions guided by national standards, historical practices, or a combination of both? Are financial considerations a factor? What institutional expectations for NEs direct policy? Are there accreditation or certification policies which dictate hiring practices? These are all questions which need to be researched thoroughly to foster effective and meaningful change.

Conclusions

This study brought to light the significant impact and influence peers and mentors have on shaping and molding NE beliefs and values, and how institutional policies affect and perpetuate those beliefs. Results highlighted the long-held practice of nurse educators transitioning from clinical practice to classroom with little or no educational preparation to teach. One interesting, somewhat unexpected finding, was that years' experience and educational level seemed to have no effect on how the individuals' beliefs were shaped by peer and institutional influences. As noted previously, this is in direct opposition to recommendations and preferred vision for nurse educators espoused by professional and credentialing organizations. While results of this study prove significant, much research is needed to determine the pervasiveness of identified beliefs and practices and to formulate potential processes for initiating change.

REFERENCES

- Ahmed, S. (2012). Definition and conceptual framework of teacher education. *Comparative Education* 44(2), 104-117. <http://www.jstor.org/stable/4346226>
- American Association of Colleges of Nursing (2019). *AACN's Vision for Academic Nursing: Executive Summary*. <https://www.aacnnursing.org/News-Information/Position-Statements-White-Papers/Vision-for-Nursing-Education>
- American Association of Colleges of Nursing (2017). *Fact sheet: Nursing shortage*. <http://www.aacn.org/news-information/nursing-shortage>
- American Association of Colleges of Nursing (2021) *The Essentials: Core Competencies for Professional Nursing Education*. <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>
- American Association of Colleges of Nursing (2008). *The Preferred Vision of the Professoriate in Baccalaureate and Graduate Nursing Programs*. <http://www.aacn.nche.edu/Publications/pdf/PreferredVision.pdf>
- American Association of Colleges of Nursing (2019). *AACN's Vision for Academic Nursing*. Available from <http://www.aacn.org>
- American Nurses Association (2019). *ANA on the Frontline: Who Will Teach Our Future Nurses?* <http://www.americannursetoday.com>
- Auburn University Montgomery College of Nursing (2019). Assistant professor (Nursing). <http://www.jobs.aum.edu>
- Baron, K. (2017). Changing to concept-based curricula: The process for nurse educators, *The Open Nursing Journal*, 11; 277-287. <https://doi.org/10.2174/1874434601711010277>
- Barrett, F. J., Thomas, G. F., & Hocevar, S. P. (1995). The central role of discourse in large-scale change: A social construction perspective. *The Journal of Applied Behavioral Science*, 31(3), 352–372.

- Benner, P. (1982). From novice to expert. *American Journal of Nursing* pp402-407.
<https://files.eric.ed.gov/fulltext/ED384695.pdf#page=130>
- Benner, P., Surphen, M., Leonard, V. & Day, L. (2010) *Educating Nurses; A Call for Radical Transformation*. Jossey-Bass.
- Booth, T. L., Emerson, C. J., Hackney, M. G. & Souter, S. (2016). Preparation of academic nurse educators. *Nurse Education in Practice* 19, 54-57.
<https://doi.org/10.1016/j.nepr.2016.04.006>
- Brouwer, N. & Korthagen, F. (2005). Can teacher education make a difference? *American Educational Research Journal*, 42(1), 153-224.
<http://www.jstor.com/stable/3699458>
- Brown, T. & Sorrell, J. (2017). Challenges of novice nurse educators' transition from practice to classroom. *Teaching and Learning in Nursing*, 12, 207-211.
<https://doi.org/10.1016/j.teln.2017.03.002>
- Bullin, C. (2018). To what extent has doctoral (PhD) education supported academic nurse educators in their teaching roles: an integrative review. *BMC Nursing*, 17(6).
<https://doi.org/10.1180/s12912-018-0273-3>
- Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing (2011). *The Future of Nursing: Leading Change, Advancing Health*. The National Academies Press.
- Corbin, J. & Strauss, A. (2014). *Basics of Qualitative Research: Techniques for Developing Grounded Theory*, 4th ed. <https://us.sagepub.com/en-us/nam/basics-of-qualitative-research/book235578>
- Creswell, J. & Poth, C. (2018). *Qualitative Inquiry & Research Design: Choosing Among Five Approaches*, 4th ed. Sage Publications, Inc
- DeWaal, M. & Khumisi, O. (2016). Supporting communities of practice: A reflection on the benefits and challenges facing communities of practice for research and engagement in nursing. *Gateways: International Journal of Community Research and Engagement*, 9(1), 58-73. <https://doi.org/10.5130/ijcre.v9i1.4717>
- Dreifuerst, K. T., McNelis, A. M., Weaver, M. T., Broome, M. E., Draucker, C. B. & Fedko, A. S. (2016). Exploring the pursuit of doctoral education by nurses seeking or intending to stay in faculty roles. *Journal of Professional Nursing*, 12, 202-212. <https://doi.org/10.1016/j.profnurs.2016.01.014>
- Duffy, R. (2013). Nurse to educator? Academic roles and the formation of personal academic identities. *Nurse Education Today* 33, 620-624.
<https://doi.org/10.1016/j.nedt.2012.07.020>

- Fielder, R., Degenhardt, M., & Engstrom, J. L., (2015). Systematic preparation for teaching in a nursing doctor of philosophy program *Journal of Professional Nursing*, 31, 305-310. <https://doi.org/10.1016/j.profnurs.2015.02.009>
- Goodrich, R. S. (2014). Transition to academic nurse educator: A survey exploring readiness, confidence, and locus of control. *Journal of Professional Nursing*, 30, 203-212. <https://doi.org/10.1016/j.profnurs.2013.10.004>
- Halstead, J. (Ed.), (2019). *NLN Core Competencies for Nurse Educators: A Decade of Influence*. National League for Nursing.
- Hunt, D. (2013). *The New Nurse Educator: Mastering Academe*. Springer.
- Korthagen, F. J., (2010). Situated learning theory and the pedagogy of teacher education: Towards an integrative view of teacher behavior and teacher learning. *Teaching and Teacher Education*, 28, 98-106. <http://www.elsevier.com/locate/tate/>
- Kuss, C. (2014). *The Relationship Between Educational Preparation of Nursing Faculty and Associate Degree Program Pass rates on the National Council Licensure Examination for Registered Nurses* (Dissertation). Retrieved from the University of Alabama Library System Dissertation Database
- Lave, J. (1991). Situating learning in communities of practice. In Resnick, L., Levine, J. & Teasley, S. (Eds). *Perspectives on Socially Shared Cognition* 63-82. <https://psychnet.apa.org/record/1991-98452-003>
- Lave, J. & Wenger, E. (1991). *Situated Learning: Legitimate Peripheral Participation*. Cambridge University Press.
- Lave, J. & Wenger, E. (2001). Legitimate peripheral participation in communities of practice. In Harrison, R. Reeve, F., Hanson, A. & Clarke, J. (Eds). *Supporting Lifelong Learning Volume 1: Perspectives on Learning*, 111-126. Routledge/Falmer.
- Laurencelle, F. L., Scanlan, J. M. & Brett, A. L. (2016). The meaning of being a nurse educator and nurse educators' attraction to academia: A phenomenological study. *Nurse Education Today*, 39, 135-140. <https://doi.org/10.1016/j.nedt.2016.01.029>
- Lees, T. (2017). The development of a blended learning model to deliver construction science teaching. *53rd ASC Annual International Conference Proceedings*. <http://ascpro0.ascweb.org/archives/cd/2017/paper/CEUE157002017.pdf>

- Lewis M. (2017) Frank J. Barrett: The social construction of organizing. In Szabla D., Pasmore W., Barnes M., & Gipson A. (eds) *The Palgrave Handbook of Organizational Change Thinkers*. Palgrave Macmillan.
https://doi.org/10.1007/978-3-319-52878-6_101
- McAllister, M. & Flynn, T. (2016). The capabilities of nurse educators (CONE) questionnaire: Development and evaluation. *Nurse Education Today*, 30.
<https://doi.org/10.1016/j.nedt.2016.01.022>
- McLeod, S. (2019). *Zone of Proximal Development*.
<https://www.simplypsychology.org/vygotsky.html/ZPD>
- Merillat, L., & Schelbmeir, M., (2016). Developing a quality improvement process to optimize faculty success. *Online Learning* 20 (3),159–172.
https://www.researchgate.net/publication/273679679_An_Online_Course_Enhancement_Process_that_Works
- Mulenga, I. (2020) Teacher education versus teacher training: Epistemic practices and appropriate application of both terminologies. *Journal of Lexicography and Terminology*, 5(1), 105-125. <https://researchgate.net/publication/342282844>
- Mullan, F., Frehywot, M. D. & Jolley, L. (2008). Aging, primary care and self-sufficiency: Healthcare workforce challenges ahead. *Journal of Law, Medicine, and Ethics*. Blackwell Publishers.
- National Council of State Boards of Nursing (2008). *Nursing Faculty Qualifications and Roles*. http://www.ncsbn.org/nursing_faculty_qualifications_and_roles.pdf
- National League for Nursing. (2013). *A Vision for Doctoral Preparation of Nurse Educators*. [Position statement]. <http://www.nln.org>
- National League for Nursing (2017) *Graduate Preparation for Academic Nurse Educators*. [http://www.nln.org/docs/default-source/about/nln-vision-series-\(position-statements\)/vision-graduate-preparation2.pdf?sfvrsn=8](http://www.nln.org/docs/default-source/about/nln-vision-series-(position-statements)/vision-graduate-preparation2.pdf?sfvrsn=8)
- National League for Nursing, (2012). *Nurse Educator Core Competency: Competencies for the Academic Nurse Educator*. <http://www.nln.org>
- National League for Nursing. (2015). *NLN Nurse Educator Shortage Fact Sheet*.
<http://www.nln.org>
- National League for Nursing. (2019). *Nursing Education Statistics*.
<http://www.nln.org/newsroom/nursing-education-statistics>

- National League for Nursing (2020). *NLN Research Priorities in Nursing Education 2020-2023*. <http://www.nln.org/docs/default-source/Research-Grants/nln-research-priorities-in-nursing-education.pdf?sfvrsn=0>
- National League for Nursing. (2002). *The Preparation of Nurse Educators*. [Position statement]. <http://www.nln.org>
- Penn, B., Wilson, L. & Rosseter, R. (2008). Transitioning from nursing practice to a teaching role. *Online Journal of Issues in Nursing*. <http://www.nursingworld.org>
- Rahman, Z. & Hadi, H.K. (2019). Does organizational culture matter in organizational change? Transformational leadership and cynicism about organizational change. *International Conference on Economics, Education, Business and Accounting*, <https://doi.org/10.18502/kss.v311.4019>
- Rickman, P. (2004). Education versus training. *Philosophy Now*, 47. https://philosophynow.org/issues/47/Education_versus_training
- Saldana, J. (2016). *The Coding Manual for Qualitative Researchers, 3rd ed.* Sage Publications.
- Shabani, K., Khatib, M. & Ebadi, S. (2010). Vygotsky's zone of proximal development: Instructional implications and teachers' professional development. *English Language Teaching*, 3(4), 237-248. <http://www.ccsenet.org/elt>
- Summers, J. A., (2017). Developing competencies in the novice nurse educator: An integrative review. *Teaching and Learning in Nursing*, 12, 263-276. <https://doi.org/10.1016/j.teln.2017.05.001>
- Tabloski, P. A., (2016). Setting the stage for success: mentoring and leadership development. *Journal of Professional Nursing*, 32(55), 554-558. <https://doi.org/10.1016/j.profnurs.2016.03.003>
- Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A. & Varpio, L. (2015). Choosing a qualitative research approach. *Journal of Graduate Medical Education*, 269-270. <https://doi.org/10.4300/JGME-D-15-00414.1>
- Vygotsky, L.S. (1978). *Mind in Society: The Development of Higher Psychological Processes*. Harvard University Press.
- Wee, E. X. & Taylor, M. S. (2018). Attention to change: A multilevel theory on the process of emergent continuous organizational change. *Journal of Applied Psychology*. <https://doi.org/10.1872/j.ap0000290>
- Wenger, E. (1998). *Communities of Practice: Learning, Meaning, and Identity*. Cambridge University Press.

Wirihana, L., Welch, A., Williamson, M., Christensen, M, Bakon, S. & Craft, J. (2018). Using Colaizzi's method of data analysis to explore the experiences of nurse academics teaching on satellite campuses. *Nurse Research*, 25(4), 30-34.
<https://doi.org/10.7748/nr.2018.e1516>

Woods, A., Cashin, A. & Stockhausen, L. (2016). Communities of practice and the construction of the professional identities of nurse educators: A review of the literature. *Nurse Education Today*, 37, 164-169.
<https://doi.org/10.1016/j.nedt.2015.12.004>

APPENDICES

Appendix A

NLN Core Competencies for Nurse Educators (Revised 2012)

Competency I: Facilitate Learning

Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes.

Competency II: Facilitate Learner Development and Socialization

Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role.

Competency III: Use Assessment and Evaluation Strategies

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom, laboratory and clinical settings, as well as in all domains of learning.

Competency IV: Participate in Curriculum Design and Evaluation of Program Outcomes

Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment.

Competency V: Function as a Change Agent and Leader

Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice.

Competency VI: Pursue Continuous Quality Improvement in the Nurse Educator Role

Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competency in the role is essential.

Competency VII: Engage in Scholarship

Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity.

Competency VIII: Function Within the Educational Environment

Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social, and economic forces impact that role.

Appendix B

Sample of Nursing Faculty Job Posting

Assistant Professor (Nursing)

Posting Details

Position Information	
Vacancy Number:	F-00212
Position Title:	Assistant Professor (Nursing)
Classification Title:	Faculty
Department:	Nursing
Employment Type:	Full-Time
Minimum Qualifications:	<p>Minimum Qualifications: Masters of Science in Nursing</p> <p>Preferred Qualifications include: Terminal degree appropriate for the discipline or have the equivalent in training and experience. "Terminal degree" refers to the highest degree awarded in a discipline. The doctorate is the terminal degree for most disciplines represented at</p>
Job Open Date:	08/09/2019
Job Close Date:	
Quick Link
Faculty Specific	
School:	College of Nursing and Health Sciences
Contract Type:	Nine (9) Months
Tenure Track:	No
Salary Band:	N/A
Special Instructions to Applicant:	Classroom and clinical instruction in the undergraduate/ graduate program as well as online instruction.

**About the
University/College**

Knowledge, Skills, Abilities:

Knowledge and insight gained from one's area of specialization. Ability to communicate to professional peers. Ability to successfully perform the duties assigned and ability to demonstrate academic growth.

Prior teaching experience in an academic setting is preferred.

Minimum Qualifications:

Masters of Science in Nursing

Join the....., School of Nursing faculty- collegial, supportive and growing.

..... Is the metropolitan campus of With approximately 5,000 students and 200 faculty in five academic colleges. Located inserves a diverse student body..... Offers diverse cultural and recreational opportunities including A natural habitat zoo, an independent film theater and thebaseball team.

The School of Nursing is fully accredited by CCNE.

Apply online at AND upload a letter of interest, curriculum vitae, transcript(s) and the name, addresses and phone numbers for at least 3 current references.

While this position is open until filled Reserves the right once interviewing has begun to stop accepting applications.

..... Is an Equal Opportunity Employer committed to excellence through diversity; therefore, we encourage applications from historically underrepresented groups, veterans, and individuals with disabilities.

..... Has been ranked among the South's top universities by U.S. News and World Report, was named one of the best colleges in the Southeast by The Princeton Review, is designated as a Military Friendly School, and is consistently chosen as the best university in the area. provides students with detailed knowledge and hands-on, practical experience, often from professionals in the field.

The mission of College of Nursing & Health Sciences is to foster and exemplify excellence in teaching, service/outreach, and research. The program prepares professional nurses to provide patient-centered, culturally competent, evidence-based care for diverse populations in a dynamic health care environment. Graduates are ready to assume leadership roles in the provision of nursing care in all health care settings. Master's graduates are ready to lead in educator and advanced practice nurse roles in health-related

services to diverse populations.

.....

Appendix C

Informed Consent

Please read this informed consent carefully before you decide to participate in the study.

Consent Form Key Information:

- **Take an online survey about nurse educator beliefs and practices regarding educational training for teaching.**
- **Participate in a 60 to 90 minute interview about values and beliefs on the subject.**
- **No information collected will connect identity with responses.**
- **Participation should not interfere with performance of normal duties.**
- **Potential to contribute to the body of knowledge in an area where little information exists.**

Purpose of the research study: The purpose of the study is to determine values and beliefs practicing, doctorate-prepared nurse educators hold about the need for training in teaching methodologies, and to explore and identify influences on those perspectives and beliefs.

What you will do in the study: The study consists of two parts, an online survey and an interview. If you choose to participate you will receive an email with a link to the online survey. After completing the survey you will be contacted by the researcher to arrange the time and place of the interview. Interviews will be conducted in person or web-based meeting, depending on circumstances and time constraints. Data collected will include basic demographic information such as years of experience, type of degree, and level of classes taught. No personally identifiable information such as name or institutional affiliation will be collected.

Survey and interview questions are designed to gather information on nurse educators' beliefs and values of the need for formal training in teaching theory and methodologies. You will not be required to answer any questions you prefer not to answer. You also have the option to stop the interview and withdraw from the study if you so desire.

Time required: The study will require approximately 2 to 2 and ½ hours of your time. The online survey portion should take no more than 30 minutes and the interview will take from 60 to 90 minutes. Follow-up interviews, if necessary, may take from 30 to 60 minutes.

Risks: There are no anticipated risks associated with participation in this study.

Benefits: There are no direct benefits to you for participating in this research study. The study may help us understand nurse educators' perceptions and beliefs about the value of

formal training in teaching methodologies and theory, and factors influencing those beliefs and values.

Confidentiality: No personally identifiable information will be collected during the course of this study. There will be no directly identifiable institutional information gathered. References to individual responses gathered will be identified only as “Respondent A, Respondent B, etc.” Institutions will only be referred to as college or university in the southeastern United States. Demographic data gathered during the online survey will be linked only with participants as described, “Respondent A, Respondent B”. Reporting and documentation of interview questions will be handled in the same way. Audio and video recordings of the interviews will remain only in the possession of the researcher and will be destroyed upon reporting and conclusion of the study. Transcripts of the interviews may be shared with a second reader for confirmation and validation of identified themes. However, there should be no personally or institutionally identifiable information contained in the transcripts, so confidentiality will be maintained. Transcripts, including electronic versions, will be destroyed after completion of the study.

Voluntary participation: Your participation in the study is completely voluntary

Right to withdraw from the study: You have the right to withdraw from the study at any time without penalty.

How to withdraw from the study: If you want to withdraw from the study, either during the study or after conclusion, notify the researcher via email or by phone. There is no penalty for withdrawing. If you would like to withdraw after your survey and interview have been completed, please contact the researcher as described above. Upon withdrawal any materials associated with your participation in the study will be destroyed.

Compensation/Reimbursement: You will receive no payment or compensation for participating in the study.

Using data beyond this study: The researcher may use information gathered during this study as the basis for a larger research project on the same or a similar topic. Your information may be stored and used for purposes of that study. You will not be asked for permission to use the information in that study. Your data will be combined with information gathered during future studies. Confidentiality will be maintained as described in this consent, and no personally identifiable information will be collected or reported in future studies.

If you have questions about the study or need to report a study related issue please contact:

Name of Principal Investigator: Steven Wright

Title: EdD candidate

Department Name: Educational Leadership, Policy, and Technology Studies (ELPTS);
College of Education; University of Alabama

Telephone: 251-554-9028
Email address: scwright2@crimson.ua.edu

Faculty Advisor's Name: Dr. E. Douglas McKnight
Department Name: ELPTS; College of Education; University of Alabama
Telephone: 205-246-4884
Email address: dmcknigh@ua.edu

If you have questions about your rights as a participant in a research study, would like to make suggestions or file complaints and concerns about the research study, please contact:

Ms. Tanta Myles, the University of Alabama Research Compliance Officer at (205)-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach Website at <http://ovpred.ua.edu/research-compliance/prco/>. You may email the Office for Research Compliance at rcompliance@research.ua.edu.

Agreement:

- I agree to participate in the research study described above.
- I do not agree to participate in the research study described above.
- I agree to video (audio, photograph) in the research study described above.
- I do not agree to video (audio, photograph) in the research study described above.

Signature of Research Participant
Date

Print Name of Research Participant

Signature of Investigator or other Person Obtaining Consent
Date

Print Name of Investigator or other Person Obtaining Consent

Appendix D

Informed Consent for Online Survey

Informed Consent to Participate in an Online Survey

Please read this informed consent carefully before you decide to participate in the study.

Consent Form Key Information:

- **Participate in an online survey about values and beliefs on the subject being studied.**
- **No information collected will connect identity with responses.**
- **Participation should not interfere with performance of normal duties.**
- **Potential to contribute to the body of knowledge in an area where little information exists.**

Purpose of the research study: The purpose of the study is to determine values and beliefs practicing, doctorate-prepared nurse educators hold about the need for training in teaching methodologies, and to explore and identify influences on those perspectives and beliefs.

What you will do in the study: You will complete an online survey. If you consent to participate you will use the link provided to access the survey. Data collected will include basic demographic information such as years of experience, type of degree, and level of classes taught. No personally identifiable information such as name or institutional affiliation will be collected.

Survey items are designed to gather information on nurse educators' beliefs and values of the need for formal training in teaching theory and methodologies. You will not be required to answer any items you prefer not to answer. You also have the option to stop the survey and withdraw if you so desire.

Time required: The survey should take no more than 30 minutes of your time. If you choose to participate in the follow-up interview, you will be asked to provide email contact information.

Risks: There are no anticipated risks associated with participation in this survey.

Benefits: There are no direct benefits to you for participating in this research survey. The survey may help us understand nurse educators' perceptions and beliefs about the value of formal training in teaching methodologies and theory, and factors influencing those beliefs and values.

Confidentiality: No personally identifiable information will be collected during the course of this survey. There will be no directly identifiable institutional information

gathered. References to individual responses gathered will be identified only as “Respondent A, Respondent B, etc.” Institutions will only be referred to as college or university in the southeastern United States. Demographic data gathered during the online survey will be linked only with participants as described, “Respondent A, Respondent B”. Information gathered, including electronic versions, will be destroyed after completion of the study.

Data linked with identifying information: The information you give in the survey will be handled confidentially. Your information will be assigned a code number. The list connecting your name to this code will be kept in a password protected file. When the study is completed, and the data have been analyzed, this list will be destroyed. Your name or other personally identifiable information will not be used in any report. Recordings of responses and digital transcripts will be stored in a secure file, using encryption technology. Upon completion of the study those materials will be destroyed.

Voluntary participation: Your participation in the survey is completely voluntary

Right to withdraw from the study: You have the right to withdraw from the survey at any time without penalty.

How to withdraw from the study: If you want to withdraw from the study, either during the survey or after conclusion, notify the researcher via email or by phone. There is no penalty for withdrawing. Upon withdrawal any materials associated with your participation in the study will be destroyed.

Compensation/Reimbursement: You will receive no payment or compensation for participating in the survey.

Using data beyond this study: The researcher may use information gathered during this survey as the basis for a larger research project on the same or a similar topic. Your information may be stored securely and used for purposes of that study. You will not be asked for permission to use the information in that study. Your data will be combined with information gathered during future studies. Confidentiality will be maintained as described in this consent, and no personally identifiable information will be collected or reported in future studies.

If you have questions about the study or need to report a study related issue please contact:

Name of Principal Investigator: Steven Wright

Title: EdD candidate

Department Name: Educational Leadership, Policy, and Technology Studies (ELPTS);

College of Education; University of Alabama

Telephone: 251-554-9028

Email address: scwright2@crimson.ua.edu

Faculty Advisor's Name: Dr. E. Douglas McKnight
Department Name: ELPTS; College of Education; University of Alabama
Telephone: 205-246-4884
Email address: dmcknigh@ua.edu

If you have questions about your rights as a participant in a research study, would like to make suggestions or file complaints and concerns about the research study, please contact:

Ms. Tanta Myles, the University of Alabama Research Compliance Officer at (205)-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach Website at <http://ovpred.ua.edu/research-compliance/prco/>. You may email the Office for Research Compliance at rcompliance@research.ua.edu.

Agreement: Proceeding to the online survey using the link provided constitutes your consent to participate and confirms you are 18 years of age or older. Please keep a copy of this consent form for your records.

Appendix E

Nurse Educator Survey

(Developed as a Qualtrix survey and the link emailed to participants for completion prior to selection of interview subjects)

Background Information

1. How long have you been teaching in an academic setting?
2. How long have you been practicing as a registered nurse?
3. What teaching experience do you have prior to teaching in the academic setting?
4. What levels of classes are you currently teaching?
5. What is your nursing educational background?
6. Highest level and type of degree?
7. Are you willing to take part in a 60 to 90 minute interview as part of this research project? If so please provide your email contact information.

Please address each of the following statements using this scale:

- 1= Strongly disagree
- 2= Somewhat disagree
- 3= Neither agree nor disagree
- 4= Somewhat agree
- 5= Strongly agree

1. I am confident in my ability to teach.
2. I seek opportunities to stay current in nursing knowledge.
3. I actively seek opportunities to improve my educational practice.
4. I am able to guide learners to develop self-reflective practice.
5. I am able to use a variety of tools to enliven learning (e.g. simulation, case studies, discussions, e-learning).
6. I can demonstrate advanced clinical skills and judgment.
7. I am able to answer questions from learners knowledgably, reflecting in-depth understanding of nursing.
8. I am able to prepare learners to practice effectively in the contemporary healthcare environment.
9. I support evidence-based practice.
10. I facilitate best practice nursing that is patient, family and community centered.
11. I provide timely and constructive feedback to learners.
12. I am viewed as approachable.
13. I respect and value students' different learning styles.
14. I am interested in the progress and welfare of students.
15. I frequently provide support and encouragement to students.
16. I am a mentor and coach who supports and guides students and colleagues.

17. I am able to inspire excellence by articulating vision, integrity, and professionalism.
18. I motivate students and peers to achieve excellence.
19. I actively participate in strategies that facilitate positive change in nursing.
20. I create and maintain networks and collaborations within education and healthcare communities.
21. I contribute to the advanced practice of nursing education through generation and discussion of new knowledge.
22. I recognize that research is an important aspect of nursing scholarship.
23. Publishing research papers and presenting at conferences are important aspects of nursing scholarship.
24. I recognize that actively participating in professional nursing education organizations is important to further advanced practice as a nurse educator.

Extracted from the Capabilities of Nurse Educators (CONE©) questionnaire (McAllister and Flynn, 2016) and used with permission of the authors. Use license granted by the publisher, Elsevier.

Appendix F

Interview Questions

1. Please describe for me how you got into teaching nursing.
2. Tell me about any influences or obstacles you encountered in making the decision to teach.
3. Can you describe any experiences you had with teaching prior to moving into the classroom?
4. Describe any experiences you had with mentoring or orientation to teach.
5. Can you offer any details on graduate level coursework you may have taken in the following areas:
 - Teaching theory and methodologies;
 - Adult learning theory;
 - Course and curriculum development;
 - Assessment processes and techniques;
 - Use of technology in teaching.
6. Describe your thoughts and beliefs on the value of or need for that type of training.
7. Please describe your understanding of the NLN Core Competencies for nurse educators.
8. How do you, as a nurse educator, believe you meet those core competencies?
9. Describe your thoughts and beliefs on clinical training and practice preparing you to teach effectively in the classroom.

10. Describe any experiences you can recall about peers sharing values, beliefs and practices related to training for teaching.

11. Please describe for me any experiences you may have had related to peer interactions influencing your ideas about teaching nursing.

12. In your words describe any additional ideas you have about fellow nurse educators' impact on your beliefs about teaching nursing.

Appendix G

Recruitment Email

Good morning,

I am a doctoral candidate in Instructional Leadership in Nursing Education at the University of Alabama. I am conducting a dissertation study exploring practicing nurse educators' values and beliefs relative to educational training in teaching methodologies. For the study I am seeking nurse educators willing to complete a survey instrument related to this research. The survey will be conducted online, using Qualtrics web based technology, and should take no more than 15 to 20 minutes to complete. If you are willing to participate, review the attached Informed Consent document and then click on the following link to access the survey:

https://universityofalabama.az1.qualtrics.com/jfe/form/SV_78KTZgLKapf9cII

Complete the demographic data as well as the 24 items in the survey after reviewing the attached Informed Consent document. If you would be interested in completing a 60 to 90 minute web-based interview please provide your email address as indicated in the survey so that I can contact you to schedule a time.

Thank you for your time and consideration.

Steven Wright, EdD(c), MSN, RN, CNE

Appendix H

Institutional Review Board Protocol

University of Alabama IRB eProtocol.....Protocol ID: 20-09-3890
Submitted Date..... 10/17/2020
Meeting Date..... 11/19/2020
Approval Date..... 10/19/2020
Expiration Date 10/18/2021
Principal Investigator Steven Wright
Faculty Advisor.....Dr, Douglas McKnight
Department Chair..... Dr. Frankie Laanan

Appendix I

IRB Approval Letter

THE UNIVERSITY OF ALABAMA | Office of the Vice President for
Research & Economic Development
Office for Research Compliance

October 19, 2020

Steven Wright
Department of ELPTS
The University of Alabama
Box 870302

Re: IRB # 20-09-3890 "Examining Influences on Practicing Nurse Educator's Values and Beliefs of the Need for Training in Teaching Methodologies"

Dear Mr. Wright:

The University of Alabama Institutional Review Board has granted approval for your proposed research. Your protocol has been given exempt approval according to 45 CFR part 46.104(d)(2) as outlined below:

(2) Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

(iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

The approval for your application will lapse on October 18, 2021. If your research will continue beyond this date, please submit the annual report to the IRB as required by University policy before the lapse. Please note, any modifications made in research design, methodology, or procedures must be submitted to and approved by the IRB before implementation. Please submit a final report form when the study is complete.

Please use reproductions of the IRB approved informed consent form to obtain consent from your participants.

Good luck with your research.

Sincerely,



Capitatio T. Myles, MSM, CMM, CIP
Director & Research Compliance Officer

Jessup Building | Box 870127 | Tuscaloosa, AL 35487-0127
205-348-8461 | Fax 205-348-7189 | Toll Free 1-877-820-3066