



The Nursing Faculty Role: Issues, Trends, Opportunities, and Challenges

If you are reading this book, chances are that you are either considering a career in nursing education or have already accepted your first academic position and are new to the faculty role. This book has been written specifically to help guide you through the transition from practice to teaching. A career in nursing education will bring you many opportunities, and yes, there will likely be some challenges as well. However, the professional and personal rewards of a career in nursing education are many, and this book is designed to help you successfully transition from clinical practice to academia and find the right “fit” for yourself in the academic environment.

As an aging workforce of nursing faculty continue to retire, the numbers of qualified faculty are reaching a critical shortage. The profession is in great need of academically and experientially qualified educators to prepare the next generation of nurses. Although retiring faculty may continue to teach and share their expertise on a part-time basis, they will more than likely not be available to do the essential committee work and student advising that supports the implementation of nursing programs. The need for new full-time faculty to increase the number of new nursing graduates will remain high for the foreseeable future.

Many new faculty are expert clinicians but inexperienced as teachers in classroom and clinical settings. For most, it is their first exposure to the tripartite role expectations of teaching, research, and service that are typically associated with being a faculty member. As a new or aspiring faculty member, you probably find that you have a number of questions about how to best meet the expectations of the faculty role and develop your career in academia. This book is designed to provide answers to the most common situations faculty confront in their first year. In addition to the more traditional expectations associated with the faculty role, there are emerging issues and trends in education and practice that will influence and impact the future roles of nursing faculty. The health care setting is an increasingly complex and chaotic environment in which to practice and instruct students.

Similarly, educational environments are experiencing declining resource allocations at the same time that public expectations regarding performance outcomes continue to increase. Some of the major trends that are currently affecting the role of nursing faculty are the shortage of nurses, both as clinicians and educators; lack of leadership succession; increasing complexity of the health care system; changing dynamics in higher education; integration of technology into education and health care; and increasing need for collaborations and partnerships to provide quality education and health care.

CHAPTER PURPOSE

The purpose of this chapter is to explore the issues, trends, opportunities, and challenges facing nursing education to help you understand the full context of the faculty role and how it is influenced by internal and external environmental factors. Topics addressed are changes in the nursing profession, the U.S. health care delivery system, higher education, and nursing education. How these changes have the potential to impact the future of nursing education is also discussed.

CHANGES IN THE NURSING PROFESSION

The nursing workforce in the United States is facing many challenges, including a projected shortage, the extent of which is difficult to quantify. The U.S. Bureau of Labor Statistics (2015) projected that the demand for registered nurses is expected to grow 16% from 2014 to 2024. According to the Bureau of Labor, the increased demand for registered nurses is primarily due to aging baby boomers and their increasing need for health care services, growth of chronic health conditions in the U.S. populace, and the growing emphasis on preventive health care. However, with the recent increased production of new nurses, there is not necessarily a nation-wide nursing shortage and the job market for registered nurses may be competitive in some geographic regions (U.S. Bureau of Labor Statistics, 2015). Peter Buerhaus, noted health care economist and nurse, acknowledged that most regions of the United States do not necessarily have a nursing shortage; rather, they have what he describes as a “knowledge shortage” due to the retirement of large numbers of expert nurses and their replacement by less experienced nurses (Larson, 2016).

Nurses’ role in health care and the demand for their services will continue to be shaped by health care reform and other factors. Buerhaus (Larson, 2016) has identified four primary forces that affect the future of the nursing profession. These four forces are continued retirement of nurses over the next decade totaling approximately one third of the nursing workforce; the aging baby boomer population with their accompanying chronic health care conditions; health care reform with the shifting of care from hospitals; and the physician

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shortage. According to the Health Resources and Services Administration (HRSA), it is likely that nurses will be expected to take on new and expanded responsibilities in health care prevention and care coordination (HRSA, 2014). The health care sector is undergoing a shift in patient care from the acute care setting to home- and community-based care. This change in the health care environment will provide changing employment opportunities for registered nurses. Skilled long-term care settings have an especially acute need for increasing the numbers of registered nurses employed. In addition, with health care reform being aggressively pursued by legislators and health care providers, additional workforce demands for registered nurses and advanced practice are emerging, especially in primary health care environments. Health care reform also demands that nurses acquire additional competencies focused on interdisciplinary, evidence-based, technology-driven, patient-centered care and delivered with the intent to provide a seamless transition across the health care continuum.

Another factor that affects the nursing workforce is the educational preparation of registered nurses. The majority of the nursing workforce that provides direct patient care is initially prepared at the associate degree level. These nurses deliver safe and competent patient care, yet additional educational preparation is necessary to acquire the systems-level knowledge and leadership skills required to function in unstructured, chaotic work environments. To meet the demands of an increasingly complex health care environment, as well as the need for advanced practice nurses, nurse researchers, and nurse educators, we must continue to increase our preparation of nurses with baccalaureate and graduate nursing degrees.

In its last survey of registered nurses conducted in 2008, the HRSA (2010) reported that only 36.8% of registered nurses held a baccalaureate degree and 13.2% of registered nurses held advanced nursing degrees at the master's or doctoral level. At the time, these numbers suggested that the nursing workforce was not well positioned to strategically participate in and lead efforts to reform health care to meet the health care needs of Americans. The Institute of Medicine's (IOM, 2011) report *The Future of Nursing* recommended that the number of nurses with a bachelor's degree increase to 80% and the number of nurses with a doctoral degree increase by 100%. In 2002, the percent of undergraduate students enrolled in associate degree programs was 55% and the percent enrolled in baccalaureate programs was 45%; as of 2012, the baccalaureate enrollment had increased to 53% and the enrollment in associate degree programs had dropped to 47% (Buerhaus, Auerbach, & Staiger, 2014). Buerhaus et al. also reported that during this same time frame, graduates from master's and doctoral nursing programs tripled. It is essential that the academic progression of nurses continues to produce the numbers of registered nurses with advanced education that are needed in the workforce as educators, researchers, and advanced practice nurses. In 2010, the Tri-Council for Nursing (consisting of the American Association of Colleges of Nursing [AACN], American Nurses Association, American Organization of Nurse Executives, and the National League for Nursing) issued a consensus policy statement, which calls for strategies that facilitate the educational advancement of nurses to prepare a better educated nursing workforce (Tri-Council for Nursing, 2010). This call to action remains relevant today.

The discipline of nursing is also affected by the lack of significant numbers of nurse researchers who focus their research careers on issues related to nursing education. The profession would benefit from more rigorous, funded nursing education research, especially in the area of how best to teach nursing students in the clinical setting. Historically, preparing nursing faculty to be experts in nursing education research and the scholarship of teaching has been considered to be of secondary importance to preparing nurses as experts in clinical nursing research. This necessary emphasis on developing nursing's expertise in clinical research has led to a paucity of nursing education research, with few funds being allocated to support educational research. In recent years, the need to apply an evidence-based approach to teaching has been called for by the profession, and a renewed interest in nursing education research has developed along with calls for increased funding of the research and the establishment of a national nursing education research agenda (National League for Nursing [NLN], 2012). The profession continues to need more nursing faculty with the requisite skills to pursue educational research as a viable research career and add to the science of nursing education.

So, how do the many changes facing the nursing profession affect you in your new role as a nurse educator? You have chosen an exciting and challenging time to become a nursing faculty as we experience fundamental shifts in how we approach the “business” of nursing and nursing education. The challenges to the nursing profession require us to consider innovative means by which to prepare safe, competent nurses at the educational levels and numbers adequate enough to meet the workforce demand. We are being asked to consider ways to accelerate the preparation of nurses with advanced nursing degrees to meet the needs for advanced clinicians, researchers, and educators. As a new nurse educator, you will have the opportunity to respond to these calls and create new educational models for our learners.

THINK ABOUT . . .

Do you know what nursing faculty positions are available in your chosen region of employment? What are the major challenges facing nursing faculty in your nursing program or the programs to which you are considering applying? How are the nursing programs responding to these challenges?

CHANGES IN THE U.S. HEALTH CARE SYSTEM

The health care system in the United States is complex, fragmented, and costly. Many people lack access to affordable and quality health care and critics are calling for reform to ensure that the health care needs of all citizens are met. With the Patient Protection and Affordable Care Act of 2010 (PPACA) under threat of repeal in 2017 by Congress, what the future holds for U.S. health care services and how the patient care delivered by nurses

will be affected is unclear. If you are transitioning from the practice setting into education, you are very familiar with the challenges facing nurses in today's health care environment. Your new challenge as an educator is to apply your clinical knowledge and expertise to creating learning experiences for your students that help them develop the competencies required to practice in such a setting.

In 2003, the IOM identified five key competencies that all health care professionals needed for practice in the 21st century: an emphasis on patient-centered care, informatics, quality improvement, evidence-based practice, and interprofessional teamwork (IOM, 2003). The IOM further called for educational reform and the creation of clinical education models that would enable students to achieve these competencies. At the same time, creating a health care culture that promotes patient safety emerged as another high-priority need. More than a decade later, these competencies remain relevant and health profession educators, including nurses, are still seeking ways to most effectively help students acquire them.

Health care reform also has increased the need for advanced practice nurses who have specialized in primary care and nurses who understand transitional models of health care. Additionally, the increasing use of telehealth technology which allows patients to be monitored from a distance will also continue to demand new competencies of nurses. The use of health care technology calls for nurses to be savvy users of technology while understanding the legal and ethical implications of technology for the delivery of patient care. The competencies required of health care professionals to deliver safe, quality care continue to be debated by leaders in health care and health care education. No one can anticipate all the changes in health care delivery that will occur. Therefore, educators need to prepare future practitioners to cope with what will continue to be a rapidly changing health care environment. Creating learning environments that help students develop clinical reasoning skills and learn to apply what they know to new clinical situations is an ongoing challenge for nurse educators.

What implications do all of the changes in health care and nursing practice have for you as a nurse educator in the academic environment? First, these changes require nursing faculty to closely examine curriculum and seek ways to revise current models of clinical nursing education. There is no predetermined "blueprint" for what these curricular revisions should look like. It is important to seek evidence through nursing education research to determine what educational models will be most effective for producing the desired outcomes for practice. We need nurse educators who are willing to challenge the status quo, engage in scholarly inquiry about education practices, and risk change and innovation to produce new curriculum models that are evidence-based.

Second, we need nursing faculty who are knowledgeable and competent in evidence-based practice, informatics, quality improvement, interprofessional teamwork, and patient-centered care that is delivered with a focus on a culture of safety. Nursing faculty need to understand new models of health care delivery and be competent with the use of health care technology. Maintaining a commitment to lifelong learning and participating in ongoing faculty development activities is essential for faculty to stay current in the practice of nursing. This may mean returning to school or taking continuing education courses to maintain our competence and develop new skills.

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As a novice nurse educator, it is important to understand that the relationship between practice and education is dynamic. The rapidity with which the health care environment is changing creates challenges for nursing faculty who struggle to keep curriculum relevant. It is essential that those in nursing education and nursing practice work closely together to create curricula that will produce graduates with the requisite competencies for contemporary nursing practice. This also means that you are starting your career in nursing education at a time when our traditional ways of delivering curriculum and teaching nursing are being challenged in an effort to meet the demands of health care reform. Being comfortable with ambiguity and change is an attribute that will help you to be successful as a nurse educator.

THINK ABOUT . . .

Can you identify any additional health care delivery changes that could have an impact on your role as a nurse educator in an academic setting? What strategies can you use to stay abreast of health care trends in your new role?

CHANGES IN HIGHER EDUCATION

Regardless of the type of institution in which you choose to work as a nursing faculty, your role will be closely affected by trends in higher education. If you are transitioning from the practice setting, some of these issues may be new to you; others, such as managing shrinking resources and demonstrating outcomes, will seem very familiar albeit in a different environmental context. Similar to the changes that are occurring in health care and affecting nursing practice, the changing dynamics in higher education will affect the future role of faculty in ways that are not yet fully understood by members of the academy.

Arguably, the most significant trend currently facing higher education is the economic conditions that many institutions find themselves facing—shrinking resources from the state (for public state-supported institutions) including caps placed by state legislatures on rising tuition costs and fees, declining endowment funds affected by turbulent economic times, aging physical facilities that demand repair, and rising costs for employee benefits (e.g., health care insurance). In many cases, these economic realities have created the “perfect storm” for colleges and universities throughout the United States, causing the institutions to resort to a variety of strategies to preserve their financial status and remain solvent. Some of these strategies have included hiring and wage freezes, reduction of staff and faculty through layoffs and attrition, heavier reliance on part-time instructors, mandatory furlough of employees to conserve cash flow, elimination of academic programs with low enrollments, elimination or reduction of travel and development funds for faculty, and restrictions on general spending. Higher education institutions will continue to develop

strategies to address their fiscal health in the foreseeable future and faculty can anticipate that some of these strategies will impact their own roles.

At the same time that institutions are grappling with these financial realities, recruiting and retaining the “best and the brightest” faculty remains a source of chief concern, as faculty are the intellectual lifeblood of the educational environment. In order to continue to thrive within the various funding limitations that are facing them, you can anticipate that academic institutions will consider innovative ways to attract and retain faculty even when experiencing economic downturns. Without the intellectual capital of a diverse faculty, the institutions would not be able to produce their “product”—graduates who are well educated and prepared to enter the workforce.

For nursing faculty, the current economic realities mean that they are facing larger class sizes due to fewer faculty, salaries that may be frozen or subjected to minimal increases and falling further behind their colleagues in practice, and an expectation that they conduct their “business” differently in the future to accommodate the lack of available resources. Creativity, flexibility, and comfort with change and innovation are qualities required of all nursing faculty to meet these challenges and preserve program quality. For those faculty who embrace change and are not entrenched in doing things “the way they have always been done,” these times can be looked upon as times of opportunity to investigate new models of teaching and learning in nursing.

Even with shrinking resources, or maybe *because* of shrinking resources, institutions of higher education are under closer public scrutiny. Institutions of higher learning are being held accountable for demonstrating performance outcomes that are deemed acceptable by external constituents. For example, the federal government through the U.S. Department of Education is taking a heightened interest in the student outcomes achieved by institutions that receive federal student aid, especially in the areas of student graduation and gainful employment rates. Many state legislatures are closely examining the educational outcomes of institutions and, in some cases, allocating state funds based on the institution’s achievement of performance indicators that have been set by the legislature. The performance indicators include measures such as student recruitment, retention, and graduation rates. Institutions that have high attrition rates or cannot graduate their students within a certain period of time (e.g., within 5–6 years for a 4-year degree) may find their state funding decreased until they demonstrate improvement in the key indicators. This trend of external scrutiny is likely to continue to increase, and higher education finds itself needing to examine and be accountable for practices that historically have been its sole prerogative to set.

Various curriculum trends within higher education can also have an impact on the curriculum of nursing programs and thus the role of nursing faculty. For example, campus-level faculty councils set general education requirements within institutions. Periodically, these requirements go through a faculty-driven review process, which can result in changes in the requirements, leading to a need to modify discipline-specific curriculum plans of study. Some other curriculum trends within higher education include the emphasis on civic engagement and service learning, the increasing influence of globalization on the educational experience, and opportunities for undergraduate honor course experiences. Many schools of nursing will need to include opportunities in their curricula for students to participate

in civic engagement, international study, and undergraduate honor courses in keeping with the parent institution's mission to provide these learning experiences to students. Additional curricular trends such as previous learning assessments (PLAs), learning analytics, focus on student learning outcomes, and the increased use of instructional technology, e.g., "flipped" classrooms and asynchronous courses, address how students are taught and learning is evaluated. Institutional performance indicators that are set by external constituencies (i.e., accrediting bodies, state legislators) may require the campus-level collection of outcome evaluation data from all faculty, which in turn has the potential to affect the teaching and evaluation strategies you use in your classroom. **Case Study 1.1** illustrates a situation

CASE STUDY 1.1

David: Understanding the Higher Education Environment

Upon completion of his doctorate, David recently accepted a position as an assistant professor of nursing at a regional state-supported college. This is his first academic position in higher education and he is in his first semester of teaching. In his doctoral program, he did not have the opportunity to take any course work related to nursing education or teaching and learning. He thought he was well prepared for a faculty role, having pursued a rigorous course of study in theory, research, and statistics at a well-respected university. However, in his first months in his new position, he noticed that in faculty meetings he didn't understand the discussions that nursing faculty were having about the campus's newly proposed general education curriculum and how the proposed changes would impact the nursing curriculum. How could college faculty who weren't nursing faculty influence the curriculum of the nursing program? In addition, he received a request from his department chair to participate in collecting some student evaluation data from his courses that were intended to measure the extent to which the students in his assigned courses were applying the campus's core concepts of undergraduate learning. He didn't realize that he was responsible for ensuring students applied the campus's undergraduate curriculum core concepts in his course and didn't understand how the core concepts were related to the critical care nursing concepts he was teaching. At one faculty meeting, the dean of the nursing program announced that state appropriations to the institution may be cut due to financial difficulties that the state was having and that these cuts could impact how faculty implemented the nursing curriculum. David began to understand that being a clinical nursing expert in critical care was not sufficient to fully understand his role. He recognized that he needed to also understand the context of higher education and the many factors that could affect his teaching.

What steps do you think David could take to develop a better understanding of the higher education environment?

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EXHIBIT 1.1

Getting Started: Understanding the Institutional Environment

Before accepting a faculty position at any institution, it is important to understand the institutional environment and determine whether it is a good “fit” with your own career goals. Here are a few strategies to help you make the decision:

- Read the institution’s mission statement and the nursing program’s mission statement, usually found on the institution’s website. How do the mission statements align with your career goals?
- Does the institution and/or program have organizational core values identified? Do the core values hold professional and personal meaning for you?
- How is the faculty role described by the institution? How much emphasis is placed on teaching, scholarship, and service? Are these institutional expectations aligned with your career goals?
- During your interview, ask faculty to describe the expectations of the faculty role from their perspective. What do they value most about the institutional environment? What might they describe as challenges to the faculty role within the environment?

in which a new faculty member, David, realizes that to fully understand his new role as nursing faculty, he needs to also understand the higher education environment in which he is teaching. [Exhibit 1.1](#) outlines some steps that you can take to gain an understanding of the environment of the institution in which you intend to accept a faculty role.

Mirroring societal demographic changes, the increasing diversity of the student body in our institutions of higher education is a continuing trend that affects nursing faculty. In an effort to meet the needs of their region, many institutions have set goals related to the recruitment of students who have been previously underrepresented in the student body. The numbers of international students seeking a college education in the United States, including nursing, are also increasing. Meeting the learning needs of diverse students in classroom and clinical settings can be complex, requiring mentoring programs and a variety of student support services. Faculty need to be increasingly knowledgeable about how a student’s cultural background influences learning, especially when teaching in the clinical setting where health beliefs, personal space, and communication can be heavily influenced by cultural values.

These are just a few of the current trends in higher education that will have an impact on your work as a nursing faculty. New trends are ever emerging, and as a faculty in higher education you will be responsible for staying abreast of the issues and understanding the implications for your program and students.

THINK ABOUT . . .

How familiar are you with trends in higher education? What are some ways by which you can increase your knowledge about higher education in your local region, state, and the nation?

CHANGES IN NURSING EDUCATION

As in higher education, trends in nursing education will influence how you implement your role as a nurse educator. Developing flexible learning environments, trimming “overstuffed” curricula, addressing the need for new clinical education models, and preparing graduates with the competencies to practice in a reformed health care system are examples of current trends that nursing faculty are being asked to consider.

Learning environments are changing. Nursing faculty need to be competent in designing flexible learning spaces and “virtual” classrooms that facilitate the use of active learning strategies to meet learners’ needs. Future courses are less likely to be structured in the typical 16-week semester and more likely to be designed as alternate “modules” that can be delivered in alternate time frames frequently with the use of technology. Technology will continue to influence the delivery of nursing education, creating even greater access to education for the nursing workforce. This section discusses significant trends in nursing education which are likely to impact your nursing faculty role including the nursing faculty shortage, new curricular models, technology, interprofessional education, interactive teaching strategies, need for partnerships, and faculty leadership and succession planning.

Nursing Faculty Shortage

The increased pressure for schools of nursing to prepare more nurses comes at a time when the profession is also experiencing a shortage of qualified nursing faculty. Nursing programs are at capacity in large part due to the lack of qualified faculty. With the average age of nursing faculty hovering in the mid-50s to lower 60s (AACN, 2015), there will continue to be significant numbers of faculty retiring over the next few years. This nursing faculty shortage can lead to concerns about increased workload demands (Ellis, 2013). Compounding the issue is noncompetitive faculty salaries, as compared to positions in the practice setting. These lower salaries can deter some nurses from considering a career in academia, making faculty recruitment more difficult.

The lack of academically and experientially qualified faculty to take the place of retiring faculty will continue to strain the resources of our academic workforce for the foreseeable

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future. Additionally, nursing education is experiencing a shortage of qualified academic administrators in nursing programs. Inexperienced faculty require mentoring in the classroom and clinical settings, and likewise, inexperienced academic administrators require mentoring to effectively lead nursing education programs.

The nursing profession must address how to effectively attract new faculty and prepare them for the role. The increased numbers of novice faculty means that faculty development programs will become even more essential to help them develop the core competencies associated with the nurse educator role (NLN, 2005). The development of nurse leaders in the academic setting is another critical need. The opportunities to create a long-term, rewarding career in nursing education and impact the future of the profession by designing new education models are endless for those who choose nursing education as a career path. Nurses who become nursing faculty at this time will personally benefit from the profession's reaffirmation of the importance of preparing the next generation of nursing faculty and the renewed attention to nursing education research and scholarship.

Curriculum Models in Classroom and Clinical Settings

As nursing curricula become more and more crowded with content, nursing faculty are grappling with the issue of what “should” be in the nursing curriculum. How do faculty decide what are essential learning experiences for nursing students? How do faculty decide what content should be included and what should be eliminated? Faculty are finding it necessary to teach more conceptually, emphasizing the development of clinical reasoning skills in students instead of focusing as much on “covering” content.

Clinical nursing education models are also being reconsidered and evaluated for how to most effectively prepare students for practice in the “real world.” There is more emphasis on the importance of the learning triad of student–preceptor–faculty and how best to collaboratively partner in the delivery of clinical learning experiences for both undergraduate and graduate nursing students.

With the acknowledgment that the U.S. health care delivery system needs more nurses prepared with baccalaureate and higher degrees to meet patient care needs, there is an increased interest in facilitating the academic progression of nurses in the workforce. The nursing profession also needs nurses prepared with graduate degrees to be advanced practice nurses, researchers, administrators, and educators. To respond to these needs, nursing faculty are developing educational models that accelerate the academic progression of nurses, creating seamless pathways to advanced nursing degrees.

Nursing faculty also need to work collaboratively with their colleagues in practice to identify practice needs that emerge as a result of health care reform. Faculty will need to develop strategies by which to keep curricula up to date, incorporating new competencies and skills as demanded by the evolving needs of the health care system.

Technology-Enhanced Learning

The integration of technology into health care and education has significant influence on your role as a nursing faculty. Patient care is delivered in a technology-driven environment that contributes greatly to the complexity nurses face in the practice setting. Electronic health records, telehealth, e-ICUs, and a vast array of sophisticated patient care delivery devices and monitors are just a few examples of how technology-dependent the health care delivery system has become.

The widespread use of health care technology requires nurses to continually update their competencies with the use of the technology. Legal and ethical issues, such as end-of-life support decisions and patient confidentiality concerns, are significant, with the use of technology contributing to the many bioethical issues present in health care. As you transition from the practice setting to the academic setting, it will be essential for you to remain current with the technology used in practice. If you are not engaged in the practice environment on a regular basis, staying current with health care technology can become challenging. You will want to consider strategies that will help you to stay current with the technology that is specific to your practice area.

As you are considering how to remain current with health care technology, you will also need to develop new competencies in the use of educational, or instructional, technology. Technology has been fully integrated into the education environment, and faculty need to be able to effectively incorporate the use of technology into their teaching. In fact, students increasingly expect their faculty to be comfortable with using technology and may consider faculty who do not incorporate technology into their teaching to be out of date and incompetent.

What types of technology will you frequently use in your faculty role? For a start, for your own professional use, you will need to be comfortable with the basic fundamental software commonly used with a desktop or laptop computer. Writing, presentation, and spreadsheet software programs are typically provided by your institution. Software that helps you track reference notes and run statistical programs is also frequently supplied. Creating tables and formatting documents will be essential skills to develop. Effectively and professionally using e-mail in your communications with colleagues and students, as well as managing the volume of e-mail you will receive, are other skills to master. Although you may already have mastered these skills, if you have not, begin to acquire them now, because the effective use of technology will be the backbone of your productivity as a faculty.

From an instructional perspective, your use of technology will vary considerably depending on the type of courses you teach. All faculty should master the use of presentation software (e.g., PowerPoint) for instructional purposes. However, learning how to create computer-generated presentations that use good instructional design principles and facilitate active learning in the classroom instead of passive listening will be important. The use of mobile devices, podcasts, vodcasts, personal response devices (commonly referred to as “clickers”), and computer-assisted media has a place in your instructional efforts depending on the learning outcomes you wish to achieve.

It is very common for faculty to be required to learn a web-based learning management system by which they can deliver their course materials, and even an entire course, to students. A learning management system is an integrated software platform provided and supported by your academic institution that faculty and students use to access course materials, administer and take online tests, send e-mail messages to course faculty and students, and participate in discussion forums and chat rooms to facilitate dialogue about course content. Such learning management systems can be used in combination with traditional face-to-face classroom presentations in courses to share course learning materials and activities and they are used to asynchronously deliver online courses. “Blended” education models, where face-to-face instruction is used in combination with technology-driven online instruction, will continue to have a growing presence in higher education. If you are assigned to teach a distance-learning course that has synchronous class meeting times, you will also be expected to learn how to teach using web-based videoconferencing software that connects students across geographic distances via web cameras from their own home or office to you in your office or classroom.

The use of simulation technology has emerged as an effective teaching–learning strategy in nursing education when implemented by faculty who have been trained in its use. Simulation technology can range from the use of static mannequins for mastering psychomotor skills to high-fidelity mannequins programmed to provide human-like responses to care delivered by students. The use of such technology, especially the high-fidelity models, requires significant institutional investment in faculty development and equipment. If simulation technology is appropriate for use in the courses you are assigned to teach, you can expect to make a significant commitment to developing your own competence with using the technology. “Virtual world” technology, which can be used to create virtual patient care learning scenarios, is another form of simulation technology that is emerging as the next generation of simulated learning within nursing education.

Skiba (2016) predicts that the use of blended learning environments will continue to grow, along with the focus on learning analytics, which involves gathering large amounts of data to measure student learning. The use of learning analytics will eventually lead to more adaptive learning models, creating personalized learning environments to support student success. Skiba further predicts that makerspaces, robotics, and affective computing are other uses of technology that will emerge in the higher education world within the next 3 to 5 years.

As you can see, the use of technology in nursing education takes many forms. Whether you are teaching in the clinical practice setting or in the classroom, you will be interfacing with technology and will need to find methods by which to stay abreast of changes and nurture your competent use of it.

THINK ABOUT . . .

How would you rate your current comfort level with the use of technology in the practice setting and the educational setting? What strategies might you use to increase your competence in using technology in your faculty role?

Interprofessional Education

In response to numerous calls for interprofessional collaborative practice in the health professions to improve the safety and quality of patient care, providing interprofessional education learning experiences for students has become increasingly important. The three nursing accrediting bodies, the Accreditation Commission for Education in Nursing (ACEN), Commission on Collegiate Nursing Education (CCNE), and the National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA), have established accreditation standards that require programs to address the interdisciplinary learning experiences available within their curricula. The focus on interprofessional education will continue to emerge as a driving force in health professions education with an emphasis on evaluating the outcomes of such educational experiences and the influence on subsequent practice outcomes.

Interactive Teaching Strategies

Much of your teaching creativity will be evidenced in the classroom in your interactions with students and the teaching strategies you use. While the well-constructed and timely lecture will still have its place in the variety of teaching strategies used by educators, its usefulness will become increasingly diminished, giving way to innovative strategies that encourage student engagement and interaction, and stimulate active learning. Learning spaces in the classroom are being redesigned to foster more collaborative, team-based learning among students. Student-centered learning environments remove the focus of the teaching–learning process from the teacher to the learners. In such environments, the learner becomes more responsible for assessing his or her own learning outcomes and the faculty assumes a facilitative role in the learning process (Billings, 2016).

One relatively new teaching–learning strategy that is currently receiving much attention in both undergraduate and graduate nursing education is the “flipped classroom.” Here the focus is on increased interaction between the teacher and the learners. Rather than spending time “listening” passively to lectures in the classroom, students prepare prior to class and then spend the time in class focused on applying the concepts (Hessler, 2016). Such a learning environment allows students to engage in more inquiry-based or project-based learning (Skiba, 2016).

Another emerging trend in the classroom includes the focus on inclusive teaching strategies. These strategies are based on universal design principles and promote the design of instructional strategies that are accessible to the widest range of diverse learners. This includes students with disabilities (Levey, 2016). The goal of inclusive teaching strategies is to remove learning barriers and create accessible learning environments to support the success of all students.

These are just a few examples of how the role of the teacher in the classroom is radically shifting. As you develop your teaching skills, you can anticipate needing to develop confidence and competency with using multiple, interactive teaching strategies that require you to be flexible, approachable, inquisitive, and skilled at synthesizing and evaluating learner outcomes in the classroom environment.

Importance of Partnerships in Nursing Education

Participating in the formation of mutually beneficial partnerships is an essential element to functioning as a nursing faculty. Because of the many complex issues that we are facing in higher education, health care, and nursing education, and the scarcity of resources to address the issues, collaborative partnerships are increasingly important to the success and sustainability of nursing programs. Such partnerships may involve nursing colleagues in academia, practice partners, or community partners. You can expect to be involved in a number of partnerships throughout the course of your academic career, and developing the collaborative “know-how” to work effectively with partners is a skill that will be highly valued.

Forming academic partnerships with other schools of nursing is one means by which programs can share and maximize resources. For example, regional or state-wide collaboration agreements have been formed to teach common curricula across programs, to deliver faculty development programs around a centrally held interest, and to facilitate the implementation of graduate programs using faculty expertise from across the partner schools.

Academic–practice partnerships have also become fairly common. Nursing education programs and health care agencies have found that, by working together to address challenges facing both, innovative and mutually beneficial solutions can be developed. For example, a number of partnerships have been formed to help offset the nursing faculty shortage. Clinical agencies may provide qualified staff to nursing programs to serve as faculty in exchange for the opportunity to recruit graduates from the program. Other partnerships feature the development of unique clinical models to deliver undergraduate or graduate clinical education with the intent of improving student competencies and clinical reasoning skills. One such example is the development of dedicated education units and similar immersion experiences in which students work one on one with a dedicated preceptor, immersing themselves in the work of the nurse. Joint appointments are another means of collaborating, allowing the expertise of selected individuals to be used in both settings. The goal of any academic–practice partnership is to use the expertise of those involved to the fullest extent possible, realizing that the combination of clinical expertise and educational expertise is most likely the best approach to identifying workable solutions to complex issues.

Nursing faculty may form interprofessional partnerships with other faculty colleagues to foster the integration of interdisciplinary educational experiences in the curriculum, as previously discussed; to facilitate research; or to promote faculty development in teaching strategies (e.g., simulations, problem-based learning), to give just a few examples. Interprofessional collaborations may also occur in the academic setting when faculty from various disciplines come together to share common interests and collaborate on teaching and research projects.

Establishing partnerships with the community is an important mission-driven activity for many nursing programs; this goes beyond the need to provide clinical learning experiences for students. The educational institution may have as part of its mission the goal of establishing partnerships with the surrounding community to facilitate positive “town–gown” relationships and to promote civic engagement and service learning. Civic engagement and service learning, as examples of community partnerships, are discussed in more depth in **Chapter 8**.

In your faculty role, you can expect that engaging in partnership activities will require you to develop and strengthen skills related to communication, negotiation, collegiality, collaboration, and mutual trust and respect. You can also capitalize on relationships that you have already developed through your experience in the practice setting. Although it has historically been true that in academia faculty are most often rewarded for singular accomplishments, the ability to form partnerships and engage in teamwork is becoming increasingly important in academia and a highly valuable skill for faculty to possess.

Faculty Leadership and Succession Planning

With the continuing retirement of large numbers of experienced nurse educators over the next several years, it is important that the nursing profession focus attention on succession planning in nursing education and the development of the next generation of faculty leaders. Many new faculty find themselves being asked to accept leadership roles despite being new to academia, and it is very likely that you will have similar opportunities to be “tapped” to provide leadership within your nursing program. Leadership is an inherent aspect of the faculty role, regardless of whether one holds a formal leadership title, and all faculty members should actively consider how to develop their leadership skills.

What leadership qualities are considered to be most important in nursing academic leaders? While the research literature about nursing academic leaders is not extensive, some recent studies indicate that the personal qualities of the leader hold high importance for faculty. Delgado and Mitchell (2016) conducted a small survey of nursing faculty in which the following characteristics emerged as the top three most important characteristics in this order: integrity of the leader, clear communication, and the ability to be a problem solver. Patterson and Krouse (2015) conducted a qualitative study to identify nursing education leadership competencies. Four leadership competency themes emerged from the interviews with nurse educators and consisted of having the ability to communicate a vision about nursing education; advocate for nursing education in general, and the organization, in particular; demonstrate a professional value system within higher education environment; and build and sustain relationships. These are all personal leadership qualities that can be developed and nurtured, even as one is new to the academic environment.

THINK ABOUT . . .

What professional partnerships have you developed and/or participated in previously? What skills did you develop in those partnerships that you can transfer to the academic setting?

THE FUTURE OF THE NURSING FACULTY ROLE

As you can tell from this brief discussion of issues and trends influencing nursing education, your faculty role is affected by many forces internal and external to the nursing profession. Although the number of challenges facing nursing education may appear overwhelming, this is actually a wonderful time to invest in an academic career as a nurse educator. The need for new educators with new ideas about how to best prepare future nurses is critical. For those nurses who relish the invitation to be creative and innovative in shaping the future of the nursing profession through redesign of its educational models, there has never been a more opportune time to do so.

National policy makers and funding agencies recognize the importance of health profession education. As members of the largest health care profession, nurses are in the forefront to take advantage of this increasing interest in the educational enterprise and its influence on patient care outcomes. Nursing faculty have long been among some of the most respected educators on our campuses of higher education. There is a need for educational research that demonstrates how education impacts the quality of patient care and how to most effectively educate health professionals so that they acquire the necessary competencies for contemporary practice. Once again, nurse faculty are in a leadership position among health care professionals to contribute significantly to the educational research agenda in the health professions.

An academic career in nursing education is a very rewarding career to have—in what other position can you influence the future professional practice of so many nurses, especially as their initial professional identities and values are being formed? The benefits of a career in nursing education are many. The rest of the chapters in this book will guide you along the pathway of starting such a career.

OPPORTUNITIES FOR FURTHER REFLECTION

1. Consider your geographic region and the forces that are affecting nursing education and the faculty role. Are the forces comparable to those that you read about in this chapter? Are there additional forces to consider?
2. Of the trends discussed in this chapter, which ones do you believe you are most prepared to address as a new faculty member? Which ones do you believe will be the most challenging for you to address?

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