Perceptions of Faculty Preparedness for Developing, Evaluating and Revising BSN Curriculum

Meredith L. Roberts, RN, PhD.

Introduction:

Nurse educators are barraged with competencies, standards, outcomes, and initiatives to consider when developing, evaluating, or revising curriculum. Expert clinicians enter educator roles with minimal understanding of the expected skill set (Fitzpatrick, 2014).

Research Questions

What are the perceptions of nursing faculty regarding their preparedness and confidence for developing, evaluating, and revising curriculum?

What strategies by nursing leadership and education might benefit nurse educators who develop, evaluate and revise nursing curriculum?

Background:

- Accreditors mandate that faculty must contribute to, develop, and evaluate curriculum; however, faculty may be unprepared. Education on curriculum received by nurse faculty varies. Master's education focuses on the development of teaching skills, while the Doctor of Nursing Practice (DNP) focuses on practice. Most faculty entering academia are clinical experts, but novices to education. Many clinically expert nurses have only a vague idea of what the faculty educator role involves, and are inadequately equipped (Fitzpatrick, 2014; Penn, Wilson, & Rosseter, 2008). The ability to design and evaluate curriculum is a needed competency for nurse educators (Halstead, 2007).
- Clinicians transitioning to the educator role feel overwhelmed, drowning (Anderson, 2009) New faculty feel anxious and inadequate (McDonald, 2010; Anibas, Brenner, & Zorn, 2009; McDermid, Peters, Jackson, & Daly, 2012) and even experienced faculty feel stressed in curriculum revision (Reece, Mawn, and Scollin, 2003). Transition to the faculty role is difficult, frightening, overwhelming, awful, scary, and stressful (Weidman, 2013). This finding was confirmed.
- Less than half of associate professors and assistant professors felt their graduate preparation prepared them well for their role (Hurtado, Eagan, Pryor, Whang, & Tran, 2012). This finding was confirmed.
- 76% of nursing program respondents attributed the need to turn away applicants as due to the faculty shortage (NACNEP, 2010).
- The ability to replenish faculty is inadequate despite faculty being recruited from clinical departments, with large numbers retiring shortly (Halsted, 2012; Slimmer, 2012), but these clinical faculty without sufficient education have greater faculty development needs and often lack teaching experience and education (Shants, Kalanek, Moulton, & Lang, 2011).
- There is a $40,000-$60,000 gap between what is paid a mastered-prepared faculty and what they earn in a clinical setting (RWJF, 2007) and larger gaps are reported (NACNEP, 2010). Advanced practitioners moving from clinical practice to education receive less compensation while needing more education. If a nurse practitioner is making $125,000 per year in a hospital, and is told they would have to go back to school, then receive half the salary to become faculty, people say, "why would I do that" (Ingeno, 2013, para. 12). A survey of 603 schools found 58% reported full-time vacancies, with 72% having insufficient funds to hire new faculty (AACN, 2012).

Research Methodology

Qualitative

Constructivist Grounded Theory

Explored and compared perceptions and processes of 15 nursing faculty from 4 colleges

---

Theme 1
Majority of faculty have low confidence

In spite of years of experience, an average of over 29 years nursing, and an average of 13 as an educator, 87% of faculty could not express confidence.
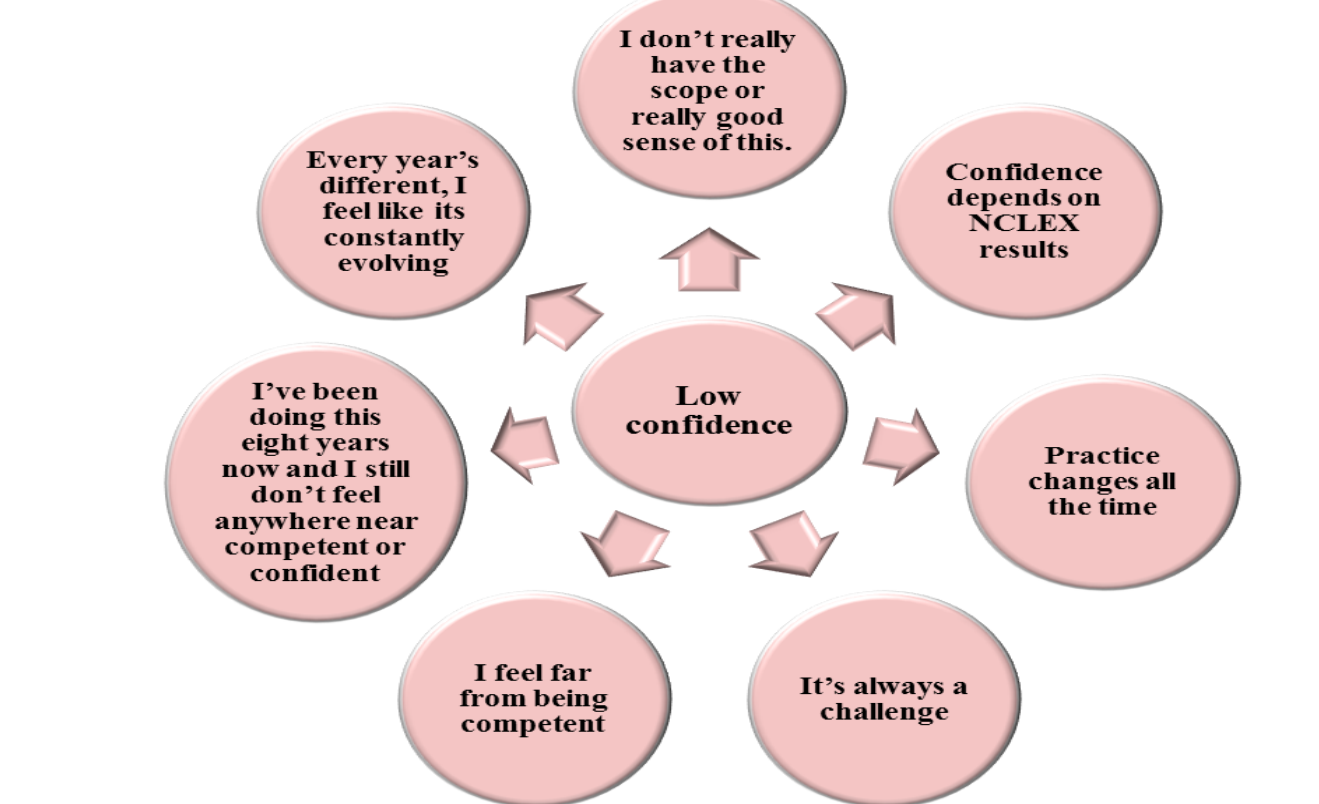
Theme 2
Improved support & positive communication

93% experienced challenges in communication and support
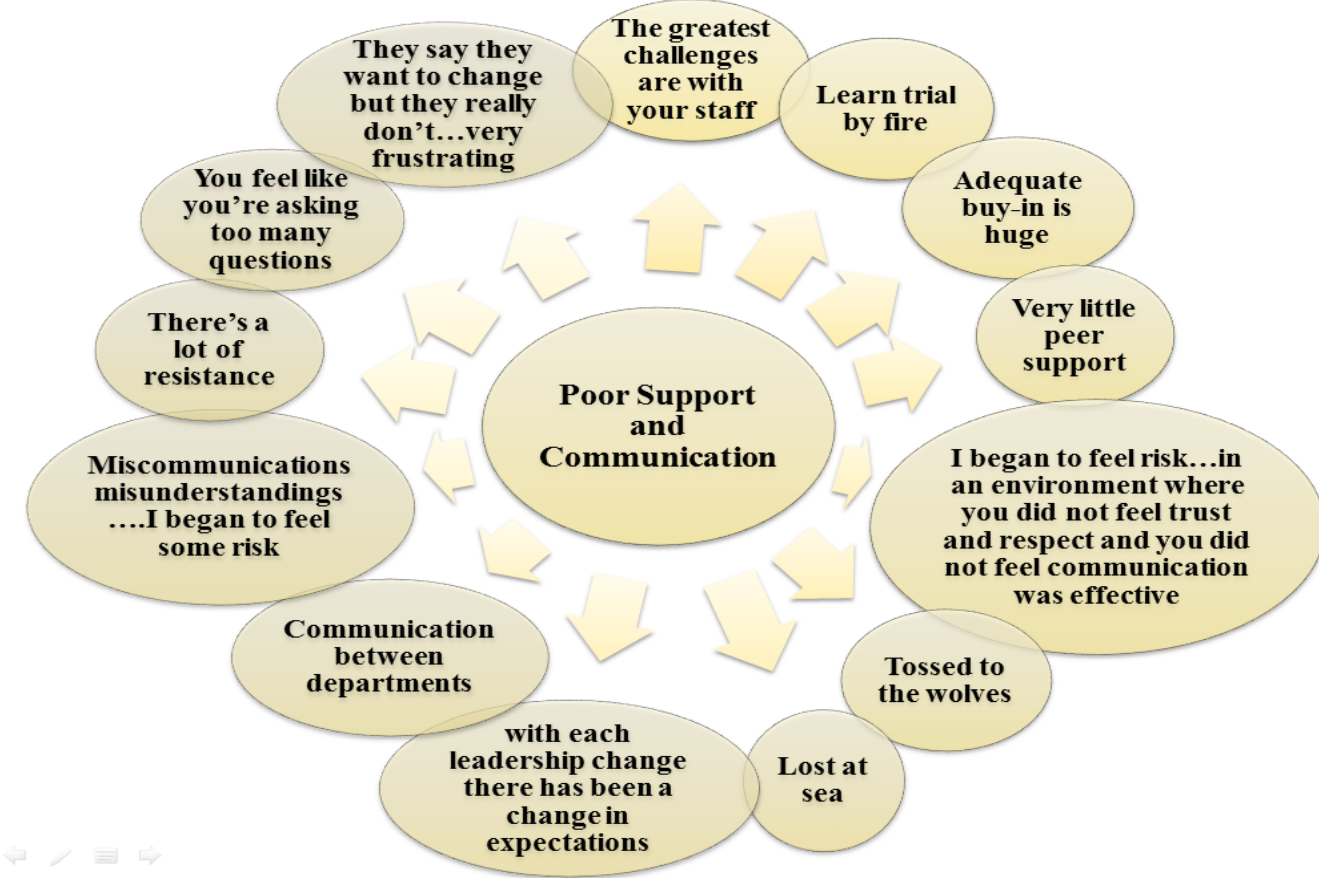
Theme 3
Majority of novice educators lack knowledge R/T curriculum alignment with course outcomes

73.3% did not believe they saw the big picture or understood how their course fit with the curriculum when they developed their 1st course.
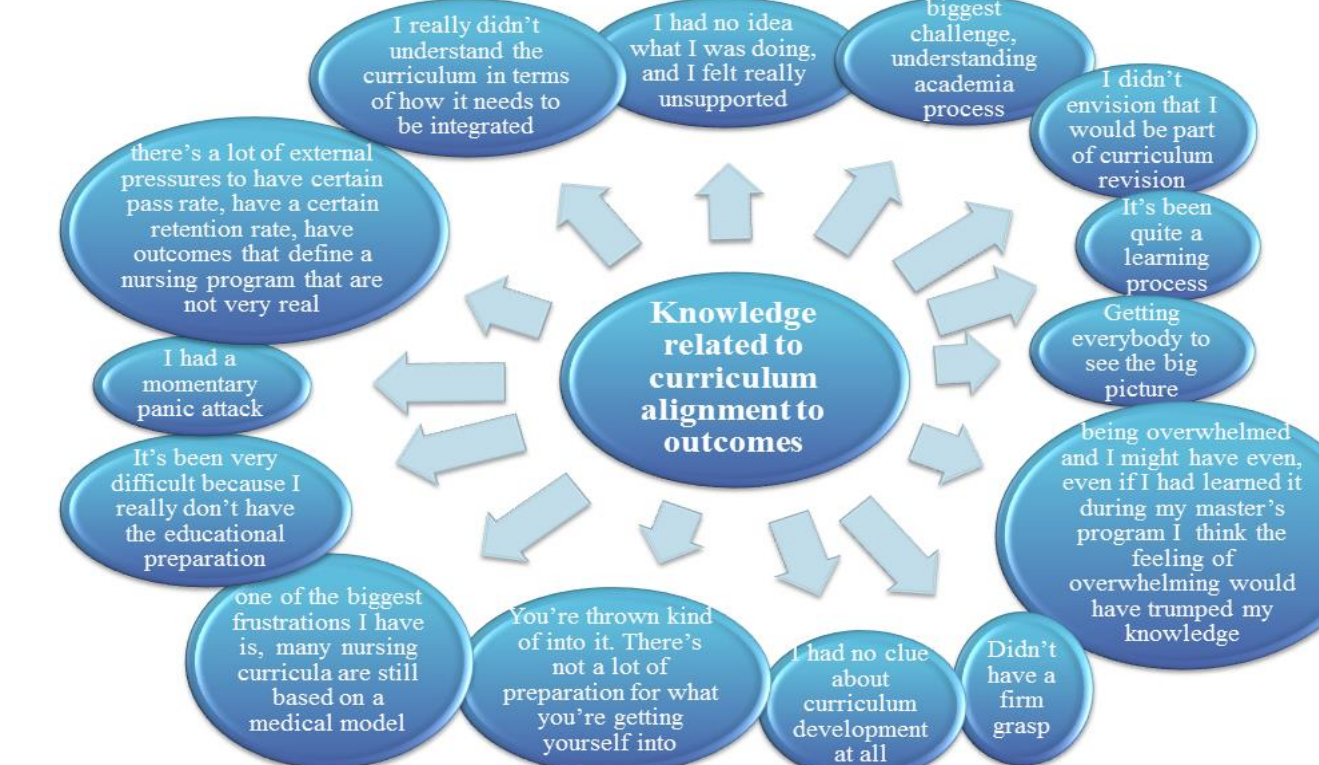
Theme 4
Mentorship is needed

100% agree: mentors are helpful. It was the most frequent strategy recommended


Theme 5
Faculty development and education: needed to aid knowledge

100% agreement. Expert clinicians could be novice educators
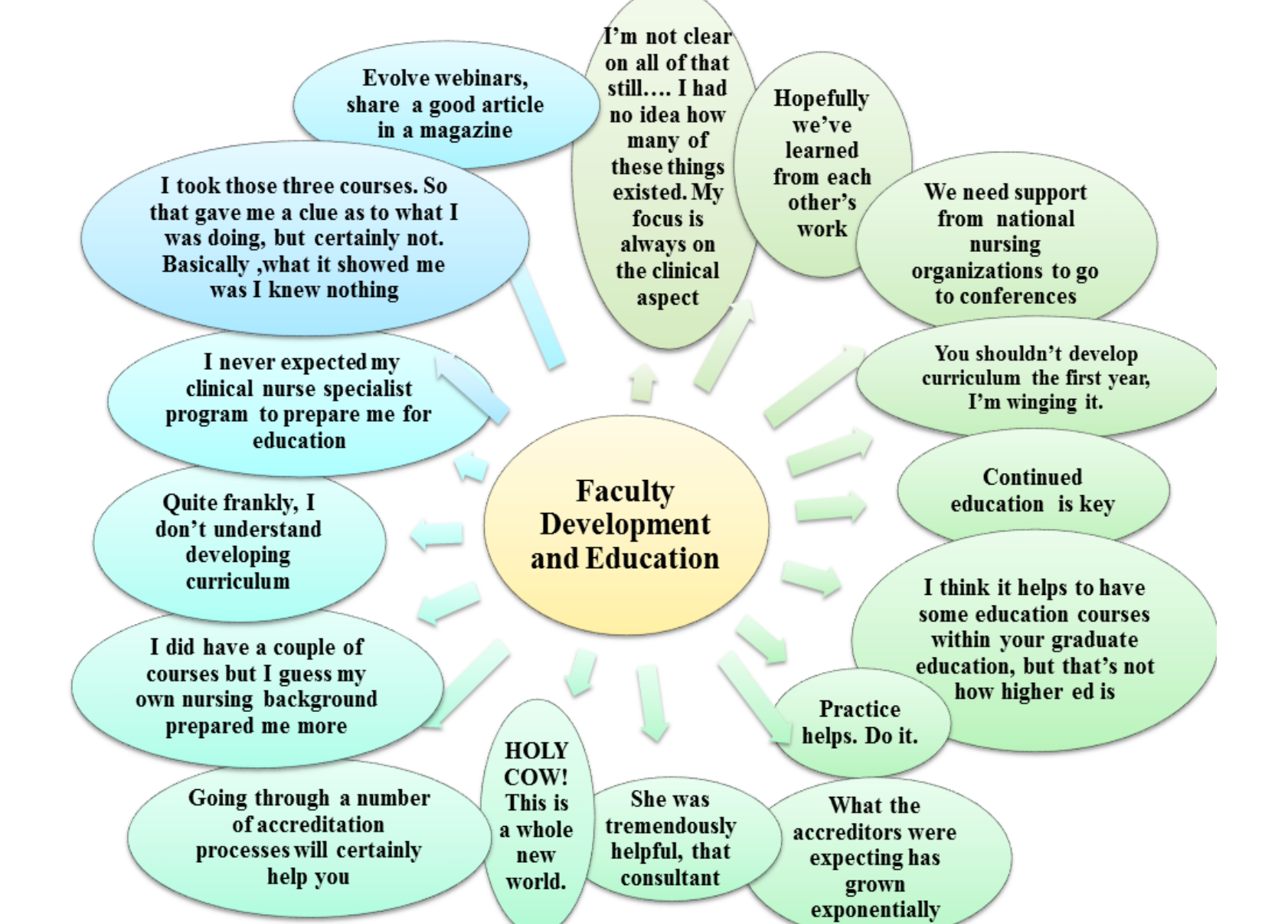
Theme 6
Overloaded and inadequate time

100% alluded to being extremely busy with inadequate time either currently or previously as faculty. Excessive workload, faculty in short supply, and inadequate time added to stress when curriculum must be assessed in addition to other responsibilities
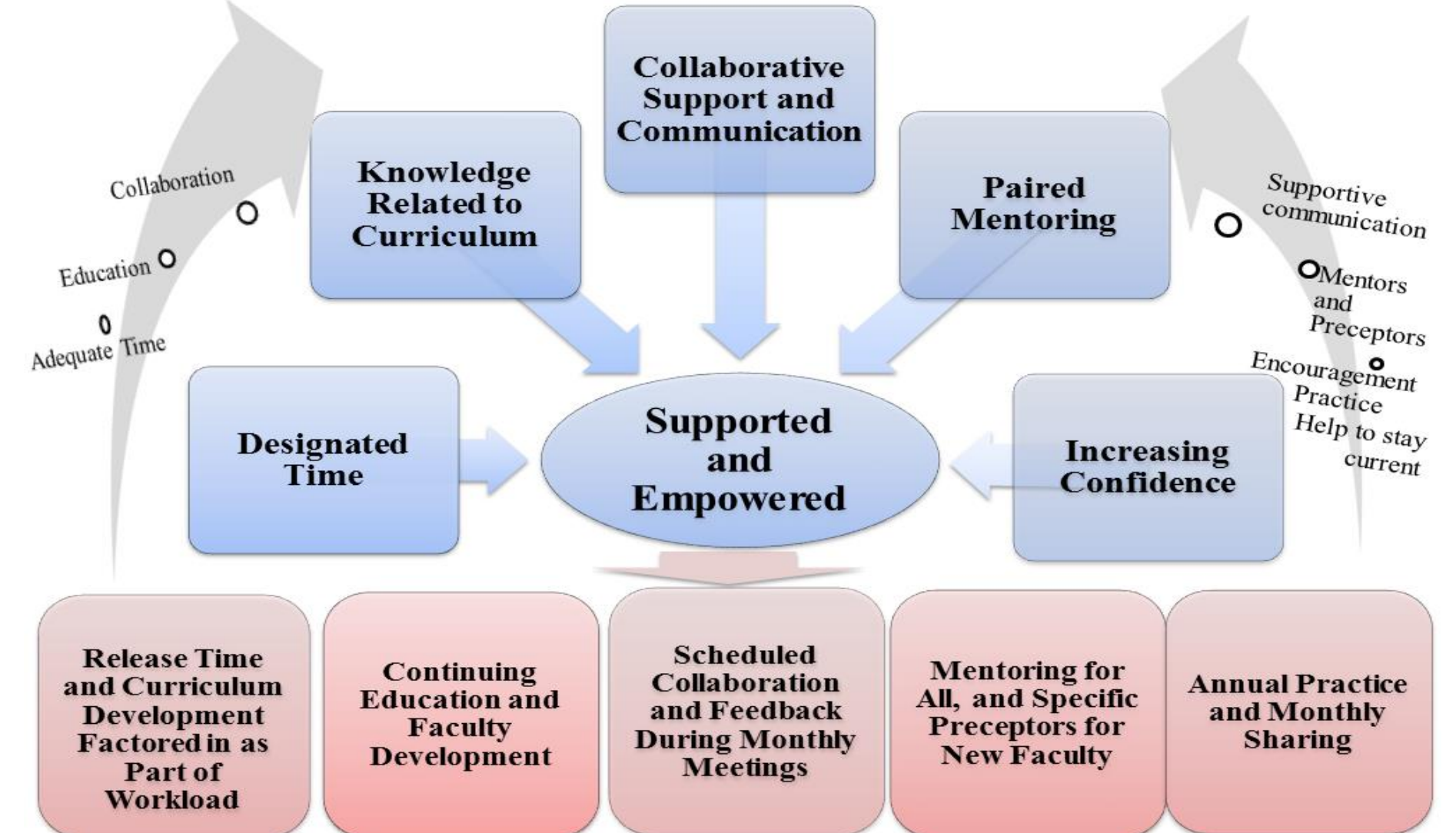

Theme 7
Suggested Strategies
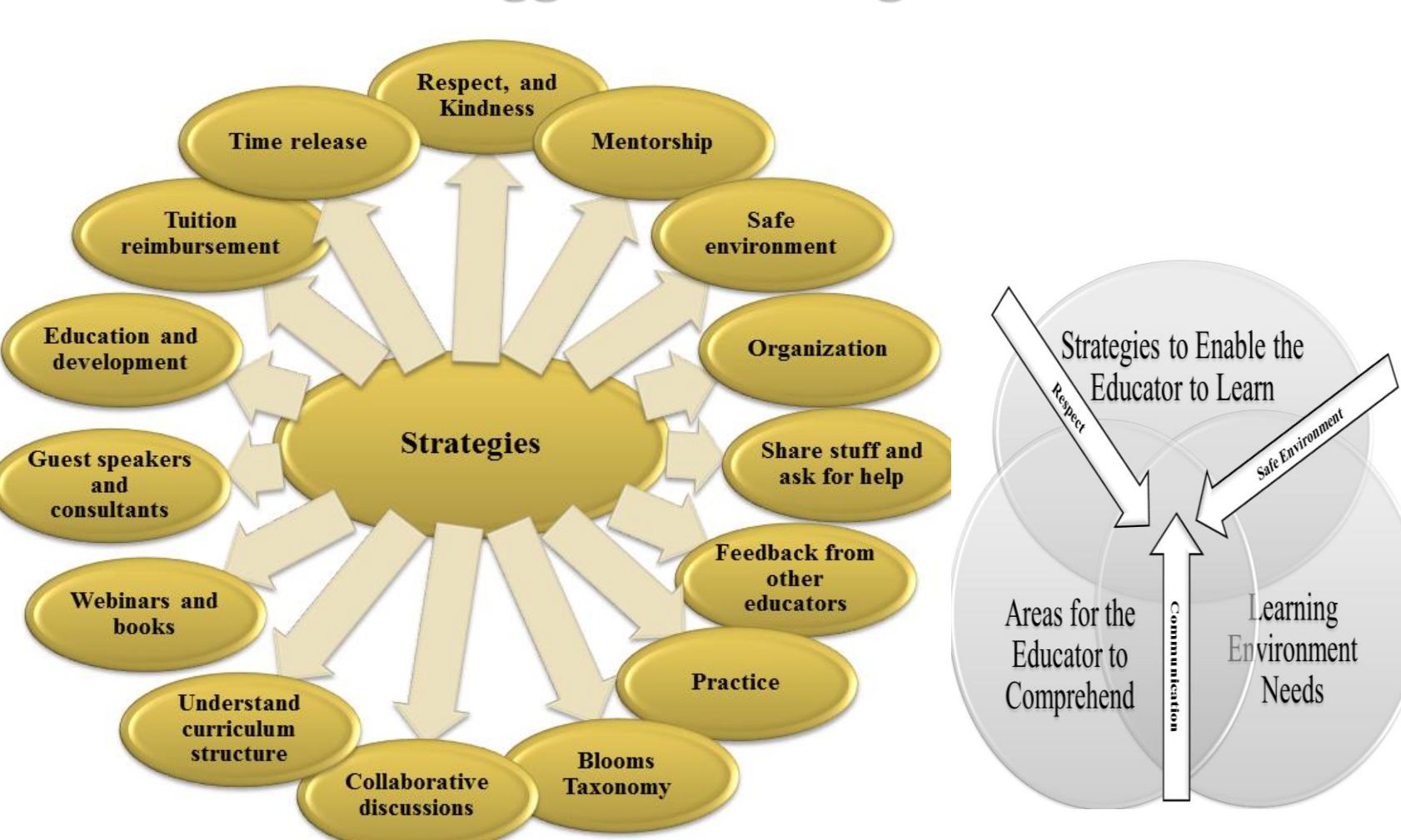
Results
The Theory: Challenged & Overwhelmed
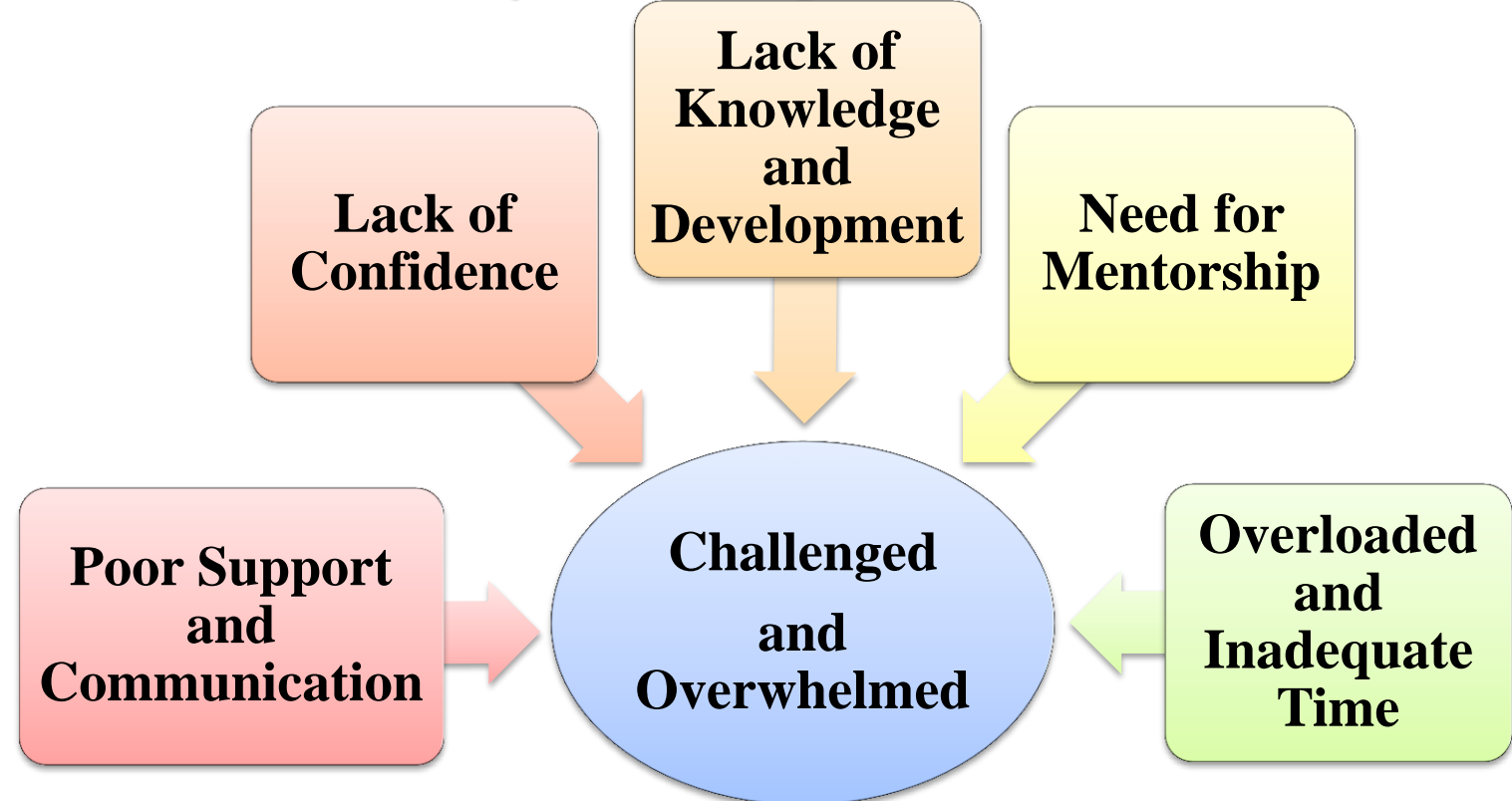
The theory *Challenged and Overwhelmed*, a descriptive middle range theory, clarifies understanding of what educators face in academia and the resulting sense of an onslaught of challenges that can become overwhelming. Faculty who were expert nurses, struggle to achieve expectations they did not know existed when they were hired. Most progress from feeling confident and expert in a clinician role, to experiencing low confidence and feeling like they are facing too many challenges and feel overwhelmed, particularly with curriculum development, evaluation and revision, despite high levels of knowledge in content areas. Five themes emerged as challenges: lack of confidence, overload and inadequate time, lack of knowledge and development, poor support and communication, and the need for mentorship. Each of these five areas separately can cause distress, but the combination of all five factors leads to an educator becoming likely to be overwhelmed by the multitude of challenges. The themes are connected because low confidence and inadequate knowledge increases the likelihood of feeling overwhelmed. Poor communication and changing expectations leaves the educator guessing if they are on the right track. The inadequate time does not allow for recovery from fatigue, or adequate time to prepare quality work. Educators work long hours to keep up, when they may have family, other jobs, courses and additional responsibilities or financial burdens. Lack of mentorship leaves the educator struggling to find solutions on their own.

Supported and Empowered: A Model of Understanding to Support Faculty's Growth and Competence in Curriculum Development, Evaluation and Revision

The model depicts how five strategy areas: education, mentoring, practice, time, and collaboration and feedback act to fortify the five themes affecting the educator, transforming the five deficient areas noted in the theory *Challenged and Overwhelmed*, into positive influences: collaborative support and communication, knowledge related to curriculum, paired mentoring, designated time, and increasing confidence.

References

American Association of Colleges of Nursing (AACN). (2012, March). *New AACN data show an enrollment surge in baccalaureate and graduate programs amid calls for more highly educated nurses.* From: http://www.aacn.nche.edu/news/articles/2012/enrollment-data.

Anderson, J.K. (2009). The work-role transition of expert clinician to novice academic educator. *Journal of Nursing Education,* 48(4):203-208. http://dx.doi.org/10.3928/01484834-20090401-02

Anibas, M., Brenner, G.H., & Zorn, C.R. (2009). Experiences described by novice teaching academic staff in baccalaureate nursing education: A focus on mentoring. *Journal of Professional Nursing,* 25(2): 211-217. doi:10.1016/j.profnurs.2009.01.008.

Fitzpatrick, J. J. (2014) Preparing the Best Possible Nurse Educators. *Nursing Education Perspectives,* 35(1): 7-7. doi: http://dx.doi.org/10.5480/1536-5026-35.1.7 *Journal of Nursing Studies,* 49. doi:10.1016/j.ijnurstu.2009.01.008

Halstead, J.A.(2012). Assuring the future of nursing education, *Nursing Education Perspectives,* 33(2): 73-73. http://dx.doi.org/10.5480/1536-5026-33.2.73

Hurtado, S., Eagan, K. Pryor, J.H., Whang, H. & Tran, S. (2012). *Undergraduate teaching faculty: The 2020-2011 HERI faculty survey.* Los Angeles: Higher Education Research Institute (HERI) at UCLA From: http://heri.ucla.edu/monographs/HERI-FAC2011-Monograph.pdf

Ingeno, L.(2013, July).Who will teach nursing? *Higher Ed News.* Retrieved from www.insidehighered.com/news/2013/07/22/nursing-schools-face-faculty-shortages

McDonald, P. J. (2010) Transitioning from clinical practice to nursing faculty: lessons learned. *Journal of Nursing Education,* 49(3):126-31. doi: 10.3928/01484834-20091022-02

National Advisory Council on Nurse Education and Practice (NACNEP). (2010).The impact of the Nursing faculty shortage on nurse education and practice. *Ninth annual report to the Secretary of the U.S. Department of Health and Human Services and the U.S. Congress.* Retrieved from: http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/ninthreport.pdf

Penn, B., Wilson, L., & Rosseter, R. (2008). Transitioning from nursing practice to a teaching Role. *The Online Journal of Issues in Nursing,*13(3). doi: 10.3912/OJIN.Vol13No03Man03

Reece, S.M., Mawn, B., & Scollin, P. (2003). Evaluation of faculty transition into a community-based curriculum. *Journal of Nursing Education,* 42(1), 43-47.

Robert Wood Johnson Foundation (RWJF). (2007). The nursing faculty shortage; Public and private partnerships address a growing need. *Charting Nursing's Future.* A Publication of the Robert Wood Johnson Foundation. From: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2007/rwjf19911

Shants, L.L., Kalanek, C.B., Moulton, P., & Lang. T. (2011). Evidence for policy and regulation: a model to address development of unqualified faculty. *Policy, Politics, & Nursing Practice,* 12(4): 224-235. doi: 10.1177/1527154411429863

Slimmer, L. (2012). A teaching mentorship program to facilitate excellence in teaching and learning. *Journal of Professional Nursing,* 28(3), 182-185. doi: 10.1016/j.profnurs.2011.11.006

Weidman, N.A (2013). The lived experience of the transition of the clinical expert to the novice educator. *Teaching and Learning in Nursing,* 8(3). 102-109. doi: http://dx.doi.org/trln.2013.04.006