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The Process of Becoming a Nurse Educator

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OBJECTIVES

- Describe the roles and responsibilities of nurse educators in academic and health care settings
- Compare educational requirements for nurse educators in different employment settings
- Examine the transition from clinician to educator and strategies for facilitating that transition

Several recent reports have highlighted the need for more nurse educators. Nurse educators teach in academic institutions and in a variety of health care agencies. They educate nursing students at all levels, from certified nursing assistants (CNAs) to doctorally prepared current and future nurse educators, clinicians, and researchers. Nursing professional development practitioners teach in health care settings and are responsible for providing nurses and other health care professionals with orientation and continuing education and training.

TRENDS SUPPORTING CAREERS IN NURSING EDUCATION

Although the nursing shortage has abated somewhat because of economic trends that led to older nurses staying longer in the workforce, nursing shortages are cyclical and affected by economic conditions, population growth and the aging of the U.S. population, changes in health care reimbursement, and other factors. Shortages of registered nurses (RNs) in hospitals occur when the economy is good and disappear during recessions (W. G. Johnson, Butler, Harootunian, Wilson, & Linan, 2016). The most recent U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), workforce analysis projects that by 2025, the supply of RNs and

licensed practical nurses will increase more than the demand nationally and in most states (HRSA, National Center for Health Workforce Analysis, 2014). The report emphasizes, however, that many factors will continue to affect the demand and supply of the nurse workforce, including the impact of a nurse educator shortage on student enrollment in nursing education programs. Projections about nursing shortages are difficult to make. Though the number of nurses younger than 30 has increased due to an upsurge in persons choosing careers in nursing, a 2013 report from the HRSA has stated that one third of nurses are older than 50. The retirement of these nurses will not only result in the loss of experienced RNs in the workforce but also will have an impact on the supply of nurses in future years. Furthermore, health care reform, as enacted through the Patient Protection and Affordable Care Act, will increase the demand for all health care services.

Despite an increase in students enrolling in and graduating from nursing programs in the United States, greater demand for health care will require even more nurses to deliver those needed services. As a result, more faculty in academic and service settings will be needed to educate nursing personnel to fulfill current and future roles within the health care system.

To maintain an adequate supply of nurses, schools of nursing need qualified faculty to teach those students. One current issue, which is projected to worsen in future years, is the aging of the nursing faculty workforce. The National League for Nursing (NLN) reported that 76% of full-time educators were older than 45 (NLN, 2014). Not only are nursing faculty aging, with many projected to retire in upcoming years, but an overall nursing faculty shortage exists. In 2015, the American Association of Colleges of Nursing (AACN) reported that 1,236 faculty positions were vacant in colleges and universities offering baccalaureate and graduate degrees in nursing.

Academic nurse educators are not the only educators needed to meet the needs of the health care delivery system. Nursing professional development generalists and specialists in health care settings are also vital. A rapidly changing health care delivery system requires those in the workforce to keep abreast of changing standards of practice, skill competency, and regulatory requirements. Educators in health care agencies play a key role in helping nursing and other staff members keep up to date in their job requirements. They also have an important role in providing interprofessional education and preparing health care teams to work collaboratively (Harper & Shinnors, 2016).

As one can see, prospects of long-term employment for nurse educators across all education and service settings are excellent. By choosing a career as a nurse educator, one has the opportunity to be a role model, coach, and mentor for the current and next generation of nurses (Yoder-Wise & Kowalski, 2012).

ROLE PREPARATION

EDUCATIONAL PREPARATION FOR ACADEMIC EMPLOYMENT

Nursing education occurs across the spectrum of educational settings. In the United States, preparation for the NCLEX-RN[®] occurs in community colleges at the associate degree level, at the diploma level in hospital schools of nursing, and in colleges and universities that award bachelor's, master's, and doctoral degrees. The RNs from these programs work across a range of health care institutions. Increasingly, however, health care agencies are requiring their staff to be baccalaureate prepared or working on a bachelor of science in nursing (BSN) degree. The Institute of Medicine *Future of Nursing* report has called for 80% of the nursing workforce to be prepared at the baccalaureate degree level or higher by the year 2020 (Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine, 2011).

Most practical nursing programs and some CNA programs also take place in community college settings. Many of these occur in career ladder education programs leading to an associate degree in nursing.

Academic credentials for nurse educators employed in postsecondary institutions are set by state Boards of Nursing and accreditation agencies. For example, the Commission on Collegiate Nursing Education (CCNE), an agency that accredits baccalaureate and higher degree programs, requires faculty to have a graduate degree (CCNE, 2013). The Accreditation Commission for Education in Nursing (ACEN) criteria for teaching in schools of nursing does not specify the degrees required. The 2017 accreditation standards indicate that nursing faculty should have the educational qualifications and experience required by the school of nursing and its governing organization, and the state in which the nursing program is located. Nursing faculty need to be qualified to teach the assigned courses (ACEN, 2017). The ACEN also accredits practical nursing programs and has the same standard for nurse faculty.

The NLN Commission for Nursing Education Accreditation (CNEA), the third accrediting agency in nursing education, indicates that nurse faculty at all program levels should be qualified by education, professional credentials, and experience for their assigned teaching responsibilities. They also should meet state and other agency qualifications. The goal is for schools of nursing to employ full- and part-time faculty with a graduate degree in nursing or a relevant field that relates to their teaching role and responsibilities (NLN CNEA, 2016).

Graduate programs in nursing often have nurse educator tracks based on the NLN's *The Scope of Practice for Academic Nurse Educators 2012 Revision* (NLN, 2012). Nurse educator tracks include theoretical content related to nursing education, as well as a teaching practicum, which provides experience teaching in various settings. These tracks are found in master's and post-master's certificate programs. Doctor of nursing practice (DNP) programs are designed for nurses seeking an advanced degree in nursing practice. The DNP is an alternative to research-focused doctoral programs. Doctor of philosophy (PhD) programs prepare students to conduct research. In some PhD programs, though, role development may include educator tracks as well, with a research focus in the science of nursing education. Most PhD programs, however, focus on clinical and nursing systems research. Graduates from DNP and PhD programs often have career goals that include teaching in prelicensure and graduate nursing programs, and should prepare themselves for their role as a faculty member through courses in their doctoral program or continuing education (Oermann, 2017; Oermann, Lynn, & Agger, 2016).

Given the recommendation for a primarily baccalaureate-prepared nursing workforce, more nurse educators will need to be prepared at the doctoral level to meet the educational needs of future nurses. A master's degree with a major in nursing education is a stepping stone for future doctoral study.

The educational path one chooses depends on the type of nursing program in which one wishes to teach. Colleges and universities have specific degree requirements for employment. For example, many universities require a terminal degree (doctoral) for tenure track positions or positions with some guarantee of permanency, provided certain requirements are met. For universities with a Carnegie Classification of Highest Research Activity (The Carnegie Classification of Institutions of Higher Education, n.d.), a PhD is required for a tenure track position. Tenure track faculty in these institutions conduct research and engage in scholarship, teach students often at the graduate level, and participate in service. However, many of these universities also have clinical or teaching tracks, which are non-tenure tracks and have different requirements for faculty. With non-tenure tracks faculty may have yearly or multiyear contracts for employment versus a permanent position that accompanies tenure. Typically their role focuses

on teaching, clinical practice, and service, with some scholarship. Full-time clinical and teaching appointments may also require a PhD, DNP, or a master's degree in nursing. Universities that do not have high research missions may have tenure track appointments for faculty with DNPs. Full- or part-time clinical teaching appointments, or those teaching appointments that involve clinical supervision of students, require a master's degree. Community colleges generally do not have tenure track positions. Nevertheless, master's degrees are required to teach full- and part-time in those settings.

When interviewing for employment in an academic institution, it is important to clarify what the job description is and what the expectations are for role performance (Halstead & Frank, 2018). By clarifying these criteria, one can better match career goals to institutional expectations. For example, if a prospective faculty member has expertise in nursing education research, that person should know whether the institution values this type of research when considering promotion and tenure. Table 1.1 summarizes the types of academic appointments and the educational preparation required.

TABLE 1.1 Summary of Educational Requirements for Nurse Educator Employment

Employment Setting	Education Required
Hospitals and other health care agencies	BSN or MSN
Community colleges: Practical Nursing and CNA programs	BSN or MSN
Community colleges: Associate degree programs	MSN
Colleges and universities: Baccalaureate and Master's programs	MSN (clinical teaching) with doctoral degree preferred
Colleges and universities: Doctoral programs	Doctoral degree

BSN, bachelor of science in nursing; CNA, certified nursing assistant; MSN, master of science in nursing.

EDUCATIONAL PREPARATION FOR EMPLOYMENT IN HEALTH CARE SETTINGS

Educators in nursing professional development teach in acute care, long-term care, and community settings. Their role is to facilitate the professional development and growth of nurses and other health care personnel (Harper & Maloney, 2016). Some of these positions may require less than a master's degree. However, having a master's degree in nursing education, or a clinically focused master's degree with elective courses in nursing education, will enhance one's ability to carry out the responsibilities of teaching staff, both nursing and interprofessional. Educators who practice in nursing professional development can be generalists or specialists. The generalist is a bachelor's prepared RN, whereas the specialist has both a graduate degree and certification in nursing professional development (Harper & Shinnars, 2016). The broad term for both of these roles is nursing professional development practitioner.

NURSE EDUCATOR COMPETENCIES

The Scope and Practice for Academic Nurse Educators 2012 Revision, developed by the NLN, describes the scope of practice and standards for teaching in schools of nursing (NLN, 2012). This document has served as the guiding force in setting the expectations

for the NLN certification as a nurse educator. Although the competencies have been directed at faculty in schools of nursing, they are applicable to educators in nursing professional development roles.

The NLN competencies are as follows:

- Facilitate learning
- Facilitate learner development and socialization
- Use assessment and evaluation strategies
- Participate in curriculum design and evaluation of program outcomes
- Function as a change agent and leader
- Pursue continuous quality improvement in the nurse educator role
- Engage in scholarship
- Function within the educational environment (NLN, 2012, pp. 14–22)

RESPONSIBILITIES OF NURSE EDUCATORS

ACADEMIC NURSE EDUCATORS

Responsibilities of nurse educators differ according to institutional type and whether one teaches primarily at the prelicensure or graduate level. Prior to deciding on a career in nursing education, job shadowing a nurse faculty member or an educator in a clinical setting can provide a realistic view of the role and responsibilities.

Academic institutions require faculty to teach, have some form of scholarly activity, and perform service to the institution and the profession. How one's overall duties are allotted depends on the institutional type. Those who are employed in community colleges will spend most of their time teaching in the classroom, simulation and skills laboratories, and clinical setting, with some time allotted for service and scholarship. Those who teach in undergraduate and graduate programs in colleges and universities will also teach, but will have greater expectations for scholarly productivity, including supporting research through funded grants if in a tenure track position in a school with a research mission. Faculty with doctoral degrees (DNP and PhD) even in non-tenure track positions in most universities will be expected to engage in scholarly activities and publish. Across all schools of nursing, an expectation of nurse faculty is that they participate in service—for example, as a member of a committee—to the school of nursing, college or university, and nursing profession.

When considering employment in an academic setting, one should be clear about the job expectations. Is the position tenure track, or with a renewable yearly or multi-year contract? If the position is part-time and involves only clinical teaching, how much grading of assignments is involved, and is the grading time paid for? If the position is full-time, but on the clinical or teaching track, what kind of scholarship is expected?

Teaching Responsibilities

Teaching involves more than transmitting knowledge through lectures and guiding students in clinical practice. Faculty must have evidence-based knowledge of student learning styles, teaching methods, and methods for evaluating student learning. Facilitating students' assimilation of theory into practice is key. Oermann, Shellenbarger, and Gaberson (2018) have recommended a closer integration of the clinical, simulation, and classroom components of a student's education. Some nursing education programs

employ full-time clinical faculty, whose primary role is teaching in the clinical setting and sometimes also in the simulation and skills laboratories. All full- and part-time nurse educators teaching in the clinical setting need to have knowledge of the curriculum and expected learning outcomes. This knowledge helps them facilitate the students' integration of theory with clinical practice.

Aside from the actual classroom, online, and clinical teaching, faculty also have the responsibility of formulating the curriculum that not only meets contemporary standards of practice, but also prepares students for future nursing roles. Curriculum is not static, but constantly needs revision to meet changing licensure examination expectations, societal changes, and changes in the health care delivery system. For example, *The Future of Nursing* report recommended expanded roles for nurses in the health care system (Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine, 2011). This recommendation has led to curriculum revision at both the undergraduate and graduate levels. Faculty in schools of nursing need to develop curricula that will prepare nurses for a changing health care environment and new models of health care delivery (Hendricks, Taylor, Walker, & Welch, 2016). Providing leadership and promoting curriculum change involves ensuring that the curriculum is based on the most current educational standards and competencies, including the core competencies needed by all health care professionals:

- Patient-centered care
- Teamwork and collaboration
- Evidence-based practice
- Quality improvement
- Safety
- Informatics (Cronenwett, Sherwood, & Gelmon, 2009; Dolansky & Moore, 2013; Quality and Safety Education for Nurses [QSEN] Institute, 2014)

Committee work is essential to the process, including leading taskforces within the nursing program and sometimes in the larger institution to shepherd the revised curriculum through the approval process. Nurse educators have an important role in curriculum development and revision in the school and carrying out other activities to provide a quality education for students. They develop innovative learning activities for students, assessment strategies, and tests in their courses; serve on committees to make decisions about admissions and progression in the nursing program; evaluate their courses and nursing program; advise students and support them in their education; and serve in other roles that are essential to offering a quality educational experience for students.

Scholarship Responsibilities

Halstead and Frank (2018) have pointed out that all teachers are scholars. The various accreditation criteria have expectations for scholarship for faculty at all levels of nursing education. These expectations include teachers at all levels of postsecondary education and in service settings. For example, the ACEN accreditation criteria for associate degree programs states that “faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practices” (ACEN, 2017, Standard 2, p. 2).

Scholarship is more than only traditional research, obtaining grant funding, presenting at professional conferences, and publishing in academic journals. Scholarship is also a “spirit of inquiry”—reflecting on teaching practices, asking if there are better ways of helping students learn, and searching for evidence to improve teaching. A spirit

of inquiry involves the ability to search the literature for evidence, and working with colleagues to understand their practices in the classroom, online, and in clinical settings.

This view of scholarship grows out of Boyer's 1990 seminal work, *Scholarship Reconsidered: Priorities of the Professoriate*, which broadened the definition of scholarship. The original work included the scholarship of discovery, integration application, and teaching. In 1996, Boyer added the scholarship of engagement, which for nurse educators could include clinical practice. Oermann (2014) described these categories of scholarship based on the Boyer Model. Table 1.2 lists the forms of scholarship and their definitions, with examples of each form of scholarship.

TABLE 1.2 Summary of Boyer's Categories of Scholarship

Type of Scholarship	Definition	Evidence
Scholarship of Discovery	Conducting original research to gain knowledge about nursing	Grants, peer-reviewed publications, presentations
Scholarship of Integration	Synthesis of research done by others, making connections across disciplines	Peer-reviewed publications of research, syntheses, integrative and literature reviews, policy papers, books, products resulting from interdisciplinary efforts
Scholarship of Application	Development of clinical knowledge, applying knowledge to practice to solve clinical problems, service to profession and scholarship of engagement	Consultations, outcomes of clinical practice, presentations and publications about practice
Scholarship of Teaching	Inquiry that focuses on learning and teaching, developing innovations, curriculum development, and evaluation	New teaching practices that are evaluated, peer-reviewed publications, presentations about teaching innovations and practices, chapters and textbooks

Source: Adapted from Oermann (2014).

Service Responsibilities

Service responsibilities contribute to the functioning of the organization. No matter the academic setting, all full-time faculty will be expected to participate in nursing program committees and committees of the larger institution. Committees include those concerned with faculty issues; student admission, progression, and retention issues; curriculum development; and program evaluation, among others.

Professional service includes leadership within professional organizations and activities such as reviewing manuscripts for journals. Other forms of professional service may include committee work in service settings and the community. Faculty expertise may also be needed to facilitate research in service settings or to assist with quality improvement activities (Halstead & Frank, 2018).

NURSING PROFESSIONAL DEVELOPMENT PRACTITIONERS

Educators in nursing professional development also have teaching, scholarship, and service responsibilities. Although typically the curriculum process is thought of as occurring in the academic setting, educators in health care settings must also formulate, implement, and evaluate various curricula. For example, these educators design and evaluate nurse residency and orientation programs, as well as programs for ensuring continuing competency of staff and promoting teamwork and collaboration. The educator in this setting has a growing role in providing interprofessional education. Knowledge of standards of practice, health care trends, and competencies to be developed by staff are critical for practice in nursing professional development. For example, patient-centered care, a core competency to be developed by all health care providers, can be promoted through educational programs. These educators also have an important role in promoting evidence-based practice in their setting.

In addition to having job responsibilities in the health care setting, some professional development educators might also function as part-time faculty in nursing programs. In serving as part-time faculty, these educators have an important role in developing future nursing professionals (Adelman-Mullally et al., 2013).

Although much scholarship takes place in academic settings, educators in nursing professional development also participate in and facilitate scholarship activities. These include conducting studies that create new knowledge, developing and evaluating practice and educational innovations, and promoting evidence-based practice and quality improvement. Nursing professional development practitioners play a key role in creating programs that help nurses and others to engage in these scholarly activities. In the revised *Nursing Professional Development: Scope and Standards* (Harper & Maloney, 2016), the specialist role, for nurses with graduate degrees and certification, is to develop knowledge and tools to improve care and have a leadership role in promoting evidence-based practice and scholarship in the health care setting.

Educators in nursing professional development are change agents and leaders in their clinical setting and the larger health care delivery system. Through their education of nurses and other health care providers, and their leadership, they work toward improving the quality and safety of care. Nurses in professional development may provide education for the community and promote increased access to health care through their community and professional service efforts. They also may assume a leadership role in a professional organization. Nursing professional development practitioners are guided by their standards for practice (Harper & Maloney, 2016). Exhibit 1.1 suggests some questions for reflection when considering full- or part-time employment as a nurse educator in an academic or health setting.

EXHIBIT 1.1 Questions to Consider Prior to Seeking Employment as a Nurse Educator

1. Do I want to work in an academic environment or health care setting?
2. What are the academic credentials needed for employment?
3. What kind of flexibility do I want and need in setting my work hours?
4. Do I want to work full- or part-time as a nurse educator?
5. Do I want to combine academic and clinical practice responsibilities?

(continued)

EXHIBIT 1.1 Questions to Consider Prior to Seeking Employment as a Nurse Educator (*continued*)

6. In my career, do I want to spend the majority of my time teaching or combining research and teaching?
7. What service activities are expected in the role as an educator?
8. If I seek employment in an academic setting, what level of students and types of courses do I want to teach?
9. If I work in an academic setting, do I want to maintain some practice as a staff nurse, nurse practitioner, or clinical specialist?

TRANSITION TO THE EDUCATOR ROLE

Schoening (2013) found that clinicians who transition to the educator role go through four phases, which are anticipation/expectation, disorientation, information seeking, and identity formation. According to Schoening's Nurse Educator Transition Model, successful transition results in "feeling and thinking like a teacher" (p. 170). This is a similar transition to new graduates as they learn about their role as a professional nurse and gain expertise, moving from novice to expert.

As novice nurse educators transition into the educator role, not only must they learn skills related to classroom and clinical teaching, but they must also learn how to function within an academic setting, be it a community college, college, or university. If teaching in nursing professional development, they need to learn how to function within that setting. Included in this transition is learning how to balance the requirements of the position. The nurse educator in academic settings typically does not function on a day-to-day basis within a particular work shift such as 7 a.m. to 7 p.m. This is also true for educators in a professional development role. Planning for class presentations and assessment and grading of student assignments typically takes place outside of the formal work setting. If one is transitioning to an academic nurse educator role, balancing teaching, scholarship, and service expectations may cause role stress if the scholarship expectations are higher than what was required in prior settings. Some nurse educators may not be well prepared for engaging in scholarship and should seek a mentor to guide their development in this area.

Although educators who have been full-time clinicians are familiar with a health care agency's culture and role expectations, becoming socialized to higher education presents additional challenges. Expectations vary by school of nursing and its mission. Schools with a research mission emphasize scholarship more so than schools with a mission that focuses only on education. In deciding on the setting in which to teach, the goals and mission of the school should be examined in relation to one's own career goals. Furthermore, understanding institutional culture is an important factor in acclimating to the values and norms of the academic setting. Academic preparation for the educator role, through course work, continuing education, or faculty development, is critical for nurses transitioning to teaching in a school of nursing or health care setting. This preparation is important regardless of whether the nurse has a master's, DNP, or PhD degree. Too many nurse faculty and educators in other settings continue to gain their knowledge and competencies for teaching "on the job" (Oermann, 2017). However, with the extensive knowledge and skills needed for the educator role, that model is no longer effective. The more preparation one can get in nursing education, the easier the transition to the educator role. It also is important to find a good mentor to guide the transition process and serve as a resource for the new educator.

Good communication skills are important for adjustment. For example, a clinical nurse educator in a school of nursing must communicate with nursing staff to facilitate the students' clinical learning and make appropriate clinical assignments for students (Oermann, Shellenbarger, & Gaberson 2018). Committee work in the academic and health care setting requires good communication skills to facilitate effective committee functioning. Communication skills are essential for collaborating with other nurse educators and for effective teaching.

Orientation to the role can also ease the transition from clinician to educator. Orientation is critical for all educator roles, but particularly for the part-time clinical educator role in a school of nursing. This educator can feel isolated from the larger academic program. Therefore, knowing expectations and how the clinical practice fits into the curriculum can ease feelings of isolation. Orientation should include not only information on the overall curriculum and course outcomes to be met in the clinical setting, but also on clinical teaching expectations and how to assess and grade student performance (K. V. Johnson, 2016; Oermann et al., 2018). Full-time faculty need orientation to the academic environment, including the curriculum and information regarding the school's promotion, retention, and tenure criteria (Clark, Alcalá-Van Houten, & Perea-Ryan, 2010).

BALANCING ROLE RESPONSIBILITIES

Part of the transition to becoming a nurse educator is balancing all dimensions of the role. Whereas nursing professional development practitioners have some autonomy in how to organize responsibilities, they generally have more regular work hours as compared to the educator in an academic setting. Aside from assigned times for teaching and posted office hours, most academic educators can decide when and where work is done. They can typically prepare classes, grade assignments, and do scholarship activities from home.

Clinical expertise is essential for teaching clinical courses, and faculty members need to be clinically competent for their education to be effective. Faculty who need to maintain some clinical practice to maintain specialty certification have special challenges. Beck and Ruth-Sahd (2013) found that faculty want to remain clinically competent to enhance their teaching. Therefore, finding a dedicated time for clinical practice is one way to maintain clinical competence. This dedicated time could occur during the academic year or in the summer, if faculty are not on 12-month contracts. Based on their research, Beck and Ruth-Sahd have advocated including clinical practice within the Boyer (1990) Model of scholarship. They have also recommended the inclusion of clinical practice, in some way, in tenure and promotion criteria.

On the other hand, some faculty members focus more of their time on research (Roberts & Glod, 2013). If faculty focus more on research, their teaching could become separated from the realities of clinical practice unless they find other ways to keep abreast of current practice. Working with clinical partners in research efforts or on health care agency committees are ways to keep clinically grounded.

FACULTY DEVELOPMENT

Transition to the nurse educator role does not end with orientation. All full- and part-time faculty in the academic setting, and educators in health care settings, need continuing education to maintain competency. Although continuing education related to one's clinical specialty is important, so too is continuing education related to the educator

competencies. For example, the NLN and AACN offer conferences and webinars for faculty development. Nursing professional development practitioners can attend the Association for Nursing Professional Development annual convention. Like any specialty, nursing education changes with regard to expectations for role performance and standards of practice. Attending professional meetings helps one to stay abreast of new trends and best practices. A list of websites of selected professional organizations that offer continuing education for educators is found in Table 1.3.

TABLE 1.3 Websites of Interest for Nurse Educators

Name of Organization	Mission of Organization Stated on Website	Web Address
National League for Nursing (NLN)	"The National League for Nursing promotes excellence in nursing education to build a strong and diverse nursing workforce to advance the health of our nation and the global community."	www.nln.org
American Association of Colleges of Nursing (AACN)	"The American Association of Colleges of Nursing (AACN) is the national voice for baccalaureate and graduate nursing education. AACN works to establish quality standards for nursing education; assists schools in implementing those standards; influences the nursing profession to improve health care; and promotes public support for professional nursing education, research, and practice."	www.aacn.nche.edu
Organization for Associate Degree Nursing (OADN)	The Organization for Associate Degree Nursing promotes "Associate Degree Nursing through education, leadership, inclusivity, collaboration, and advocacy to ensure excellence in the profession."	www.oadn.org
Association for Nursing Professional Development (ANPD)	"The Association for Nursing Professional Development (ANPD) advances the specialty practice of nursing professional development for the enhancement of health care outcomes. Professional development as a specialty of nursing practice is defined by standards, based on research, and critical to quality patient and organizational outcomes."	www.anpd.org/?page=about

(continued)

TABLE 1.3 Websites of Interest for Nurse Educators (*continued*)

Name of Organization	Mission of Organization Stated on Website	Web Address
Accreditation Commission for Education in Nursing (ACEN)	The Accreditation Commission for Education in Nursing (ACEN) is responsible for the specialized accreditation of nursing education programs (clinical doctorate, master's, baccalaureate, associate, diploma, and practical programs).	www.acenursing.org/mission-purpose-goals
Commission on Collegiate Nursing Education (CCNE)	"The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency, contributing to the improvement of the public's health. CCNE ensures the quality and integrity of baccalaureate, graduate, and residency programs in nursing."	www.aacn.nche.edu/ccne-accreditation
National League for Nursing Commission for Nursing Education Accreditation (CNEA)	The NLN "Commission for Nursing Education Accreditation (CNEA) promotes excellence and integrity in nursing education globally through an accreditation process that respects the diversity of program mission, curricula, students, and faculty; emphasizes a culture of continuous quality improvement; and influences the preparation of a caring and competent nursing workforce."	www.nln.org/accreditation-services/the-nln-commission-for-nursing-education-accreditation-(cnea)

SUMMARY

Choosing a career as a nurse educator provides many rewards and presents a few obstacles. Nevertheless, nurse educators in academic and health care settings can have a profound influence on how the current and next generation of nurses function within the health care system. Through their research, nurse educators advance the science of nursing education and build evidence for teaching. In partnership with practitioners, their clinical research improves patient care and strengthens the connection between education, practice, and research. Moreover, no matter the setting, nurse educators function as change agents and leaders.

Balancing one's responsibilities is a challenge, especially in a new role. Included in this balancing act is the ability to give attention to one's personal life. Flexible work hours can enhance the ability to use good time management skills to accomplish all that is expected. Furthermore, the adjustment to new responsibilities is enhanced with good mentors. One particular challenge for those teaching in schools of nursing, however, is salary levels. Generally, nurses in practice have higher salaries than faculty in schools of nursing. Some faculty members who teach 9 or 10 months during the academic year practice over the summer to keep current in their clinical skills and earn extra income.

Finally, making decisions about further education can be daunting. If one's career choice is to teach full-time in a baccalaureate and higher degree program, a doctorate is likely required for promotion, tenure, and retention. The type of doctorate chosen, research (PhD) or practice (DNP), depends on one's career goals, the type of scholarly trajectory desired, and the type of doctorate accepted for the tenure track. Nurse educators prepared at the DNP level are uniquely equipped to make the connection between education and practice through their clinical expertise. These educators have strong clinical skills, which can be used to teach at the prelicensure level and in graduate programs that prepare advanced practice nurses. Those prepared at the PhD level have knowledge and skills in generating new knowledge through more traditional forms of research. These nurse faculty may teach at the prelicensure level and in graduate programs.

The nurse educator role is complex. Each succeeding chapter in this book presents an in-depth discussion of the specific role competencies that are necessary for functioning as a nurse educator across many settings. Understanding all the dimensions of the role will foster the all-important transition from clinician to nurse educator.

REFERENCES

- Accreditation Commission for Education in Nursing. (2017). *Accreditation manual: Section III. 2017 standards and criteria*. Atlanta, GA: Author.
- Adelman-Mullally, T., Mulder, C. K., McCarter-Spalding, D. E., Hagler, D. A., Gaberson, K. B., Hanner, M. B., . . . Young, P. K. (2013). The clinical nurse educator as leader. *Nurse Education in Practice, 13*, 29–34. doi:10.1016/j.nepr.2012.07.006
- American Association of Colleges of Nursing. (2015). Nursing faculty shortage. Retrieved from <http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-faculty-shortage>
- Beck, J., & Ruth-Sahd, L. (2013). The lived experience of seeking tenure while practicing clinically. *Dimensions of Critical Care Nursing, 32*, 37–45. doi:10.1097/DCC.0b013e31826bc6e9
- Boyer, E. L. (1990). *Scholarship reconsidered: Priorities of the professoriate*. Princeton, NJ: The Carnegie Foundation for the Advancement of Teaching.
- Boyer, E. L. (1996). The scholarship of engagement. *Journal of Public Service and Outreach, 1*(1), 11–20.
- The Carnegie Classification of Institutions of Higher Education. (n.d.). About Carnegie Classification. Retrieved from <http://carnegieclassifications.iu.edu>
- Clark, N. J., Alcalá-Van Houten, L., & Perea-Ryan, M. (2010). Transitioning from clinical practice to academia: University expectations on the tenure track. *Nurse Educator, 35*, 105–109. doi:10.1097/NNE.0b013e3181d95069
- Commission on Collegiate Nursing Education. (2013). Standards for accreditation of baccalaureate and graduate degree nursing programs. Retrieved from <http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate/standards>
- Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.
- Cronenwett, L., Sherwood, G., & Gelmon, S. B. (2009). Improving quality and safety education: The QSEN Learning Collaborative. *Nursing Outlook, 57*, 304–312.
- Dolansky, M. A., & Moore, S. M. (2013). Quality and Safety Education for Nurses (QSEN): The key is systems thinking. *Online Journal of Issues in Nursing, 18*(3), Manuscript 1. doi:10.3912/OJIN.Vol18No03Man01
- Halstead, J. A., & Frank, B. (2018). *Pathways to a nursing education career: Transitioning from practice to academia* (2nd ed.). New York, NY: Springer Publishing.
- Harper, M. G., & Maloney, P. (Eds.). (2016). *Nursing professional development: Scope and standards of practice* (3rd ed.). Chicago, IL: Association for Nursing Professional Development.
- Harper, M. G., & Shinnors, J. (2016). Overview of nursing professional development: Major revisions in 2016. *Journal for Nurses in Professional Development, 32*, 228–230. doi:10.1097/NND.0000000000000270
- Hendricks, S. M., Taylor, C., Walker, M., & Welch, J. A. (2016). Triangulating competencies, concepts, and professional development in curriculum revisions. *Nurse Educator, 41*, 33–36. doi:10.1097/NNE.0000000000000198

- Johnson, K. V. (2016). Improving adjunct nursing instructors' knowledge of student assessment in clinical courses. *Nurse Educator, 41*, 108–110. doi:10.1097/NNE.0000000000000205
- Johnson, W. G., Butler, R., Harootunian, G., Wilson, B., & Linan, M. (2016). Registered nurses: The curious case of a persistent shortage. *Journal of Nursing Scholarship, 48*, 387–396. doi:10.1111/jnu.12218
- National League for Nursing. (2012). *The scope of practice for academic nurse educators 2012 revision*. Philadelphia, PA: Wolters Kluwer.
- National League for Nursing. (2014). *NLN nurse educator shortage fact sheet*. Retrieved from <http://www.nln.org/docs/default-source/advocacy-public-policy/nurse-faculty-shortage-fact-sheet-pdf.pdf?sfvrsn=0>
- National League for Nursing Commission for Nursing Education Accreditation. (2016). *Accreditation standards for nursing education programs*. Washington, DC: Author.
- Oermann, M. H. (2014). Defining and assessing the scholarship of teaching in nursing. *Journal of Professional Nursing, 30*, 370–375. doi:10.1016/j.profnurs.2014.03.001
- Oermann, M. H. (2017). Preparing nurse faculty: It's for everyone. *Nurse Educator, 42*(1), 1.
- Oermann, M. H., Lynn, M., & Agger, C. A. (2016). Hiring intentions of directors of nursing programs related to DNP- and PhD-prepared faculty and roles of faculty. *Journal of Professional Nursing, 32*, 173–179.
- Oermann, M. H., Shellenbarger, T., & Gaberson, K. B. (2018). *Clinical teaching strategies in nursing* (5th ed.). New York, NY: Springer Publishing.
- Quality and Safety Education for Nurses Institute. (2014). Competencies. Retrieved from <http://qsen.org/competencies>
- Roberts, S. J., & Glod, C. (2013). Faculty roles: Dilemmas for the future of nursing education. *Nursing Forum, 48*, 99–105. doi:10.1111/nuf.12018
- Schoening, A. M. (2013). From bedside to classroom: The Nurse Educator Transition Model. *Nursing Education Perspectives, 34*, 167–172. doi:10.5480/1536-5026-34.3.167
- U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. (2014). *The future of the nursing workforce: National- and state-level projections, 2012–2025*. Rockville, MD: Author.
- Yoder-Wise, P. S., & Kowalski, K. E. (2012). *Fast facts for the classroom nursing instructor: Classroom teaching in a nutshell*. New York, NY: Springer Publishing.