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Exploring the Gap: Positive and Negative Experiences of the Clinical Nurse Educator

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Abstract

The overall aim of this thesis is to understand clinical nurse educator experiences. Challenges to retain and recruit nurse educators' limits nursing student enrollment and the ability to meet nursing workforce demands. The American Association of Colleges of Nursing (AACN) factors contributing to nursing faculty shortages guided this thesis research study. Asking research questions, "Describe what you like about being an academic clinical nurse educator" and "Describe what you don't like about being an academic clinical nurse educator" can support understanding clinical nurse educator positive and negative experiences. A qualitative descriptive study and thematic analysis was conducted. An anonymous 22-question online survey was sent to the Southwest Michigan Clinical Placement Consortium (SWMCP) members and attendees of a Sigma Theta Tau (Sigma) sponsored Academic Clinical Nurse Educator Workshop Fall 2021. Purposive sampling was conducted, and thirty-three participants responded. Survey responses revealed positive and negative themes. Positive themes were student growth, professional contribution, and personal reward. Negative themes were lack of student preparation, unclear expectations, time for teaching, academic culture, and clinical site acceptance. Thematic analysis revealed that positive and negative experiences are interconnected. Results establish insight for nursing program leaders of colleges and universities to focus on retaining current clinical nurse educators. After, nursing programs may then recruit new clinical nurse educators and prepare them for the role.

Keywords: nurse educator, clinical, experience, teaching, nursing programs

Exploring the Gap: Positive and Negative Experiences of the Clinical Nurse Educator

To become a nurse begins with an education. Today, opportunities to receive a professional nursing education are limited by clinical sites, physical classrooms, money, clinical preceptors, and lack of faculty (American Association of Colleges of Nursing [AACN], 2020). Factors contributing to nursing faculty shortages are reported as aging faculty, retiring faculty, higher salaries in the clinical setting, and a lack of master or doctoral programs (AACN, 2020). Struggles to seek and hire nursing faculty limits nursing student enrollment. In 2019, universities turned away 80,407 qualified student applicants (AACN, 2020). Simultaneously, a critical need for filling 1,637 faculty vacancies from 892 nursing schools contributed to the denial of qualified applicants (AACN, 2020). Lack of faculty and limits to numbers of enrolled nursing students impacts workforce demands. The Bureau of Labor Statistics, U.S. Department of Labor (2021) reports, 3,080,100 Registered Nurse (RN) employment needs in 2020 to 3,356,800 projected needs in 2030. Further, the Bureau states, “About 194,500 openings for registered nurses are projected each year, on average, over the decade” (Bureau of Labor Statistics, U.S. Department of Labor, 2021). Thus, “the nursing profession must address how to effectively attract new faculty and prepare them for the role” (Halstead & Frank, 2018, p. 11). The overall aim of this thesis is to understand clinical nurse educator experiences.

Review of Literature

Researchers have worked to better understand the educator's role, motivators, barriers, and form solutions. Literature and the AACN (2020) contributing factors of faculty shortages are congruent. Bagley et al. (2018) conducted interviews of ten participants in a qualitative study. The study focused on answering why those with a Master of Science in Nursing (MSN) do not assume an educator role (p. 263). Two themes were identified, perceptions of the academic

educator role and barriers to becoming a nurse educator (Bagley et al., 2018, p. 264). Perceptions of the educator role included participant responses acknowledging positives in the teaching role while comparing to traditional nursing roles (Bagley et al., 2018, p. 264). Barrier themes were salary, obtaining a doctoral degree, and difficulties in teaching (Bagley et al., 2018, p. 264). The solutions suggested were policy change, early mentorship, and balance between work and clinical time (Bagley et al., 2018, p. 266-267). Continued studies have suggested solutions through organized faculty preparation, orientation, and faculty development plans, etc. (Kalensky & Hande, 2017, p. 433-434).

Review of literature shows a lack of study results from nurse educators that are part-time, full-time, and from any higher earned degree. Additionally, studies lack increased sample size and focus on specific recommendations. Asking focused research questions, “Describe what you like about being an academic clinical nurse educator” and “Describe what you don’t like about being an academic clinical nurse educator,” can explore positive and negative teaching experiences of current educators. Exploring educator experiences is the first step. After, nursing program leaders may adjust to retain and recruit clinical nurse educators.

Methods

Research Design

The following thesis was calibrated from a research study through Western Michigan University (WMU) and the Lee Honor’s College (LHC) in Kalamazoo, Michigan. Findings are reports from a thematic analysis. A “thematic analysis (TA) is a method for identifying, analyzing, and interpreting patterns of meaning (‘themes’) within qualitative data” (Clarke & Braun, 2017, p. 297). The approach, “TA can also be used within a ‘critical’ framework, to interrogate patterns within personal or social meaning around a topic, and to ask questions about

the implications of these” (Clarke & Braun, 2017, p. 297). Specifically, the thesis research design is a qualitative descriptive study. Qualitative descriptive studies are common in health care and "nursing-related phenomena" to further understand "who, what, and where" (Kim et al., 2016, p. 23). A qualitative descriptive study provides a method to delve into participants' experiences and gain a greater understanding of one's beliefs and opinions.

Sample

Active faculty, who have taught clinical in the last 12 months, from the Southwest Michigan Clinical Placement Consortium (SWMCP) members and attendees of a Sigma Theta Tau (Sigma) sponsored Academic Clinical Nurse Educator Workshop Fall 2021 were included in the research study. The SWMCP includes nine nursing programs. Within the research design, purposive sampling was conducted. An anonymous online survey was sent via email to participants. Thirty-three participants volunteered. A survey allowed researchers to achieve responses online and utilize a data analysis system. The WMU Human Subject Institutional Review Board (HSIRB) approved the research study. There were no direct conflicts of interest, as the research intent is to benefit all nursing programs and faculty for application in individual and community settings. Informed consent was given, and voluntary participation by opening the survey. No direct risks were identified for participating in the study. Contact information of researchers was given, if needed, to provide engagement and commitment to the phenomenon.

Data Collection and Analysis

The overall aim of this thesis is to understand clinical nurse educator experiences. A 22-question survey was created through Survey Monkey/Qualtrics system. The survey contained closed-ended questions relating to demographics and open-ended opportunities for focused questions. Survey data is assessed by HSIRB approved individuals with IBM SPSS

Statistics. Demographic data was analyzed using descriptive statistics. Independently, all three approved researchers reviewed two focus questions, “Describe what you like about being an academic clinical nurse educator” and “Describe what you don’t like about being an academic clinical nurse educator.” Independently researchers conceptualized focused questions and constructed their own initial themes, in accordance with method design. An initial individualistic review was initiated to minimize bias and allow for individual reasoning before a group consensus. The researchers, as a group, then compared and reviewed themes. Formulating themes allows the opportunity to identify gaps and compare them to literature.

Results

Thirty-one participants (31/33 or 93.9%) identified as female. Participants answered their highest level of education; one participant (1/33 or 3%) had an Associate Degree in Nursing (ADN); nine (9/33 or 27.3%) obtained a Bachelor of Science in Nursing (BSN); nineteen participants (19/33 or 57.6%) had an MSN; three (3/33 or 9.1%) had a Doctor of Nursing Practice (DNP); and one participant (1/33 or 3%) had a PhD. The average years teaching in the clinical setting was 2.59 years, four participants did not answer. Employment status was answered by participants; four participants (4/33 or 12.1%) are full-time educators; three participants (3/33 or 9.1%) that are part-time educators; eleven (11/33 or 33.3%) part-time educators and full-time nurses; eight (7/33 or 21.2%) part-time educators and part-time nurses; two (2/33 or 6.1%) part-time nurses; one (1/33 or 3%) full-time nurse; and five participants (5/33 or 15.2%) did not answer. A little more than half (58.6%) of participants responded that if they had an opportunity, they would take a full-time position as a nurse educator, four did not answer. Factors offered as responses to influences to taking a full-time position (salary, benefits, flexibility, educational preparation, enjoy working with students) were stated as both a motivator

and barrier. Analysis of research focus questions identified positive and negative themes. Positive themes were identified and defined as student growth, professional contribution, and personal reward. Negative themes were lack of student preparation, unclear expectations, time for teaching, academic culture, and clinical site acceptance.

Positive Themes

Student Growth

Student growth is defined as the application of knowledge and connection of course content through clinical time. Clinical faculty are the most constant and direct evaluators of student performance. One educator defined student growth in their response, *“I love seeing when the student makes the connection and ah ha moment [emphasis added].”* The same participant also defined student growth as, *“The [students] progression from level 1 to level 2. [As well as students] Formulation and development of critical thinking [emphasis added].”* Clinical faculty’s opportunity to be the closest observers allows time to see student growth. Student growth is also displayed through another educator’s response, *“I love watching ‘the lightbulb’ come on within my students. I strive to make sure that the students are supported and valued [emphasis added].”* Growth may relate to applying theoretical knowledge to the clinical setting through hands-on skills, communication, medication, documentation, etc.

Professional Contribution

Professional contribution is defined as active leaders participating in the educational agenda of future health professionals. Clinical faculty are leading role models and modes of information for students. One professional explained their contribution as the *“Ability to make a positive impact on education of nursing students by fostering*

critical thinking, professional ethical behavior, interprofessional collaboration within the ranks of nursing [emphasis added].” The same participant went on to say professional contribution is “*Role modeling compassionate care and therapeutic communication skills* [emphasis added].” Since survey participants are active nurses, there is extensive knowledge of the profession to spark student growth, the “lightbulb,” and the “ah ha” moments. An educator expressed their experience of professional contribution:

I enjoy working with nursing students in the clinical setting because I enjoy facilitating their "putting it all together". When they see something in the clinical setting and say, "we just learned that in theory". That's what it is all about, being able to connect the dots from what they learned from a book and what they actually see and do in the clinical setting. I love promoting their clinical critical thinking [emphasis added].

The ability of educators to share their own expertise, skills, and wisdom with students supports the student journey to becoming an RN.

Personal Reward

Personal reward is defined as inspiration from students that in turn reflects participants' own passion. The clinical setting sparks student connections and connects or reconnects educators to their career. For example, an educator responded, “*Being an instructor renews my love of nursing by seeing the interest and excitement that my students have. I have a feeling of accomplishment when I can spread my knowledge and experience with the new nurse/student* [emphasis added].” The educator student relationship supports student growth while enriching their own chosen nursing career. Moreover, survey responses also focused on giving back to the nursing profession, seen

in the response, “*Helping students that were in the same boat I was 7 years ago when I was in nursing school* [emphasis added].” Participant responses support shared positive experiences and outcomes in the role of nurse educator.

Negative Themes

Lack of Student Preparation

A lack of student preparation is defined as student efforts that fail to value course content and therefore negatively reflect student clinical performance. An educator responded by describing the thematic definition as, “*Dealing with students who are ill prepared (i.e., Procrastinate with assignments, don't read e-mails, want to be spoon fed) or don't take responsibility for their actions. Paperwork* [emphasis added].” Students' unpreparedness with assignments leads faculty to question students' motivation, as seen in an educator response, “*Students that expect everything to be given to them* [emphasis added].” Clinical courses are thoughtfully constructed with time and effort. Thus, clinical faculty's direct time with students leads to critical evaluation of efforts and time management of constructed clinical work.

Unclear Expectations

A need for clarification in student performance standards is the definition of the negative theme. Lack of clarification in student evaluation tools leads to uncertainty on how to provide proper feedback. An educator's response displays frustration towards expectations, “*Clinical evaluation tools that aren't reliable and used to gauge a student's progress/truly meeting the competencies* [emphasis added].” Additionally, the same participant elaborated that “[Evaluation] *Tools that are written with such broad objectives/competencies that it is unclear what clinical activities link to the objectives*

[emphasis added].” Unspecific and immeasurable student evaluations can negatively reflect faculty student feedback. Clinical evaluation tools are not only indicators for students but are also useful for faculty education and course organization.

Time for Teaching

The definition of time for teaching is the preference for increased time in the clinical setting. An educator responded, “*Lack of time for teaching, scholarship, and service expectations within the role; need for additional mentorship and on-going professional development* [emphasis added].” Attending clinical, a few times per week, limits time to teach and breaks continuity of direct communication with students and other nursing faculty.

Academic Culture

The negative theme of academic culture is defined as the desire for increased freedom in the clinical agenda accompanied with program support. Participant responses suggest frustration towards the academic environment, “*Lack of opportunities to challenge myself, and inability to make changes that could benefit clinical learning, but ideas are dismissed. It seems "this is the way it's always been done..." Mentality* [emphasis added].” Lack of educator ability to choose how to conduct clinical culture creates conflicts with university/program culture. Dissension between educators and administrations results in instability. An educator responded feelings towards academic culture as, “*Feeling torn between both assignments. Not supported by school administrators. Expectations too high by administrators. No break from either role* [emphasis added].” Subsequently, negative experiences in the academic culture lead one educator to respond, “*Politics/negativity in the academic environment-main reason why I*

will never be a full time in the academic setting [emphasis added].” The prevalence of negativity to the academic culture was a recurrent theme analyzed in survey responses.

Clinical Site Acceptance

Clinical site acceptance is defined as insufficient willingness of clinical staff and sites to support student growth. The thematic definition is explained by one educator as, “*Apathy of nursing staff towards nursing students. [As well as] Nursing staff that do not engage with students* [emphasis added].” Time in the clinical setting allows students to apply their theoretical knowledge and gain experience using learned skills. Clinical sites are supposed to be environments conducive to learning, not deterring. One educator suggests a lack of acceptance hinders both student and faculty satisfaction, “*The staff of some agencies are not accepting of students or myself* [emphasis added].” Inadequate clinical site acceptance affects experiences and opinions for the future.

Discussion

The overall aim of this thesis is to understand clinical nurse educator experiences. Thematic analysis revealed that positive and negative experiences of participants are interconnected. Survey participants enjoy seeing and participating in student growth, while simultaneously gaining personal inspiration. Actively witnessing and partaking in students' education is rewarding personally and professionally. Halstead and Frank (2018) confirm that the development of nursing students is “the primary reason most nurses are attracted to the faculty role” (p. 22). The desire to teach in nursing academia is expressed through literature and displayed by survey participants.

The importance of interacting and establishing student relations is an important motivator. However, participants express difficulty managing and evaluating students. Although some faculty are expert clinicians, they may be inexperienced as educators (Halstead & Frank,

2018, p. 29). It may take time to transition from being an expert back to a novice. The transition to a different level of knowledge is tied to a different role and “For many novice faculty, student evaluation is one of the more difficult aspects of the role in which to develop a feeling of competence” (Halstead & Frank, 2018, p. 29). Overall, positive participant responses were expected and expressed in literature, while diverse and negative participant responses detail practice implications.

Interconnected experiences ironically indicate a need for teaching a nurse how to be a nurse educator. Even with any career preparation, it may not prepare one for every specific aspect involved in a role. Halstead and Frank (2018) confirm “What surprises many new faculty is that it is not enough to possess clinical expertise to be a successful teacher” (p.21). One educator even responded that a negative part of the clinical nurse educator role is, “*the steep learning curve and being a novice again! Being on the teaching side is new so feel like one of the students in some ways despite being a nurse for many years [emphasis added].*” Learning how to teach can benefit current faculty and new faculty. Results from literature and this thesis research show a need to critically think about why things are not changing. Implications for practice need to be specific, yet applicable to all nursing program settings.

Limitations

All researchers believe participants and their responses were saturated. Nonetheless, a greater number of responses can further enrich a repeated research study. Participant demographics lacked diversity in gender. Participants were also only sampled from SWMCPC members and attendees of the Sigma sponsored Academic Clinical Nurse Educator Workshop Fall 2021. Participants were not part of a random sample, limiting generalizability. The nine nursing programs that were participant teaching locations were not specified, limiting specific

themes and implications. Future research studies that include interviews with survey participants may help to answer specific questions to responses and relate to each individual program.

Implications for Nursing Program Leaders

Research results emphasized that the role of an educator can be stressful, frustrating, rewarding, and humbling, especially when “the lightbulb” stays on. Therefore, to think critically, educators may benefit from required educational training sessions that emphasize common situations of student experiences, coping mechanisms, and management of conflicts. Training should involve both those transitioning to the clinical nurse educator role and current clinical educators. Whether considered a novice or expert, learning how to teach takes time. For example, discussing how one engages with a student that is failing, feedback in evaluations, importance of theory courses with clinical paperwork, or sharing a personal career experience at clinical, etc. can support the educator role experience. Additionally, discussing with educators the possible importance of cohesive agendas between clinicals can maintain consistency between students. However, leadership should be open to educator suggestions in forming and adapting the clinical agenda. Training can prevent establishing negative experiences. For example, survey participants who expressed students as, “ill prepared” or “expect everything to be given to them,” may need education on common feelings experienced in the educator role and strategies to work with students who are unprepared. Furthermore, teaching involves students with various levels of knowledge and learning needs. Thus, faculty who can engage in professional and positive student relations may value student growth and personal reward.

Evaluation tools can be a helpful baseline for novice educators to organize course content and feedback. A clinical evaluation tool that is linked to course objectives can support the novice nurse educator as they assess and evaluate a student's level of knowledge to the course content.

For example, the WMU Bronson School of Nursing Evaluation of Clinical Performance Tool was used as a resource for program implications. Establishing a program clinical evaluation tool that is consistently referred to may be helpful in teaching. Self-evaluations from the student and corresponding evaluations from the educator, at semester checkpoints, can provide guidance on processing why, what, and how of clinical agenda topics. A grading scale can rate students as unsatisfactory, satisfactory, or exceeding expectations. A clinical evaluation tool is one way to address the unclear expectations that clinical nurse educators mentioned as a negative experience.

Nursing programs may also find benefit in surveying staff and students annually. As reflected in this research study, there is a wealth of content that programs can address to make things better. Surveys help one to be proactive and identify trends. Surveys may assist in solving problems in a timely manner while improving communication. Surveying and sharing feedback with program leadership can reveal specific experiences in an academic year. After, leaders may better gauge satisfaction and develop considerations for areas of improvement.

Within learning “how to teach” there is continued emphasis on mentoring relationships. Establishing a mentorship. Although the literature mentions mentoring, there is a lack of specifics in the process. Program leadership must first identify and select an individual who bears the characteristics of a mentor. A mentor may be one who possesses patience, a wealth of knowledge, approachability, willingness, positive performance evaluations, and a drive for success. Expectations and job description should be clear, in writing, for the mentor. Reward for willingness to be a mentor may be supportive, as mentoring and teaching someone else is extra work and time managing. However, if leadership is unable to identify the right willing mentor, leadership must spend time to oversee. Forming a mentorship program supports succession

planning. Establishing a positive mentoring team supports overall program workload, care of the individual, and future satisfaction.

Lastly, programs that are flexible to new faculty can support consideration of a position. Faculty may be active nurses seeking a teaching role, part-time and full-time, or even simultaneously in school obtaining a higher degree. Dual working roles were reported in participant employment demographics of this thesis research. Having clear descriptions of the role but allowing the opportunity to discuss flexible solutions may recruit new educators and retain them for the future. Flexibility may be an opportunity to teach remotely or part time. Leadership that continuously spends time sending educator role information to clinical sites may create partnerships with clinical sites, improve clinical site acceptance, and spark interests.

Conclusion

Through WMU and the LHC, this thesis research studied the experiences of select nurse educators. However, there is national relevance. Limited enrollment, shortage of faculty, and shortage of nurses strain the nursing profession. Receiving a professional nursing education relies on having nursing faculty. To support faculty demands begins with current clinical nurse educators. Perhaps through preparing and supporting current educators teaching competencies, positive experiences can recruit new educators. With sufficient nursing faculty, nursing programs may be able to enroll and educate more nursing students for their future careers. The lack of noticeable improvement signals to leaders in colleges and universities the need to proactively adjust while continuing to enhance positive experiences.

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