



DOCTORAL EDUCATION: WHAT IS THE ADDED VALUE FOR NURSE EDUCATORS?

Leena Salminen, PhD, Adjunct professor, University Lecturer FINE workshop, Lyon, 29.4.2016



THE CONTENT OF THE PRESENTATION

- Doctor in nursing science
- Doctoral educated nurse educator
 - from different point of views
- Education of nurse educators in the future
- A short overview of recent research about nurse

educators





At the beginning

"Excellence in nursing education not only involves competent teaching but also requires vision, curiosity, and commitment to research for continual improvement."

(McAllistair & Flynn 2016)



DOCTOR, PHD

- Roots in old European universities (Bologna)
- Teacher
- Highest knowledge in a discipline
- Highest educational degree in society
- Individual degree I am a doctor!



A DOCTORAL-LEVEL QUALIFICATION OF NURSE EDUCATOR • For what reason?

- implement findings from nursing science research to the content of teaching
- translate and implement findings from nursing education research
- leading curriculum change
- developing models of cost effective education
- preparing a workforce to meet the needs of a reformed health care system

(Salminen et al 2010, NLN 2013)



How much PhD Nurse Educators?

- In Finland, approximately 10% of nurse educators have a doctorate (Koivula et al., 2011)
- In the USA approximately 25-30% (NLN2013)
- In Australia about 18-20%
- In other European countries varies a lot
 - e.g. in Cyprus all teachers in the university should be PhD



DOCTORAL EDUCATION FOR NURSE EDUCATORS

- from the point of view
 - Educator her/himself
 - Students
 - Organization
 - Society
 - Quality of patients' care
 - Development of nursing profession
- advantages and disadvantages?



NURSE AND NURSE EDUCATOR EDUCATION IN FINLAND

Registered nurse

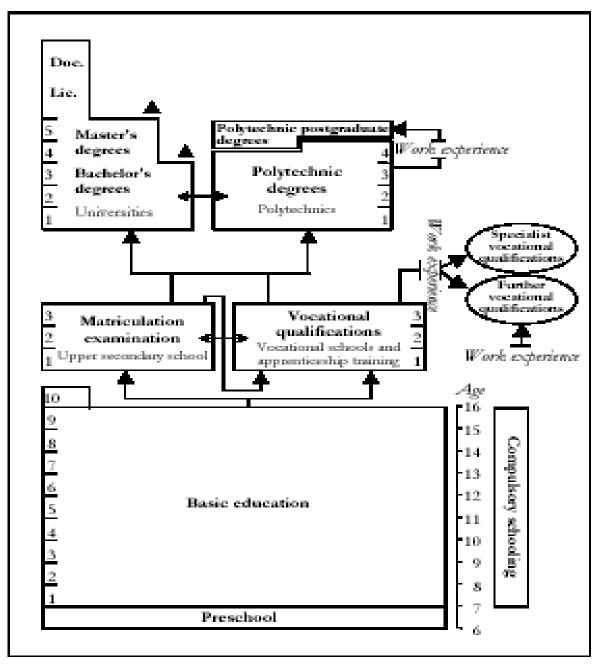
- polytechnic level (university of applied sciences)
- bachelor's degree in nursing
- according to the EU directive (2013/55/EU)
 + national guidelines
- 210 ECTS (3,5 years)

Nurse educator

- university level
- part (60-70 ECTS) of master's degree studies
 - Included teacher training
- requirements:
 - a licence of RN
 - MNSc
 - at least 3 years work experience in health care system

EDUCATION SYSTEM







Nurse educator education in our department



- 70 Ects
- main subject: nursing science
- minor subject: Didactics in nursing science and basic studies of education science or adult education science
- three years
- teacher training: polytechnic level, vocational institutions, health care organization, interprofessional teaching, department of nursing science, international training
 - different kind of learning environments



DOCTOR IN NURSING SCIENCE

(OR HEALTH CARE SCIENCES)

- First graduates in USA (NY) 1930s
- In Europe, in 1950s
- In Finland 1984 (Maija Hentinen)
 - At this moment, about 250, yearly number of graduations about 25 new doctors
 - In the Univ of Turku, the goal is 4/year
 - Now graduated 105







POINT OF VIEW OF NURSE EDUCATOR

- Research based education
- Utilise research in teaching
- Clinical competence?
 - how to maintain nursing competence and skills?
 - too far away from practice?
- Developer
 - Strong theoretical skills for developing nursing and/or nursing education
- Career ladder and career planning
 - Reseach or project leader
 - Research making skills



DOCTORAL EDUCATED NURSE EDUCATOR

- More nursing science-based teaching
 - Less traditional teaching
- Broad view of knowledge acquisition
- publication activity
- selectivity of research used on teaching
 - More scientific publications compared with those without writing publications
- · a positive attitude to research.

(Koivula et al., 2011)



The reasons for inactivity in research and publication can relate

- to the large amount of teaching
- how responsibilities in nursing faculties are organized
- to educators' professional goals and writing abilities

(Koivula et al., 2011)



THE POINT OF VIEW OF EDUCATIONAL ORGANIZATION

- Need of PhD educators
 - Different kind of positions and roles
 - lecturers, principal lecturers
- Co-operators
 - co-operate more with managers of hospitals
- Project leaders
- Developers and future makers
 - Educational reforms and health care reforms
 - Education programmes, curriculum planning
 - Clinical practice



THE POINT OF VIEW OF STUDENTS

- They cannot see big difference with PhD educators or others
- too educator-centered
- should be more student-centered
- Broad view of nursing
- Educators use research on the basis of their teaching
- Concern over clinical skills
- educators are too theoretical



1.5.2016



THE POINT OF VIEW OF SOCIETY

- More active members of society?
 - More publications
 - More positions of trust
- Better knowledge of health policy and education policy
- Educational and health care reforms
- Impact on patient care
 - Evidence based nursing and education

(Salminen et al. 2013b, NLN 2013)



PHD EDUCATION; DEGREE IN FINLAND

A) Theoretical studies 60 ECTS

In Finland, all the doctoral programs are PhDprogramme, with a strong theoretical basis)

- nursing science
- other studies supporting own research field
- B) Research seminars (once a month)
- C) Doctoral dissertation (about 180 ECTS; 3 years work)
 - own contribution
 - public defense



Dpt of Nursing Science in the University of Turku

 QS World University Rankings by Subject 2016

http://www.topuniversities.com/subject-rankings/2016

 We are the 5th best in the Nordica countries and 24th in European level



DNP, Doctor of nursing practice

- Focused on practice
- Only conducted in a few countries
- Education varies: content and length
- one solution to those countries that have a shortage of nurse educators
- More nursing skills?
- Do we need two kind of doctors in nursing and nursing science?

(NLN, 2013, O'Lynn, 2015)



DEMANDS FOR NURSE EDUCATOR EDUCATION IN THE FUTURE

- Should be some education
- Nurse educator candidates should already learn to utilize research on teaching during their education
- Learn how to be active member of society
- The proces of doctoral studies itself gives more understanding than the title of PhD
- a PhD prepared faculty, is needed to advance the science of nursing education



THE COMPETENCE OF NURSE EDUCATORS

Described:

- •Characteristics (Knox & Mogan 1987, Nehring 1990)
- •Roles (Davis et al 2005, Spitzer & Perrenoud 2006))
- •Tasks (NLN 2005, Kalb 2008)
- •Skills (Johnsen et al. 2002, Dean et al 2003)
- •Requirements (eg Salminen 2000)
- Competences (eg. Salminen et al 2013)
- Capabilities (e.g. Mc Allistair & Flynn 2016)

(see also Jackson et al 2009)



Table 2. The core competences of nurse educators

NLN, 2005 also Kalb, 2008	Green, 2006	Davis et al., 2005	Huntly, 2008	FINE, 2007	Salminen, 2000, 2013	Costa and Barbieri Figuereido, 2008	Helakorpi, 2010
To facilitate learning	Clinical reasoning	Teacher	Professional knowledge	Competence as a person	Nursing competence	Academic competence	The competence of the professional substance
To facilitate learner development and socialization	Advocacy agency	Scholar	Professional practice	Operative competencies	Pedagogical competence	Research competence	Pedagogical competence
To use assessment and evaluation strategies	Caring practices	Collaborator	Professional commitment	Competencies regarding academia	Evaluation skills	Clinical practice competence	Developing competence
To participate in curriculum design and evaluation of programme outcomes	Collaboration			Collaborative competencies	Personality factors	Management competence	Working community competence
To pursue continuous quality improvement in the academic nurse educator's role	System thinking				Relationship with students		
To engage in scholarship, service and leadership	Response to diversity		V	Vhat is the	added v	alue of P	hD
				et to thes			
	Clinical inquiry						
	A facilitator of learning						



OWERVIEW OF RESEARCH ABOUT NURSE EDUCATORS

- Mostly conducted in USA (also Australia)
 - Core competencies
 - Certified Nurse Educator
- The transition from nurse to academic educator (e.g. Schoening 2013)
- The meaning of being nurse edcator (Laurencelle et al 2016)
- The role of educator in clinical practice (Saarikoski et al 2009)
- The discussions of practice and academic educators (MacPhee et al 2009)
 - collaboration
- The competence of simulation pedagogy (McNeill et al. 2012)



International reviews and Finnish results added

Figure a. FOCUS OF NURSING EDUCATION RESEARCH (N=39) TEACHING ACTIVITIES IN LEARNING AND LEARNING **STRUCTURAL** NURSE NURSING EDUCATION **OUTCOMES IN NURSING FACTORS IN NURSING TEACHERHOOD** EDUCATION (n=26) EDUCATION (n=4) (n=2)(n=21)

Curricula reform orientations:

- Health informatics education connected to baccalaureate nursing program
- Nurse education level connected to patient safety

Future orientations:

Recommendations for nursing education

Multidisciplinary orientations:

Graduate admission process

Role of a nurse educator:

- Characteristics of a nurse educator's work
- Nurse educators' role in supporting students
- Comptence
- Well-being

Teaching methods:

- Avatars and virtual worlds
- Blogging
- Computer mediated conferencing
- Concept mapping
- Distance education
- Engaging and meaningful teaching techniques
- Evaluation of teaching strategies
- Gaming
- **PBL**

nursing

- Simulation
- Team-based learning

Teaching of clinical skills:

- Infection control
- Patient safety

Teaching of generic skills:

- Empathy education programs
- Global experiential education

Meaningful experiences

Students' relationship to

Academic performance:

- Academic success and failure
- Self-efficacy
- Student attrition
- Student remediation
- Support of disabled students

Assessment of learning:

- Competence assessment
- Learning theory in assessing simulation learning
- Simulation outcomes
- Valid tools for admission process

Clinical learning and clinical learning environment:

- Clinical learning environment
- Clinical learning in international context
- Clinical performance
- Mentoring in clinical learning

Learning in clinical skills:

- Infection control
- Medication competence
- Patient safety

Learning in generic skills:

- Critical thinking
- Global learning
- Ethics
- Inter-professional learning
- The use of technology

Students' relationship to nursing:

Transition to practice journey

Historical orientation

See: Vierula et al. 2015



Being a nurse educator and how to understand the attraction to academia

(Laurelle et al 2016)

- opportunities
- wanting to teach
- seeing students learn
- contributing to the profession
- the unattractive
- flexibility





The Capabilities of Nurse Educators (CONE)

(McAllistair & Flynn 2016)

capabilities describe better the demands set ot educators than comptencies

I am able to I can demonstrate...

•CONE consisted of 98 items divided 6 subcategories

- scale: 1-5: not at all descriptive to very descriptive
- self-evaluation

Capabilities of Nurse Educators:

- Teaching Knowledge and Practice
- Drawing from Nursing Knowledge
- Teaching Relationships
- Leadership
- Research Orientation
- Research Action



The Capabilities of Nurse Educators (CONE)

(McAllistair & Flynn 2016)

Some results:

- doctorate educated educators are more capability than others (higher scores)
 - overall
 - Teaching Knowledge and Practice
 - Research action
 - leadership
- CONE can identify and articulate educators' capability set, and to identify areas for future professional development



SUMMARY and some questions

- It seems there is a need of doctoral educated nurse educators
- There is a need of further research of nurse educator's competencies, action or performance
 - with different research designs
- Do we need to create the minimum requirements to nurse educators?
- Competence or capability or ...
- Should we develop evaluation methods to confirm the nurse educators' competence level?
- What kind of nurse educator education we need in Europe?
- How we maintain the competence of educators?



Nurse educator should be ethically competent visionary and active the developer of society

PhD – can be one solution?



THANK YOU FOR YOUR ATTENTION



contact: leena.kaarina.salminen@utu.fi





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