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Issues for Debate

Pedagogical Nursing Practice: Redefining nursing practice for the academic nurse educator

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ABSTRACT

The role of the nurse educator in the academy is one that is very complex in nature. It involves skills not only to be an effective educationalist, nurse researcher and active scholarly academic disseminating findings and new knowledge to enrich the healthcare arena, but still requires those skills that belong to that of an expert nurse. Academic nurse educators seem to have been distanced from the nursing discipline along the way. It is the author's intention to bring them back into the scope of the nursing profession, introduce and define her concept of Pedagogical Nursing Practice, and illustrate how much of a beacon the academic nurse educator truly is, in order for the profession to perpetuate and prosper.

1. Introduction

Today's academic nurse educator (ANE) has a complex role. Facets include mastering numerous teaching methodologies and technological tools, promoting student learning and critical thinking, continuous student managing, advising, and developing/enhancing curricula. In addition, embedded in the role are maintenance of professional development and pursuit of scholarly activities to produce and generate knowledge. Yet, too often, ANEs are asked if they still “practice”. Therefore, only *direct, ‘hands-on’ practice* is viewed as *practicing*, leaving ANEs with a sense of inadequacy in their credibility/capabilities as a nurse *and* educator. Why is the role of the ANE not considered *practicing*? To add insult to injury, these educators are additionally seen as excommunicated from nursing. “Nurse educators work as teachers The fact that nurse educators previously belonged to a specific profession, namely, nursing, with its own professional identity makes their situation unique” (Pennbrant, 2016, p. 430). This direct quote illustrates how ANEs, seen as *teachers*, were *previously* nurses, indicating a loss of nursing identity. This is especially so if complete transition into academia has occurred. Why has this lack of nursing identity occurred and what can be done to change it?

As any profession is linked to the unique body of knowledge, practices, and values of the discipline to which they belong, nursing has its own unique identity, as well (Johnson and Webber, 2015). Therefore, through its centuries of existence, nursing continues to evolve, expand and be redefined to depict its unique identity. It is an art and a science with ever-changing adaptation and reacclimatization to the flux of today's healthcare demands. With local and global changes seen in healthcare, the nursing profession must align and undergo metamorphosis, too. In *The Future of Nursing: Leading Change, Advancing Health*

(2011), the Institute of Medicine urges ANEs to prepare graduates for comprehensive care management, quality improvement, and inter-professional practice (Dreher et al., 2014). Various degrees are now attainable, disciplinary boundaries are dissolving and a plethora of innovative job options are available. Challenged to reillustrate its underpinnings and redefine its content, the profession must firmly plant its feet in the ground and visit the author's concept of *Pedagogical Nursing Practice* for its academic constituents.

2. Background

Nursing was once a predominantly hands-on profession with an apprenticeship-style hospital training. Through the years, it has become a graduate exit profession as a result of academicalization due to assimilation of most nursing education into the university arena (Andrew and Robb, 2011; Thompson and Watson, 2008). With numerous career opportunities for master and doctorally prepared nurses, many choose to work outside of academia (Evans, 2013). As the shortage of nursing faculty remains a global concern, the supply of registered nurses is directly impacted by this deficit (Laurencelle et al., 2016). Perhaps, it is the lack of nursing identity that is less appealing. In order to explore this avenue, one must delve into expert nursing practice, where ANEs exist.

Morrison and Symes conducted and published their *Integrated Review of Expert Nursing Practice* (2011). The purpose was to assess common characteristics of expert nursing practice across the span of clinical nursing specialties and work settings globally. One of the impetuses for the review was derived from a major study done by Patricia Benner and colleagues, *Expertise in Nursing Practice: Caring, Clinical Judgement, and Ethics* (2009). Morrison & Symes' findings revealed five

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Fig. 1. Pedagogical Nursing Practice. This figure illustrates the five integral themes of Pedagogical Nursing Practice, along with those environmental factors of autonomy, control over practice, positive relationships, role models, and recognition.

themes as characteristics of expert nursing practice: knowing the patient, reflective practice, risk taking, intuitive knowledge and pattern recognition, and skilled know-how. In addition, grounding these themes was emotional involvement, which can be identified as caring (Morrison and Symes, 2011). Benner et al. (2009) defined nurses' emotional involvement as caring, which is fundamental to expert nursing practice. It is characterized by being present with, connecting and knowing their patients (Benner et al., 2009).

3. Themes

3.1. Knowing the patient

The theme of knowing the patient was a central finding. Having this strong sense of knowing allowed for individualized care yielding optimal outcomes for the patients across varied settings and acuity levels. Knowing the patient results in comprehensibility and saliency, having an ability to recognize cues to guide the nurse's judgement and future actions. In one particular study, it enabled special recognition of social and psychological aspects, which encouraged wider context of care and greater depth which might have otherwise been overlooked (Morrison and Symes, 2011).

3.2. Reflective practice

The theme of reflective practice is described as a self-directed approach to learning from past experiences, including those that produced errors or undesirable results. Paralleling that of an empiricist philosophy, this theme displays actions congruent with a critical reflective mindframe as the hallmark of the nurse's practice. Identified as an

essential aspect of their expertise, reflective practice is utilized in expert nursing practice (Morrison and Symes, 2011).

3.3. Risk taking

Described as actions that are deemed unconventional or even prompting negative feedback, all done in the name of advocacy, risk-taking behaviors may produce options that may not be the easiest or most uncomplicated to execute. Expert nursing practice encompasses assessment of manifestations that yields risk-taking actions which perhaps may precipitate negative responses. Risk taking also includes speaking and advocating for those that may not have a voice or be able to correctly perceive the situation themselves (Morrison and Symes, 2011).

3.4. Intuitive knowledge, including pattern recognition

Intuition is the ability to, consciously and unconsciously, process information that inevitably becomes innate in expert nursing practice (Morrison and Symes, 2011). Findings of the studies illustrated and delineated intuition as 1) cognitive, 2) a "gut" feeling and 3) trust in their experience rather than knowing based on concrete data (Morrison and Symes, 2011). Using intuition appears to be a logical and ordered development of practice (Lyneham et al., 2008). Pattern recognition reveals the underlying, repetitive occurrences that seem consistently present in similar situations.

3.5. Skilled know-how

Included in expert practice is the ability to mobilize resources,

adapt, and respond to individual situations which is known as skilled know-how. It is an observational ability allowing for close attention to subtle cues which adds depth to understanding the patient's condition and permits selection of appropriate interventions. Expert nurses collect a broader scope of clues to support decisions in expert care by using professional knowledge of the interventions available (Morrison and Symes, 2011).

3.6. Environmental factors supporting expert practice

In addition to the aforementioned five themes, environmental factors were found to be paramount in supporting nurses' development of expertise and expert nursing practice. They are autonomy, control over practice, positive relationships, role models, and recognition (Morrison and Symes, 2011). Each encourages and advances the growth of expert nursing practice, which in turn, allows for further evolution, self-actualization, and self-satisfaction.

4. Integration of the findings and application to the ANE

Expert nursing practice, with its five central themes, are manifested, illustrated and utilized in all aspects of the role of the ANE. They possess these unique qualities that are linked to expert nursing practice in what the author proposes to be known as *Pedagogical Nursing Practice* (PgNP) (Fig. 1). The following will illuminate the direct correlations seen in expert nursing practice and PgNP.

ANEs know and care for their students. Although a brief encounter may exist, such as a nursing simulation experience or perhaps a long-term relationship may occur, such as that of an advisory position, the ANE is present and assesses, recognizes and becomes familiar with the students' academic performance, in some form. The ANE gauges and recognizes important cues that support or facilitate optimal student outcome. Knowing the patient is an element of expert clinical practice which can develop without the advantage of graduate or doctoral education. Therefore, the advanced education required of ANEs provide an additional layer, giving them an advantage to *know* the student more expertly.

Regarding reflective practice, ANEs use previous experiences from both the academic and clinical arenas to promote the learning process. They reflect on practices that yielded success, as well as those with less successful outcomes. ANEs continuously remodel their tactics, offering the most effective learning strategies for the student body. With the additional insight gained by an advanced degree, the ANE's ability to navigate such reflection is broader and deeper. Academic practice, which depends on higher levels of formal education, should only reinforce the ANE's credibility/capability, rather than discredit it.

Risk taking is also employed by the ANE. Students learn in various ways and through various methods, perhaps in unconventional or untraditional manners. ANEs take risks to ensure the greatest outcomes for their students. As an advocate, not only for the student and nursing profession, but for the future patients that will be cared for by their students, ANEs must act accordingly.

Intuitive knowledge and pattern recognition are innate in the ANE because he or she is, first and foremost, a nurse. The ANE can recognize those subtle cues which students manifest that require intervention or implementation to assist in learning. The ANE also intuitively recognizes those students who are not in full possession of the cardinal traits leading to success in a nursing program and can proceed accordingly, as per the institution's recommendations and policy.

Skilled know-how is also included in PgNP, as it is central to the skills needed to effectively deliver the content or material required. In addition, ANEs must assess student learning in the moment, therefore it is not just delivery of content, but assessment of learning, too. ANEs have the same unique capability of using professional knowledge to provide engaging measures that yield effective learning. They prepare to understand how things go wrong so that they can teach their students

all aspects of a clinical situation. Skilled know-how is not exclusive to clinical practice, but rather is a factor related to one's thinking, which is increasingly developed during graduate and doctoral education required of ANEs.

The five themes described are deeply woven into the very fabric of the ANE, although they are not the sole support of PgNP. Those environmental factors of autonomy, control over practice, positive relationships, role models, and recognition are the pillars for the ANE's strength and success. Autonomy and control over practice are seen with academic freedom, which is most desired for the ANE's individual teaching preferences and methodologies. In addition, support, an affirmative collegiate environment, and recognition for superior performance foster productive employees (Gruppen et al., 2017). Role models and mentors further acclimatize and promote the ANE to attain a standing that is esteemed and reputable. Only with support, will ANEs be able to practice and sustain the production of novice nurse colleagues.

5. Pedagogical Nursing Practice as Praxis

Praxis is a term that has been used by theorists when referring to practice, work or action, in contrast to activity that is philosophical in nature (Powers and Knapp, 2010). Praxis in nursing describes theory-based nursing practice, which must be viewed upon as a multi-dimensional activity. It involves both theory of praxis in the didactic models, as well as practice, in which action and self-reflection reinforce the fit between awareness and autonomy (Powers and Knapp, 2010).

To fully engage in praxis, the ANE is required to act and reflect above and beyond practice. Through PgNP, the ANE and student allow for exchange and sharing of knowledge that transcends traditional learning. Through this, praxis becomes a clinical scholarship linking educator, student and student body to a platform that will engage and result in high quality learning, promoting critical thinking and shared social purpose.

6. Future implications

ANEs in PgNP allow for scholarly work in nursing, which is paramount to the development and perpetuation of the discipline, both in relation to theory and practice. They are the stewards of the profession which emulate the quintessence of nursing and all it represents. Although some research and scholarly advances may seem esoteric to the practice of nursing, the concept of PgNP has a significant impact upon nursing's existence. The ANE shortage is a valid concern with significant deleterious consequences, should this issue not be rectified.

7. Conclusion

All nursing care is provided in a social environment with special attention being paid to the clients and their surroundings, which is crucial to providing quality care (Swartz, 2014). The quality care being provided by the ANE is PgNP yielding individualized optimal student achievement. As an integral part of the nursing profession, despite partial or total separation from 'hands-on' practice, ANEs continue to exist as nurses. Ingrained are those strong underpinnings that evolved from clinical nursing practice to what should be embraced as perpetuation of the discipline by means of *Pedagogical Nursing Practice*.

Every profession remains linked by the unique identifiers of the discipline to which they belong, creating a unifying bond to meld its constituents. ANEs are no different. They should not be viewed upon as *previously* being a nurse. They must continue to be identified as part of the same discipline that produced them, for they are still practicing; it's merely in a different realm.

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