EXAMINING THE EFFECTS OF A NATIONAL LEAGUE FOR NURSING CORE COMPETENCIES WORKSHOP AS AN INTERVENTION TO IMPROVE NURSE FACULTY PRACTICE

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Examining the Effects of a National League for Nursing Core Competencies Workshop as an Intervention to Improve Nurse Faculty Practice

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ABSTRACT

Robin Wilson. EXAMINING THE EFFECTS OF A NATIONAL LEAGUE FOR NURSING CORE COMPETENCIES WORKSHOP AS AN INTERVENTION TO IMPROVE NURSE FACULTY PRACTICE. (Under the direction of Dr. Clarence Holland) School of Education, June, 2010.

Due to the complex challenges facing schools of nursing, a research study was implemented to introduce nurse faculty at one small rural northeastern Tennessee school of nursing to the NLN *Core Competencies for Nurse Educators*. Utilizing Kalb's Nurse Faculty Self-Evaluation Tool as a pre- and post-intervention test, 30 nurse faculty members participated in a quasi-experimental quantitative study and focus group interview. Clinical adjunct staff members participated in a test-retest process to establish tool reliability with somewhat mixed results. The overall study demonstrated that participants did exhibit a significant increase in knowledge and ability of the NLN *Core Competencies for Nurse Educators*, via paired-samples t-tests. The focus group participants' data provided rich, contextual validation of the quantitative results. Implications for future research include examination of credentials required to enter nurse faculty practice, exploring the potential for continuing education programs for schools of nursing, and studying a prospective plan for accrediting bodies to develop consistent guidelines outlining development of graduate degree programs for nurse educators.

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I would like to thank my Lord and Savior, Jesus Christ, for allowing me the privilege of attending Liberty University. This three-year odyssey has led me from the Cumberland Mountains of southeastern Kentucky to the beautiful Blue Ridge Mountains of Virginia. Throughout this experience, I have felt God's hand on my life and felt His strong arms of comfort and love carrying me.

I dedicate this work to my mother and father – Freda and Harold VanBever, who have loved and encouraged me to further my education since I was a child. Secondly, I dedicate this dissertation to Dean Mary Anne Modrcin, Dr. Patricia Murphree, Teresa Brooks, and Dr. Jill Jones, LMU and Liberty faculty mentors who have provided great leadership and support. I also dedicate this dissertation to Rebecca Wilson Akers, Amy Wilson, and Kimberley Wilson, three daughters in whom I have great respect and for whom I hold great expectations. I must also pay honor to my husband, William Wilson. He has always told me to 'follow my heart' and then given me the room to do so (This was the last class honey, I promise!).

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CHAPTER ONE: INTRODUCTION

At no time in the history of nursing education has it been more imperative for schools of nursing to ensure the provision of quality education by competent nursing faculty (Tilley, 2008), due to the challenges brought about by a nationwide nursing shortage (American Association of Colleges of Nursing [AACN], 2009; Bednash, 2000; National League for Nursing [NLN], 2002), nurse-faculty shortage (AACN, 2009; AACN, 2005; Brenditro & Hegge, 2000; Hinshaw, 2001; Rizzolo, 2002; Tanner, 2005), nursing clinical site shortage (Jeffries, 2008; Nehring, 2008), the changing millennial student (Howe & Strauss, 2000; Sax, 2003; Twenge, 2002), and the increasing complexity of the licensure exam for registered nurses (National Council of State Boards of Nursing [NCSBN], 2009). In 2009, faculty who teach in schools of nursing must be able to provide efficient and effective educational programs to meet the needs of a diverse student population. By thoughtful and intentional intervention, schools of nursing can effect change that will allow universities to graduate greater numbers of students who are better prepared to pass licensure exams and enter the nursing workforce. Graduating greater numbers of appropriately-prepared nurses will assist in decreasing or eliminating the nursing shortage. As schools of nursing develop and improve educational delivery models that meet the needs of 21st century nursing students, these same students will be better prepared for successful completion of the nursing licensure process. The effective and efficient administration of futuristic educational models of nursing education utilizing the technological advantages demanded by students entering colleges and universities today is imperative to meet the needs of students in a financially responsible

fashion (Mutikani, 2009).

Problem Statement

Schools of nursing across the United States are facing multiple challenges in the provision of registered nurses for the healthcare industry. The shortage of registered nurses can be traced to a shortage of faculty in nursing programs, a shortage of clinical sites for nursing students to utilize while enrolled in nursing programs, the evolving student entering nursing programs, and the increasing complexity of the NCLEX-RN, the licensure examination for registered nurses. One way to increase the numbers of nursing graduates who enter nursing practice is to improve student learning outcomes. Billings (2007, Foreward) proposed that "nurse educators must be prepared to understand the needs of the learner [and] facilitate learning" (p. 5) in order to provide the healthcare environment with increased numbers of nurses effectively prepared to enter the profession of nursing. The researcher believes that the provision of a workshop which introduces nursing faculty at one small rural school of nursing to the National League for Nursing (NLN) *Core Competencies for Nurse Educators* (Appendix A) will improve nurse-faculty practice, thereby increasing the number of registered nurses entering nursing practice. The researcher plans to administer a Nurse Faculty Self-Evaluation Tool (Appendix B) to faculty, both pre- and post-Core Competencies Workshop to examine nursing faculty's knowledge of and ability to perform the NLN *Core Competencies for Nurse Educators* (Appendix A). The researcher trusts that nursing faculty will improve educational delivery methods through the use of personal reflection on the NLN *Core Competencies for Nurse Educators,* the application of a self-assessment tool's findings, and faculty's examination of personal educational practices.

Purpose of the Study

The purpose of this research study is to provide an educational workshop on the NLN *Core Competencies for Nurse Educators* (Appendix A) for nursing faculty at one small rural northeastern Tennessee university, with a goal of improving nurse faculty practice. The National League for Nursing, in its 2002 position statement: *The Preparation of Nurse Educators*, noted that "the academic community should not assume that individuals are qualified to teach simply because they hold a particular credential …[but should be prepared] through planned deliberate preparation for such roles and responsibilities" (NLN, 2006, para. 12). The improvement in nurse faculty practice should provide a concomitant improvement in students' educational outcomes, which could be measured by improved course grades, increased graduation rates, and improved first-attempt National Council Licensure Examination for Registered Nurses [NCLEX-RN] board scores.

Validity Statement

The establishment of validity of the Nurse Faculty Self-Evaluation Tool is of the utmost importance to this study. This tool's validity has been established by a rigorous research process undertaken through the auspices of the National League for Nursing (Appendix C). This process began in 2001, as the National League for Nursing sought out the foremost experts in education across the United States. This group was drawn from a variety of disciplines, such as nursing, higher education, and medicine. The NLN brought this group together to form the Think Tank on Graduate Education Preparation for the Nurse Educator Role. The Think Tank drafted a list of competencies considered vital for nurse educators. A second group was then formed and called the Task Group on Nurse

Educator Competencies. The Task Group was given the mandate to fulfill four objectives: “1) complete a comprehensive review of the literature as relates to competency in education and nursing education; 2) formulate competencies based up the comprehensive review; 3) identify gaps in the literature; and 4) identify priorities for future research” (Halstead, 2007, p. 13). The Task Group spent two years researching and examining all literature related to the mandate, published between 1992 -2004, utilizing a variety of databases: nursing, higher education, medicine, allied health, social work, psychology, and sociology. The draft of competencies was then presented to the entire constituency of the National League for Nursing, which is made up of 31, 470 members. After a period of time for comments and edits, the final form of the competencies was published by the NLN in 2007. This rigorous process of research and analysis established the *Core Competences for Nurse Educators* as valid and vital to the world of nursing education.

The Core Competencies have a variety of uses, such as in the development of new nursing programs, mentoring of new nursing faculty, or as part of yearly employment evaluations. Regardless of the intended use, the final outcome will remain consistently the same: the improvement of nurse faculty practice, through the thoughtful and intentional self-examination of personal practice as educators.

Focus of Inquiry

Schools of nursing have long focused on attainment of excellence by both students and faculty. Nursing faculty must hold a minimum of a master’s degree in nursing. Some of the common foci for master’s degrees in nursing are nurse practitioner, clinical nurse specialist, general master’s degree in nursing, nursing education, or nursing

administration. Nurses may hold a master's degree in nursing in an area in which they have been working prior to entering graduate school, such as adult health, pediatrics, or women's health care. Some nurses obtain master's degrees in areas which do not complement their prior practice in nursing. An example would be a person with many years of women's health care experience might earn a master's of science in nursing education.

"Historically, schools of nursing have been most interested in obtaining nursing faculty who hold a degree with a clinical focus in nursing, such as nurses who are licensed as nurse practitioners" (J. C. Hemphill PhD RN, personal communication, October 30, 2009). In the 2002 NLN position statement related to the preparation of nurse educators, it is proposed that "while being a good clinician is essential, it is not sufficient for the educator role" (NLN, 2002, para. 4). Those who administer schools of nursing must understand that every nurse, no matter how expert in clinical practice, also needs training and mentoring to the nurse faculty role. As noted by the NLN in their 2002 Position Statement: *The Preparation of Nurse Educators,* "the time has come for the nursing profession to outline a preferred future for the preparation of nurse educators" (NLN, 2002, para. 2). In the 21st century, with the looming challenges of shortages in nursing staff, nursing faculty, clinical sites, along with the millennial student, and the increasing difficulty of the registered nurse licensure examination, it is more imperative than ever than schools of nursing focus on the hiring and continuing training and mentoring of the best possible nursing faculty. The ultimate response to the challenges facing nursing education is to grow strong and confident educators who are educationally prepared to provide the most excellent nursing education programs possible.

Riner and Billings (1999) performed a research study in Indiana with nursing faculty and found that faculty development needs were related to “development in preparation for teaching … learning the basics of teaching, curriculum, and evaluation, and developing and refining their role as faculty” (p. 429). Johnsen, Aasgard, Wahl, and Salminen completed a study in Norway in 2002 which looked at nursing education through the lens of competence, teaching, evaluation, personality, and relationships. The faculty respondents in this study rated teacher competence and nursing competence higher than any other area of the study. Axley (2009) noted that “competency is clearly more than the mere attainment of skills as it also involves other qualities such as attitudes, motives, personal insightfulness, interpretative ability, receptivity, maturity, and self-assessment” (p. 218). Although competence is a concept that theorists sometimes find difficult to define, all agree that competence is highly to be desired.

Research Questions

This research study incorporates 132 research questions, developed utilizing the eight National League for Nursing Core Competencies for Nurse Educators with sixty-six task statements. Each Core Competency has six to fourteen task statements, in two categories: knowledge of the task statement and ability to perform the task statement, which will be used as research questions. The researcher will determine to either accept or reject each research question based on the statistical analysis of data accumulated, upon completion of both administrations of the Nurse Faculty Self-Evaluation Tool. The research questions are enumerated thusly: the first number indicates which of the eight core competencies the research statement represents; the second number indicates (one through fourteen, possibly) the bulleted list of task statements under each core

competency; and the lower-case *a* or *b* indicates either *knowledge of* the task statement or *ability to perform* the task statement, respectively.

Core Competency 1 (Research questions 1.1 – 1.14, *a* and *b*)

Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes (Appendix A).

Research question 1.1a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to implement a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context.

Research question 1.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to implement a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context.

Research question 1.2a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to ground teaching strategies in educational theory and evidence-based teaching practices.

Research question 1.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to ground teaching strategies in educational theory and evidence-based teaching practices.

Research question 1.3a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to recognize multicultural, gender, and experiential influences on teaching and learning.

Research question 1.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to recognize multicultural, gender, and experiential influences on teaching and learning.

Research question 1.4a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to engage in self-reflection and continued learning to improve teaching practices that facilitate learning.

Research question 1.4b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to engage in self-reflection and continued learning to improve teaching practices that facilitate learning.

Research question 1.5a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to use information technologies successfully to support the teaching-learning process.

Research question 1.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased ability to use information technologies successfully to support the teaching-learning process.

Research question 1.6a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to practice skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in variety of contexts.

Research question 1.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to practice skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in variety of contexts.

Research question 1.7a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to model critical and reflective thinking.

Research question 1.7b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to model critical and reflective thinking.

Research question 1.8a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to create opportunities for learners to develop their critical thinking and critical reasoning skills.

Research question 1.8b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to create opportunities for learners to develop their critical thinking and critical reasoning skills.

Research question 1.9a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to show enthusiasm for teaching, learning, and nursing that inspires and motivates students.

Research question 1.9b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to show enthusiasm for teaching, learning, and nursing that inspires and motivates students.

Research question 1.10a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to demonstrate interest in and respect for learners.

Research question 1.10b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to demonstrate interest in and respect for learners.

Research question 1.11a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to use personal attributes (e.g., caring, confidence, patience, integrity, and flexibility) that facilitates learning.

Research question 1.11b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to use personal attributes (e.g., caring, confidence, patience, integrity, and flexibility) that facilitates learning.

Research question 1.12a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to develop collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments.

Research question 1.12b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to develop collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments.

Research question 1.13a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to maintain the professional practice base needed to help learners prepare for contemporary nursing practice.

Research question 1.13b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to maintain the professional practice knowledge base needed to help learners prepare for contemporary nursing practice.

Research question 1.14a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to serve as a role model of professional nursing.

Research question 1.14b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to serve as a role model of professional nursing.

Core Competency 2 (Research questions 2.1 – 2.8, *a* and *b*)

Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill the role (Appendix A).

Research question 2.1a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to identify individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners.

Research question 2.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to identify individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners.

Research question 2.2a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased knowledge of how to provide resources to diverse learners that help meet their individual learning needs.

Research question 2.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to provide resources to diverse learners that help meet their individual learning needs.

Research question 2.3a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to engage in effective advisement and counseling strategies that help learners meet their professional goals.

Research question 2.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to engage in effective advisement and counseling strategies that help learners meet their professional goals.

Research question 2.4a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to create learning environments that are focused on socialization to the role of the nurse and facilitate learners' self-reflection and personal goal-setting.

Research question 2.4b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to create learning environments that are focused on socialization to the role of the nurse and facilitate learners' self-reflection and personal

goal-setting.

Research question 2.5a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to foster the cognitive, psychomotor, and affective development of learners.

Research question 2.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to foster the cognitive, psychomotor, and affective development of learners.

Research question 2.6a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to recognize the influence of teaching styles and interpersonal interactions on learner outcomes.

Research question 2.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to recognize the influence of teaching styles and interpersonal interactions on learner outcomes.

Research question 2.7a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to assist learners to develop the ability to engage in thoughtful and constructive self and peer evaluation.

Research question 2.7b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased ability to assist learners to develop the ability to engage in thoughtful and constructive self and peer evaluation.

Research question 2.8a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to model professional behaviors for learners including, but not limited to, involvement in professional organizations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy.

Research question 2.8b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to model professional behaviors for learners including, but not limited to, involvement in professional organizations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy.

Core Competency 3 (Research questions 3.1 – 3.6, *a* and *b*)

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom, laboratory, and clinical settings, as well as in all domains of learning (Appendix A).

Research question 3.1a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to use extant literature to develop evidence-based assessment and evaluation practices.

Research question 3.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to use extant literature to develop evidence-based assessment and evaluation practices.

Research question 3.2a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to use a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains.

Research question 3.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to use a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains.

Research question 3.3a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to implement evidence-based assessments and evaluation strategies that are appropriate to the learner and to learning goals.

Research question 3.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to implement evidence-based assessments and evaluation strategies that are appropriate to the learner and to learning goals.

Research question 3.4a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to use assessment and evaluative data to

enhance the teaching-learning process.

Research question 3.4b

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to use assessment and evaluative data to enhance the teaching-learning process.

Research question 3.5a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to provide timely, constructive, and thoughtful feedback to learners.

Research question 3.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to provide timely, constructive, and thoughtful feedback to learners.

Research question 3.6a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to demonstrate skill in the design and use of tools for assessing clinical practice.

Research question 3.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to demonstrate skill in the design and use of tools for assessing clinical practice.

Core Competency 4 (Research questions 4.1 – 4.8, *a* and *b*)

Nurse educators are responsible for formulating program outcomes and designing

curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment (Appendix A).

Research question 4.1a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to ensure that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment.

Research question 4.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to ensure that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment.

Research question 4.2a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to demonstrate knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies.

Research question 4.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to demonstrate knowledge of curriculum development

including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies.

Research question 4.3a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to base curriculum design and implementation decisions on sound educational principles, theory, and research.

Research question 4.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to base curriculum design and implementation decisions on sound educational principles, theory, and research.

Research question 4.4a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to revise the curriculum based upon assessment of program outcomes, learner needs, and societal and health care trends.

Research question 4.4b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to revise the curriculum based upon assessment of program outcomes, learner needs, and societal and health care trends.

Research question 4.5a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to implement curricular revisions using appropriate change theories and strategies.

Research question 4.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to implement curricular revisions using appropriate change theories and strategies.

Research question 4.6a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to create and maintain community and clinical partnerships that support educational goals.

Research question 4.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to create and maintain community and clinical partnerships that support educational goals.

Research question 4.7a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to collaborate with external constituencies throughout the process of curriculum revision.

Research question 4.7b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to collaborate with external constituencies throughout the process of curriculum revision.

Research question 4.8a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to design and implement program assessment

models that promote continuous quality improvement of all aspects of the program.

Research question 4.8b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to design and implement program assessment models that promote continuous quality improvement of all aspects of the program.

Core Competency 5 (Research questions 5.1 – 5.8, *a* and *b*)

Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice (Appendix A).

Research question 5.1a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to model cultural sensitivity when advocating for change.

Research question 5.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to model cultural sensitivity when advocating for change.

Research question 5.2a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to integrate a long-term, innovative, and creative perspective into the nurse educator role.

Research question 5.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to integrate a long-term, innovative, and creative perspective into the nurse educator role.

Research question 5.3a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to participate in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally.

Research question 5.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to participate in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally.

Research question 5.4a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to evaluate organizational effectiveness in nursing education.

Research question 5.4b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to evaluate organizational effectiveness in nursing education.

Research question 5.5a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to implement strategies for organizational change.

Research question 5.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased ability to implement strategies for organizational change.

Research question 5.6a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to provide leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contribution to the academic setting.

Research question 5.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to provide leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contribution to the academic setting.

Research question 5.7a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to promote innovative practices in educational environments.

Research question 5.7b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to promote innovative practices in educational environments.

Research question 5.8a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to develop leadership skills to shape and implement change.

Research question 5.8b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to develop leadership skills to shape and implement change.

Core Competency 6 (Research questions 6.1 – 6.8, *a* and *b*)

Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential (Appendix A).

Research question 6.1a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to demonstrate a commitment to lifelong learning.

Research question 6.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to demonstrate a commitment to lifelong learning.

Research question 6.2a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to recognize that career enhancement needs and activities change as experience is gained in the role.

Research question 6.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to recognize that career enhancement needs and activities change as experience is gained in the role.

Research question 6.3a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to participate in professional development opportunities that increase one's effectiveness in the role.

Research question 6.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to participate in professional development opportunities that increase one's effectiveness in the role.

Research question 6.4a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to balance the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution.

Research question 6.4b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to balance the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution.

Research question 6.5a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to use feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness.

Research question 6.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to use feedback gained from self, peer, student, and

administrative evaluation to improve role effectiveness.

Research question 6.6a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to engage in activities that promote one's socialization to the role.

Research question 6.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to engage in activities that promote one's socialization to the role.

Research question 6.7a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to use knowledge of the legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment.

Research question 6.7b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to use knowledge of the legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment.

Research question 6.8a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased knowledge of how to mentor and support faculty colleagues.

Research question 6.8b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to mentor and support faculty colleagues.

Core Competency 7 (Research questions 7.1 – 7.6, *a* and *b*)

Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity (Appendix A).

Research question 7.1a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to draw on extant literature to design evidence-based teaching and evaluation practices.

Research question 7.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to draw on extant literature to design evidence-based teaching and evaluation practices.

Research question 7.2a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to exhibit a spirit of inquiry about teaching and learning, student development, evaluation methods, and other aspects of the role.

Research question 7.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to exhibit a spirit of inquiry about teaching and learning, student development, evaluation methods, and other aspects of the role.

Research question 7.3a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to design and implement scholarly activities in an established area of expertise.

Research question 7.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to design and implement scholarly activities in an established area of expertise.

Research question 7.4a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to disseminate nursing and teaching knowledge to a variety of audiences through various means.

Research question 7.4b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to disseminate nursing and teaching knowledge to a variety of audiences through various means.

Research question 7.5a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to demonstrate skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development.

Research question 7.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased ability to demonstrate skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development.

Research question 7.6a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to demonstrate qualities of a scholar: integrity, courage, perseverance, vitality, and creativity.

Research question 7.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to demonstrate qualities of a scholar: integrity, courage, perseverance, vitality, and creativity.

Core Competency 8 (Research questions 8.1 – 8.8, *a* and *b*)

Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social, and economic forces impact their role (Appendix A).

Research question 8.1a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to use knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues.

Research question 8.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to use knowledge of history and current trends and issues

in higher education as a basis for making recommendations and decisions on educational issues.

Research question 8.2a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to identify that social, economic, political, and institutional forces influence higher education in general and nursing education in particular.

Research question 8.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to identify that social, economic, political, and institutional forces influence higher education in general and nursing education in particular.

Research question 8.3a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to develop networks, collaborations, and partnerships to enhance nursing's influence within the academic community.

Research question 8.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to develop networks, collaborations, and partnerships to enhance nursing's influence within the academic community.

Research question 8.4a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to determine own professional goals within

the context of academic nursing and the mission of the parent institution and nursing program.

Research question 8.4b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to determine own professional goals within the context of academic nursing and the mission of the parent institution and nursing program.

Research question 8.5a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to integrate the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers.

Research question 8.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to integrate the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers.

Research question 8.6a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to incorporate the goals of the nursing program and the mission of the parent institution when proposing change or managing issues.

Research question 8.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased ability to incorporate the goals of the nursing program and the mission of the parent institution when proposing change or managing issues.

Research question 8.7a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to assume a leadership role in various levels of institutional governance.

Research question 8.7b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to assume a leadership role in various levels of institutional governance.

Research question 8.8a.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to advocate for nursing and nursing education in the political arena.

Research question 8.8b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to advocate for nursing and nursing education in the political arena.

Definition of Terms

AACN. American Association of Colleges of Nursing. The American Association of Colleges of Nursing works on behalf of colleges of nursing to assist in the establishment of quality educational programs of nursing for baccalaureate and master's degree nursing programs in the United States.

Caylor School of Nursing. The Caylor School of Nursing is one of the five academic colleges located at Lincoln Memorial University. The Caylor School of Nursing offers programs in associate degree of nursing (ADN), RN-BSN (baccalaureate) degree of nursing, and master's of science (MSN) in nursing degrees. The MSN program has advanced degrees leading to licensure/certification in family nurse practitioner and certified registered nurse anesthesia.

Certified nurse educator. The National League for Nursing has been approved to offer credentialing of certified nurse educators. "For academic nurse educators, it establishes nursing

Competence/competency. "A real and demonstrated ability to successfully carry out some activity which is totally identified" (Rowanhill Consultants Ltd, 2009).

Core Competencies for Nurse Educators. The National League for Nursing describes the *Core Competencies for Nurse Educators* (Appendix A) as fundamental to the development of excellent practice as nurse educators. Halstead (2007) notes that "these competencies … can be used as a framework by which we design a preferred future for nursing education" (p. 14).

Core Competencies Workshop. As the intervention for this research study, the researcher will develop and administer a faculty workshop on the National League for Nursing *Core Competencies for Nurse Educators.*

Focus group. Ary, et al. (2006) define 'focus group' as "a data-gathering tool in which a researcher interviews a small group of people to obtain different perspectives on a particular issue" (p. 633).

'Millennial' student. The generation of traditional college students entering

schools of nursing today has been nicknamed ‘millennials.’ Rickes (2009) notes that “Millennials (those born between 1982 and 2002) are the largest generational cohort in history”. These are the traditional nursing students of 2009, whose ages range between 19 years old and 27 years old.

NCLEX-RN. “A licensing examination for registered nurses. It is required by each state and must be passed before a nurse can practice in that state” (U.S. State Department, 2006).

NCSBN. National Council of State Boards of Nursing. “[State] boards of nursing, established to protect the public’s health by establishing standards for safe nursing care and issuing licenses to practice nursing” (National Council of State Boards of Nursing, 2007).

NLN. National League for Nursing. “…preferred membership organization for nurse faculty and leaders in nursing education, committed to … championing quality nursing education for all types of nursing education programs” (National League for Nursing, n.d.).

NLN Task Group. This group of nurse educators was formed by the National League for Nursing in 2003 to continue the work of the *NLN Think Tank on Graduate Education Preparation for the Nurse Educator role* by completing and comprehensive two-year literature review. The Task Group then developed competency statements which were studied and revised through a rigorous process. The final outcome of this group was the eight *Core Competencies for Nurse Educators* with 66 task statements published by the NLN in 2005. (Halstead, 2007).

CHAPTER TWO: REVIEW OF LITERATURE

Day by day, it becomes more imperative for schools of nursing to ensure the provision of education provided by competent nursing faculty (Tilley, 2008), due to the challenges brought about by a nationwide nursing shortage (AACN, 2009; Bednash, 2000; NLN, 2002), nurse-faculty shortage (AACN; Brenditro & Hegge, 2000; Hinshaw, 2001; Rizzolo, 2002; Tanner, 2005), nursing clinical site shortage (Jeffries, 2008; Nehring, 2008), the millennial student (Howe & Strauss, 2000; Sax, 2003; Twenge, 2002), and the continuing complexity of the licensure exam for registered nurses (NCSBN, 2009). Competence in nursing education is highly valued, but difficult to define (Axley, 2008; Davis, Dearman, Schwab, & Kitchens, 1992; Tilley, 2008). Davis, Stullenbarger, Dearman, and Kelley (2005) proposed that competence "encompasses the essential knowledge, skills, and abilities to perform a specific task at the expected level and degree of quality" (p. 206). The following literature review will identify and examine the major works related to the core competencies for nurse educator practice.

Background

Nursing Shortage

In 2001, the Tri-Council members for Nursing, made up of the American Association of Colleges of Nursing [AACN], the American Nurses Association [ANA], the American Organization of Nurse Executives [AONE], and the National League of Nursing [NLN] noted that the nursing shortage is serious and will be continuing into the future, with "one of the most critical problems facing nursing and the nursing workforce is the aging of nurses and nursing faculty" (AACN, 2001, para. 7). Other authors attribute

the nursing shortage to several factors: lack of appropriate growth by nursing programs to meet the projected need for RNs, aging of both the population of registered nurses and nursing faculty, aging of the baby boomer population, and increasing levels of work-stress leading to registered nurse burnout and leaving the workforce (AACN, 2009). Buerhaus, Staiger, and Auerbach (2000) noted the continued aging of the registered nurse population, as well as a decrease in interest in entering nursing as a career choice, as two of the major challenges potentiating the nursing shortage.

Nurse Faculty Shortage

In 1999, the AACN discovered that nursing schools are experiencing difficulties in the attainment of appropriate nursing faculty, such as salaries in the academic arena compared to the clinical or administrative setting, doctorally-prepared nurses choosing to practice in the clinical setting or work in administration rather than teach nursing, and many faculty members find working in the educational setting to include long hours and a stressful workload (AACN, 2001). The National League for Nursing has noted that "between 1993 and 1999, the number of students enrolled in master's program designed to prepare them for a faculty role fell from 3,026 to 1,229, with the number of individuals who were graduated with a master's specialization in nursing education [falling] from 755 (9.5% of all graduates) to 247, a mere 2.5% of all those being graduated" (National League for Nursing, 2002, para. 8). Because there are fewer available faculty members, those who are teaching tend to experience increased stressors. New faculty also experience a lack of time to get the job of faculty member completed appropriately, a lack of support from their peer faculty members, a lack of suitable feedback, unrealistic expectations regarding the conducting of research and publishing, as well as a lack of

resources, may lead faculty to leave the academic setting.

Brenditro and Hegge (2000) suggested that the past one hundred years have seen the nursing world experience cycles of shortages and oversupplies, but ascertain that the current nursing shortage has deepened until it has reached the nursing faculty as well. In 1995, 7.5% of graduate nursing students were enrolled in nursing education programs, which decreased to approximately 4% by 1997 (AACN, 1998). As discovered earlier, by 1999, only 247 students graduated from nursing education programs in graduate schools of nursing, which was only 2.5% of those being graduated (National League for Nursing, 2002, para. 8).

The Evolving Student

The students entering nursing programs today are nicknamed ‘millennials’. These are students entering college who were born in or after 1982 (Rickes, 2009). Rickes calls milliennials “consummate multitaskers” who are different from any preceding generation. Researchers studying this particular cohort group of students have determined some commonalities, such as a feeling of specialness that could be called the “Mr. Roger’s Effect” (Rickes, 2009; Zaslow, 2007). Howe and Strauss (2000, p. 43) proposed that ‘the millennials’ display seven “common beliefs and behaviors: 1) special; 2) sheltered; 3) confident; 4) team-oriented; 5) achieving; 6) pressured; and 7) conventional.”

High school graduates are entering colleges and universities as possibly one of the least-prepared generations (Elam, Stratton, & Gibson, 2007; Levine & Cureton, 1998; Sax, 2003). Sax (2003, p. 16) reported “a stronger record of achievement but a declining commitment to studying and homework. High school grades have continued to soar, following more than three decades of much-publicized grade inflation.” Researchers have

noted that students are spending decreasing numbers of hours studying (Sax, 2003). There are also increasing numbers of non-traditional students entering universities today with a variety of needs, such as maintenance of full-time employment, childcare issues, and lack of readiness for the academic rigors of university-level coursework (Oermann & Heinrich, 2003). Haggis (2006, p. 522) suggested "that it is impossible to succeed in meeting the needs of the range of students now coming into higher education, both in terms of the extent of … diversity and in terms of available resources."

Increasing Difficulty of NCLEX-RN

The NCLEX-RN is the examination, developed by the National Council of State Boards of Nursing, for registered nurse licensure. The purpose of NCSBN is to provide an organization through which state boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing (National Council of State Boards of Nursing, 2007). The NCSBN surveys new graduate nurses to determine exactly what new nurses are supposed to know when they take a position as a new RN. Every three years, the NCSBN determines whether to increase the passing score of the NCLEX-RN. For the last two 3-year cycles and also in 1998, the NCSBN has increased the score required to pass the NCLEX-RN and earn a license to practice as a registered nurse. The underlying standard by which the NCLEX-RN examination must be measured is public safety. The score to pass the licensure exam must be high enough to disallow practice to nurses who are not academically prepared to practice as registered nurses, but at the same time the score must be low enough to allow nurses who are prepared to enter practice to do so (O'Neill, Marks, & Reynolds, 2005).

The NCSBN began administering the NCLEX-RN as a computer-adaptive test in 1994. At that time, the score required to earn licensure was -0.4776 logits. "Logits are the unit of measurement using Rasch's model for dichotomous items" (O'Neill, 2005). The National Council of State Boards of Nursing use this statistical model because it can take several factors into account, such as the applicant's entry-level nursing ability, the difficulty of each question taken by the applicant, and the desired passing standard for that particular exam. Some of the assessment features which play a part in the NCSBN' s decision to increase the passing score on the licensure exam are surveys completed by new graduates, surveys completed by educators and employers, and the past history of the passing standard (O'Neill).

Since the NCLEX-RN became available to candidates via computer in 1994, the passing standard has increased significantly, from -0.4766 logits in 1995 to -0.16 logits in December, 2009 (National Council of State Boards of Nursing, 2009). If this rate of increase stays consistent it would appear that within ten years, candidates would need to reach an almost perfect score to achieve licensure (Appendix D).

Background Conclusion

Schools of nursing are facing challenging times. A number of challenges appear formidable: the nursing shortage, the looming nurse faculty shortage, shortage of clinical sites for student experiences, the evolving student entering nursing programs, and the increasing difficulty of the licensure exam in use by state boards of nursing in 2009. Nursing programs continue to be consumed with content-heavy curricula, tending to "switch, swap, and slide content around" (Bevis & Watson, 1989, p. 27, cited in Candela, Dalley, and Benzel-Lindley, 2006, p. 59).

The *Core Competencies for Nurse Educators* were tailor-made for this research study. Nursing educators can utilize the Nurse Faculty Self-Evaluation Tool as a method for using the NLN Core Competencies as a mirror to examine and improve their own practice as educators. The initiation and utilization of reflective practice by nursing faculty and students will allow the development of ways of knowing about self, in terms of responsibility, accountability, and dependability. Through the lens of reflective practice, nursing faculty and students can learn how to trust their physical and mental abilities to think and reason, as well as to develop a personal responsibility for actions taken in the educational and healthcare environments. Schools of nursing have become so mired in concerns of graduation rates and licensure examination pass rates that reams of knowledge and lists of skills have replaced the fundamental underpinnings of many nursing programs. Rather than teaching students' lists of skills, schools of nursing should take a step back and teach students how to think.

Theoretical Framework

Theory Background

This study desires to instill in nurse educators at a small liberal arts university in rural northeastern Tennessee a passion for the integration of NLN nurse educator core competencies into his or her professional practice as educators, through the lens of reflective practice. Atkins and Murphy (1993) proposed that attributes necessary for teaching and learning reflective nursing practice are open-mindedness and a motivation to reflect. A good working definition of 'reflection', proposed by Boyd and Fales (1983) is "the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in

a changed conceptual perspective" (p. 100).

Metacognition, or thinking about thinking, has been a buzzword across disciplines for decades. Dewey (1933, p. 8-9) defined 'thinking' as "that operation in which present facts suggest other facts in such a way as to induce belief in the latter upon the warrant of the former." Dewey (p. 3-4) also referred to 'reflective thinking' in his seminal text *How We Think*, and noted that "reflection involves not simply a sequence of ideas, but a consequence – a consecutive ordering in such a way that each determines the next as its proper outcome, while each in turn leans back on its predecessors" Kuiper (2002) suggested "metacognition is self-communication … which supports lifelong reflective thinking in divergent situations, enables one to handle ambiguity, assists with problem solving, promotes responsibility for actions, and fosters development of self-confidence for rapid decision making" (p. 78). Ruth-Sahd (2003) defined reflective practice as "a means of self-examination that involves looking back over what has happened in practice in an effort to improve or encourage professional growth" (p. 488).

Reflective Practice

Reflective practice in education and nursing education is not new. Since Dewey first discussed reflection as an educational endeavor in 1933, theorists and educators have deliberated the subject. In every setting: hospital, community, or education, nurses experience critical incidents daily. These are incidents which Schön (1992, p. 54) compared to 'swampy lowlands, in which problems are messy and confusing and incapable of technical solution." Nurses and nurse educators who have been educationally prepared for the 'miry lowlands' of nursing practice and nursing education in the real world are able to utilize appropriate processes to reach the dry land of the high

ground, in which “manageable problems lend themselves to solutions through the use of research-based theory and technique” (p. 54).

In the 21st century, Schön’s words are more important than ever. Nurse educators need to be educationally prepared for those ‘miry’ wetlands, by developing “skills implicit to the development of reflective thinking and practice: critical analysis, self-awareness, synthesis, and evaluation” (Atkins & Murphy, 1993, p. 1190). Palmer, Burns and Bulman, (1994, p. 62) noted that “reflection enables us to find clarity and conclusion in the midst of confusion and conflict.” Not only is reflection good at the moment of crisis, Palmer et al. suggested that reflection is a tool for directionally guiding learning, in that reflection leads practitioners to make meaning of prior experiences in the process of moving toward the development of transformational nursing practice.

Seminal research in the area of reflective thinking noted that individuals were not aware of using reflection when they did it, but upon becoming aware, were very interested in intentionally channeling reflection and using it as a valuable tool (Atkins & Murphy, 1993; Boyd & Fales, 1983; Kim, 1999; Kuiper, 2002; Pierson, 1998; Powell, 1989; Ruth-Sahd, 2003; Schutz, 2007). Implications of an early study in 1983 suggested that “reflective learning will become an extremely significant concept in the future of professional learning from experience, personal growth, and for all the helping professions, both in continuing learning and facilitating learning…” (Boyd & Fales, p. 115).

‘Reflection’ is vital to the development of an effective practice as an educator. Powell (1989) equated ‘reflection’ to “another essential ingredient, rigour, when describing ‘reflection’ as “the use of past experience to give diversity so that situations

may be seen to be similar and therefore open to the trying out of solutions which were effective in other experiences" (Powell, p. 825). Powell described the use of two theories in that research project: Mezirow's levels of reflectivity and Colaizzi's five categories. The author noted limitations of the study, such as sample size, the involvement of the researcher, lack of experience on the part of the researcher, length of the interviews, and development of a research tool which might not have been either reliable or valid. This early study has a place in this particular literature review because of its value as one of the first attempts by a nursing researcher to delve deeper into reflective theory. This led the way for other researchers.

There are few literature reviews related to 'reflection' in nursing. In 1993, Atkins and Murphy completed a review of the literature related to the concept of 'reflection', examining this concept across disciplines and conceptualizing the term to nursing. Upon completion of the literature review, Atkins and Murphy pointed out that there continues to be a lack of clear definition of 'reflection'. These researchers agreed that, although reflection is difficult to define, expert practitioners utilize reflection in intentional and unintentional ways.

By 1997, nursing educators were moving from simple 'reflection' to the development of the reflective teacher. In 1997, Scanlan and Chernomas described how to develop the reflective teacher. The salient points of this dialogue included that reflection is a process used by everyone every day, but can be further explored and developed to be used intentionally. Four steps of a process to develop the reflective teacher are summarized: "1) engaging in personal reflective activities on a regular basis; 2) coaching each other in reflective teaching; 3) recharacterize our interactions with students; and

4) revisit the process-content curriculum debate" (Scanlan & Chernomas, 1997, p. 1141-1142). Scanlon and Chernomas determined that "reflection allows the teacher, through this conversation with self, to evaluate his/her own teaching" (p. 1143). The use of reflection by the nurse educator allows valuable reflection on his or her teaching practices, with the aim of improving teacher education practice.

During the 1990's in England, nursing programs were moving from the vocational setting to the university setting. Hallett (1997) performed a research study in which students were interviewed related to major changes that were occurring to nursing programs in England in the late 1990s. Students believed that reflection was a valuable tool, but one that could only be utilized after obtaining "real or genuine practice" in the clinical setting. Students did not believe they could reflect upon abstract theories learned in the classroom setting. The author compared the two ways students used reflection to Schön's theories related to reflective practice: 1) as 'reflection-in-action', when students were able to think rationally about what they had done and seen in the practice area; and 2) as 'reflection-on-action', when students were far enough along in their educational programs and could make meaning between theory learned in class and actions taken in the clinical setting (Hallett, 1997).

Challenges to the integration of 'reflection' in nursing education have been noted by some researchers. Pierson (1998) described some of the issues related to the integration of 'reflection' in nursing education. One such issue is the problem of time. It simply takes time to reflect thoughtfully and appropriately about those critical incidents which occur daily. In 1998, and even more in 2009, students, faculty and clinical nurses rarely have time to simply sit and think. "Heidegger (as cited in Pierson, p. 168)

suggested that reflective thinking cannot be rushed." A second issue is the development of appropriate processes for reflection, such as journaling. How will it be incorporated into courses, who will read it, will the student be graded on the assignment, is a rubric necessary? A third issue concerning 'reflection' is the development of trust. Students need to be able to trust the person or persons who will be reading their journals. If not, the journal becomes simply a list of the day's happenings. This study pointed to the inherent vulnerability in the reflective process. Pierson (p. 169) proposed that "it is the sense of shared vulnerability that facilitates the development of trust and leads to the honest sharing of thoughts, feelings, and experiences."

Many learning theories have fallen into and out of favor in nursing education in recent years. In 2000, Burton described reflection as an educational panacea. Burton discussed some of the common learning theories in vogue in nursing education, such as Brookfield's adult learning theory, behaviorist theories, cognitive theories, and humanist theories. Much like other authors, Burton (p. 1013) ascertained that many authors claim that "reflective activity encourages critical thinking ability", but in the final assessment Burton believes "that reflective theory and practice has not been adequately tested, but neither for that matter has it been rejected" (p. 1015).

By the turn of the century, writer/researchers had begun to use the term 'making meaning' when it came to describing a positive attribute for the use of reflective practice in nursing. Loughran (2002) wrote a research article which discussed the diversity in meaning related to reflective practice. Loughran (p.36) pointed out that "reflection is effective when it leads the teacher to make meaning from the situation in ways that enhance understanding so that she or he comes to see and understand the practice setting

from a variety of viewpoints … highlighting the link between reflection and wisdom-in-practice."

As established earlier, there are few meta-analyses of the literature related to reflective practice in nursing. Ruth-Sahd (2003) completed one of the few meta-analyses related to reflective practice, suggesting that "it is an imaginative, creative, nonlinear, human act in which educators and student recapture their experience, think about it, and evaluate it" (p. 488). Upon completion of the study, Ruth-Sahd expressed a challenge for the future of nursing education in which "nurse educators must value the implications of reflection for improving practice and understand, transfer, and apply reflection from its theoretical origins to the practice arena" (p. 495).

Reflective practice, in the eyes of practitioners from various disciplines spanning 25 years of research, is still a somewhat ephemeral, hard-to-grasp concept. Many researchers did not appear to believe they had necessarily captured the essence of the meaning of reflective practice. 'Reflection' and the development of 'reflective practice' is the missing link in nursing education for the 21st century. It is not enough to be well trained as nurses and educators. Nurse-faculty teach nursing students that the world of healthcare is changing daily. The education and healthcare environments *are* changing daily and faculty who use 'reflection' as a method for self-examination of nursing skills and abilities, as well as teacher skills and abilities will position themselves in such a way as being able to rapidly respond to this changing paradigm of nursing practice in education in an effective manner.

Competence

Competence in nursing education is highly valued, but at times has also been

difficult to define. Johnson, Aasgaard, Wahl, and Salminen (2002) discussed that "nurse educator's competence is considered to be important in relation to the quality of education of nurses" (p. 295). Pennington (as cited in Davis, Dearman, Schwab, & Kitchens, 1992, p. 159) determined that "nursing has matured and is being judged by its academic peers as a full and legitimate academic discipline." What does it mean to be a competent practitioner? Nehring's (1990) study looked at the best and worst clinical instructors and found that both faculty and students "perceived 'best' clinical teachers as those who are good role models, enjoy nursing, enjoy teaching and take responsibility for their own actions" (p. 934). This study used a Likert-scale survey, asking participants to respond to statements about clinical instructors related to the instructors' ability to build relationships with students, instructors' abilities to teach effectively, and evaluation of instructor's personality traits (Nehring, 1990).

Some of the earliest studies regarding reflection in nursing and nursing education were performed in England, as nursing education programs made the transition to the university setting. During the early 1990's, Crotty was involved in several studies which examined the "emerging role of the nurse teacher" in England (Crotty & Butterworth, 1992; Crotty, 1993). Crotty (1993) noted that there were new regulations regarding nurse educators and clinical practice, requiring nurse educators to perform clinical teaching for at least 10% of their workloads. Nurse educators in England found it difficult to mesh the didactic and clinical teaching roles, noting "we haven't got enough teachers here to teach what we have got already, so there is no way you can go and spend a morning dabbling around the patients" (Crotty, p. 462).

An early study which looked at the development of competence by novice faculty

was completed in the United States. In 1992, Davis, Dearman, Schwab and Kitchens performed a research study in which they examined the belief system of novice nurse faculty related to the development of competent practice as an educator. Davis, et al. (1992, p. 159) found that "many novice nurse faculty are not educationally prepared for the faculty role." Some of the characteristics of the faculty role which novice faculty felt unprepared to perform were related to research, policy, information management, budgets, and program development.

Studies continued to be performed worldwide, examining the development of competence by nurse faculty. Carlisle, Kirk, and Luker (1996) also completed a research study in which they looked at the role of the nurse teacher and the developing relationships occurring in England between advanced practice nursing programs, such as nurse-midwifery programs and institutions of higher learning. The faculty suggested that the move into institutions of higher learning would lead to more opportunities for professional development (69.3%), but only 46.9% believed they would be "regarded as having equal academic status to other education lecturers" (Carlisle et al. p. 766). It appears that the nurse educators of the 1990s were more concerned with the nuts and bolts of delivering advanced practice nursing education than the synthesis of competencies into their personal practices as nurse educators.

Lack of appropriate preparation by nurse educators was a big concern of researchers in the era of the 1990's. Krisman-Scott, Kershbaumer, and Thompson (1998) cite Davis, et al. (1992) when they agreed that nurse educators must have appropriate clinical abilities to teach in schools of nursing, but were concerned that "even doctorally-prepared faculty may have been ill-prepared for the faculty role." A major fear in this

study was that faculty who are ill-prepared for their role in nursing may go on to develop ill-prepared nursing graduates who then put the public at risk.

The complex needs of faculty and appropriate preparation continued to be a concern almost ten years later. Riner and Billings (1999) continued to express concerns related to the lack of appropriate preparation of faculty in schools of nursing. In this 1996 study of faculty development needs at institutions of higher learning in Indiana, the researchers found that faculty needs were complex. The strongest findings for faculty development needs were related to "development in preparation for teaching in community-based settings, learning the basics of teaching, curriculum, and evaluation, and developing and refining their role as faculty" (Riner & Billings, 1999, p. 429). Findings of this study also proposed that all schools of nursing need to reflect upon developing nursing education programs, as well as adding teaching courses to programs leading to a doctorate in nursing.

For many years, nurses were encouraged to obtain advanced degrees which were clinical in focus. Siler and Kleiner completed a phenomenological study examining the expectations of novice nursing faculty. These writer/researchers pointed out the "1969 American Nurses Association *Statement on Graduate Education*, which encouraged the shift in graduate education from functional role preparation in graduate education or administration to clinical specialization" (Siler & Kleiner, 2001, p. 397). This study determined that nursing faculty come to the role via a variety of backgrounds, such as clinical practice in a hospital setting, advanced practice as nurse practitioner or clinical nurse specialist, or from a background of nursing education or administration. Some common themes which emerged were new faculty expectations, learning the game, being

mentored, and fitting in. When discussing the commonalities found between novice faculty, Siler and Kleiner ascertained similarities between the study participants and Benner's 1984 description of novice nurses (Siler & Kleiner, p. 402). Krisman-Scott, Kershbaumer, and Thompson (1998, p. 308) proposed that nurses who are new to the faculty role "frequently teach as they have been taught." Ultimately, Siler & Kleiner (p. 403) suggest that 'it is important that educators are prepared for all aspects of the faculty role."

The competence of nursing faculty continued to be a concern as the nursing world entered a new century. As nursing enters the 21st century, Porter-O'Grady (2001, p. 186) shared that the whole medical world is changing and proposes that nursing is at a crossroads. Anxieties for the future of nursing and nursing education include the evolving role of the nurse educator, education delivery models, "teaching the learner to learn" (p. 185), provision of an assortment of clinical experiences which mirror the health care delivery system of the future, and the development of an integrated curriculum between disciplines.

In 2002, the Council on Collegiate Education for Nursing, through their Southern Regional Education Board, developed Nurse Educator Competencies. The ad hoc committee which developed the tripartite nurse educator role and competencies was made up of eleven master nurse educators from the southern United States. In this document, nurse educators are found to play three simultaneous roles: teacher, scholar, and collaborator (Southern Regional Education Board [SREB], 2002, p. 5). This committee found 21 expected competencies for nurse educators who fulfill the *teacher* role in nursing education. This role is considered to be the foundational role of nursing faculty,

involving “curriculum development, clinical teaching, classroom teaching,…application of the learning process and management of the learning environment” (SREB, p. 6). In the second role of *scholar*, nurse educators are accountable for taking part in all phases of nursing research, “keeping abreast of current knowledge, and integrating research and scholarly findings into the practice of nursing education” (SREB, p. 8). The committee determined that the third major role of nurse educators is *collaborator*. When performing the role of collaborator, nurse educators use their knowledge and skills “to enact and enhance the best practices for the teacher and scholar roles” (SREB, p. 9), when working with peers, students, nursing administration, the healthcare environment, and the community at large.

In 2002, a foundational study was performed in Norway by Johnsen, Aasgaard, Wahl, and Salminen, focusing on nurse educator’s opinions related to nurse educator competencies. These authors developed the Ideal Nursing Teacher Questionnaire, which looked at nursing education through the lens of competence, teaching, evaluation, personality, and relationships. The participants were all nursing faculty in Norway. The researchers sent the questionnaire to 828 nurse educators, with 348 responding, for a rate of 42% (Johnsen, et al., p. 296). The respondents rated teacher competence and nursing competence higher than any other area of the study. The researchers are quick to point out that many prior research studies have found that teacher personality and the development of relationships with students are important in nursing education. It may be interesting to note that Carlisle et al. (1996) found that nurse educators had little time for planning, and the large size of student groups made it difficult to develop the kind of close relationships necessary for student success in nursing programs. Johnsen et al. (p.

300) concluded that nurse faculty believed they understood what “ideal nurse [faculty] competence” was, but they were not sure if it existed at their school.

For one writer/researcher, the process of developing educator competence was seen as a journey. In 2003, Neese wrote an article describing her journey from clinician to nurse educator. She proposed that this journey may best be undertaken utilizing reflective practice, described in this article as “transformational learning” (Neese, 2003, p. 258). Neese planned to integrate new learning into her self-system as a novice nurse educator through the theoretical lens of Mezirow. Mezirow may be described as a social constructivist, who ascertained that “learning is … the process of using a prior interpretation to construe a new or revised interpretation of the meaning of one’s experience as a guide to future action” (Mezirow & Associates, 2000, p. 5). Neese also proposed that Mezirow saw the learning process as a fundamentally linear process, which she did not. A later interpretation of Mezirow’s theory of transformational learning was published by Cranton, 2002. This process involved seven aspects of transformational learning, which Neese determined was more “fluid” (Neese, p. 258) and appropriate for the process of developing a nurse educator practice. Neese (p. 262) recommended obtaining “masters preparation as nurse educator [because it] provides an advantage many novice educators do not have – role socialization. Familiarity with academic demands and expectations, regulatory requirements, curriculum planning, and learning assessment lessons culture shock for novice faculty.”

As nurses entered the ranks of nurse educators, not only were there concerns of appropriate preparation for the faculty role, there also was the need for continuing education of these educators. Foley et al. (2003) conducted a research study aimed at

examining how schools of nursing meet faculty needs for continuing development in nursing. As noted in prior literature review articles, writer/researchers examined the role of the 'nurse teacher', but now in the 21st century, "the contemporary view of faculty development focuses on the individual faculty member as teacher, scholar, professional, and person" (Foley, et al., p. 228). In establishing a faculty development program, the school of nursing was looking to the preferred future of nursing where teaching is valued, faculty viewed as a critical resource, becoming an excellent teacher is priceless, faculty maintain a 'buy-into' the ownership of the program with strong administrative support to develop competence in the multifaceted person of the nurse faculty member.

'Fit' began to emerge as a part of competence. Billings (2003) enumerated nine competencies invaluable to the development of the nurse educator role. Billings (p. 99) also noted that "excellence in teaching is not intuitive," but takes much work and preparation. Not all nurse educators can fulfill all the qualities of all competencies, but a savvy nursing administrator "must be flexible in how it integrates educators with varied competencies and must value the overall contributions of each individual to the overall teaching effort" (Billings, p. 99).

Other researchers continued to be interested in how schools of nursing oriented new faculty members and met faculty needs for continuing education. Morin and Ashton (2004) completed an extensive review of the nursing literature to examine findings from quantitative and qualitative research studies on the integration of faculty development programs in schools of nursing from 1980 to 2001. These researchers concluded that there are few research studies on this topic and that much more research needs to be performed. They suggested that there are three basic implications for research in the

future: “1) the difference of orientation needs for nurse faculty … compared with … needs of other … disciplines; 2) creative ideas for … orientation programs … must be tested empirically; and 3) new faculty have needs that warrant being addressed early in their employment” (Morin & Ashton, p. 248). These implications for research sound the call to utilize nationally-recognized core competencies for nurse educators to implement a faculty development program with the inclusion of reflective practice as the lens for learning.

In 2005, Davis et al. wrote an article describing the process by which the Southern Regional Education Board developed their 2002 Nurse Educator Competencies. These authors propose that “in this time of faculty shortage, clear statements of expected competencies for nurse educator preparation are critical to guide [faculty] and graduate programs in the development of a competency-based approach for the preparation of nurse educators and to provide structure for the recognition and credentialing of faculty” (Davis et al., p. 206). As noted in the opening paragraph of this literature review, Davis et al. developed a definition of ‘competence’ that has been utilized and reiterated by numerous researchers. Because of the many challenges facing schools of nursing and nursing education programs, these authors proposed that “competency-based education has received significant attention at the national level as a mechanism to ensure quality and accountability” (Davis et al., p. 206). The findings of this research study projected that nurse educators undergo a two-step certification process. As new nurse educators begin to teach, the certification process for step one would include “licensure as a registered nurse, graduate of a master’s or doctoral program in nursing with preparation in an area of advanced nursing practice, and nursing education. Level two … would

recognize the experienced nurse educator who provides leadership for developing, maintaining and improving the quality of educational programs in nursing" (Davis, et al., p. 211). As of 2009, there has been no addition of a requirement for certification in nurse education, although the National League for Nursing developed a voluntary program for the certification of nurse educators. This program was developed from the NLN Core Competencies for Nurse Educators and is available to all nurse educators who wish to provide evidence of competency-based nurse educator practice.

In 2009, 'culture' has emerged as an important component of nursing education. Schriner (2007) examined how culture influences the transition of nurses with a clinical focus into the nurse educator role. One of the major issues noted by Schriner (p. 147) in this study was "not having been educationally prepared for a faculty role." She goes on to further describe how expert clinical nurses felt very unsure of themselves in the classroom setting, developed poor self-esteem and self-doubt related to their abilities in the didactic arena. Schriner (p. 149) concluded with findings which included how novice nurse faculty find themselves "caught between the values they embrace and the values endorsed by the academy [nursing educators, and] have difficulty with the transition."

Nurse educators continue to be intrigued by the concept of 'competence' as it relates to the educator role. Tilley (2008) discussed the concepts of *competence* and *competency*, in terms of their value to nurses and nursing education. In this dialogue, Tilley noted that one often finds the two terms used interchangeably, but in fact they are not synonymous. While *competence* is focused on the actual action or behavior, *competency* is the underlying mindset held by the performer. Tilley (p. 63) ascertained that there is still a "lack of consensus surrounding competency", also suggesting that

programs in place now to provide continuing education to nurse educators have yet to be proven successful. For the future, Tilley (P. 63) observed that further research is necessary to determine the most effective methods "for nurses to document or demonstrate their competency" that includes provision of safe care to patients and is found to be inexpensive and easy to administer.

Some writer/researchers believe that 'competency' is important but elusive. Axley (2008) found that the concept of *competency* continues to be difficult to define. This author could find no current nursing literature that provided a concept analysis for this particular concept. This author also defined the term *competence* using the Merriam-Webster online dictionary and found the term to be defined as "a sufficiency of means for the necessities and conveniences of life" and "having sufficient knowledge to enable an action." Axley (p. 218) noted that "competency is clearly more than the mere attainment of skills as it also involves other qualities such as attitudes, motives, personal insightfulness, interpretive ability, receptivity, maturity, and self-assessment." As part of the concept analysis of competency, Axley (p. 220) found consequences of having competency included "safety of patients, high standards of patient care, application of core knowledge, and internal motivation for continued care. Furthermore, the absence of competency resulted in serious medical errors, poor patient outcomes, and an inability to make sound decisions." Axley concluded that competency is of the utmost importance to nursing, with more research needed to clearly define the concept, as well as implement a structure by which competency may be evaluated.

Core Competencies

The single most important concept related to this research project is the National

League for Nursing *Core Competencies for Nurse Educators*. Upon searching all nursing and medical electronic databases at Lincoln Memorial University and Liberty University, a paucity of peer-reviewed literature was found. Although there are thousands of articles, many are related to the requirements in foreign countries to integrate 'competency-based standards' into the nursing education programs in those countries (Axley, 2008). The handful of articles which represent the research and development of core competencies in nursing education has primarily arisen from research performed through the National League for Nursing. The National League for Nursing Accrediting Commission (NLNAC) is the major accrediting body for schools and programs of nursing at all levels: associate, baccalaureate, masters, and doctoral. Because of its emphasis on nursing education, it has usually been found at the forefront of research related to nursing education.

In 2001, the NLN sought out expert educators to form the Think Tank on Graduate Education Preparation for the Nurse Educator Role. The members of the Think Tank "addressed the question, "What do educators need to know, or be able to do, to implement the role successfully and effectively?" (Halstead, 2007, p. 12). This group developed a draft list of competencies that took into account the nurse educator role in a variety of settings and with a variety of levels of experience. In 2003, the NLN formed a new group, which was called the Task Group on Nurse Educator Competencies. This group was asked to use the draft list of competencies developed by the Think Tank to further validate and develop the role of the nurse educator. The Task Group was assigned to complete four main objectives: "1) conduct a comprehensive review of the literature; 2) formulate competencies for nurse educators based upon the review; 3) identify gaps in

the body of knowledge; and 4) identify priorities for future research efforts" (Halstead, p. 13). The Task Group spent two years conducting a review of the literature published between 1992 and 2004. A variety of databases were used: nursing, higher education, medicine, allied health, social work, psychology, and sociology. The Task Group was surprised to find that there was little research reported in some areas. The completed eight core competencies were then presented to nurses across the country and were finalized into the form found on the NLN website and in two books published by the National League for Nursing: *The Scope of Practice for Academic Nurse Educators* and *Nurse Educator Competencies: Creating an Evidence-Based Practice for Nurse Educators*.

As this researcher searched for a timely and important topic for dissertation, a valuable article was found. This article, written by Kalb (2008), discussed the integration of the NLN Core Competencies for Nursing Educators with Task Statements into a new nursing education program with the aid of the Nurse Faculty Self-Evaluation tool. The tool was developed by Kalb. This researcher began to mentally examine the faculty and programs in one small school of nursing at a rural Appalachia liberal arts university. In this school of nursing, there is an associate degree program, an RN-BSN program, and an MSN program, with foci in family nurse practitioner and certified registered nurse anesthesia. In approximately one year, the school of nursing plans to open a third master's of science in nursing track in nursing education. The goal of this research project is to assist nurse educators at one small school of nursing in rural northeast Tennessee in developing a more reflective practice that integrates the best educational practices of nurse educators, based upon the National League for Nursing *Core*

Competencies for Nurse Educators. Notes Kalb (2008), “sharing information about the Core Competencies of Nurse Educators challenges educators to develop the components of their role in all its dimensions and inspires excellence in their practice as nurse educators” (p. 219).

Summary

As the discipline of nursing continues to mature and develop, the use of evidence-based research to drive the educational process of nursing is paramount. Those who administer schools of nursing must understand that every nurse, no matter how expert in clinical practice, also needs training and mentoring to the nurse faculty role. As noted by the National League for Nursing in the 2002 Position Statement: The Preparation of Nurse Educators, “the time has come for the nursing profession to outline a preferred future for the preparation of nurse educators” (National League for Nursing, 2002, para. 2). The NLN also reminds educational institutions that “the academic community should not assume that individuals are qualified to teach simply because they hold a particular credential” (National League for Nursing, para. 12). The old adage that ‘a nurse is a nurse is a nurse’ no longer holds true. In the 21st century, with the looming challenges of shortages in nursing staff, nursing faculty, along with the millennial student and the increasing difficulty of RN licensure examinations, it is more imperative than ever that schools of nursing focus on the hiring and continuing development of the best possible nurse faculty. The ultimate response to the challenges facing nursing education is to grow strong and confident educators who are educationally prepared to provide the most excellent nursing education programs possible.

CHAPTER THREE: METHODOLOGY

The title of this research study is *Examining the Effects of a National League for Nursing Core Competencies Workshop as an Intervention to Improve Nurse Faculty Practice*. The researcher examined faculty perceptions of their own teaching practices as nurse educators, relative to the NLN *Core Competencies for Nursing Educators*. The Core Competencies with Task Statements were developed by a task force of nurse educators over a four-year time period and published in the book entitled *Core Competencies of Nurse Educators: Creating an Evidence-Based Practice for Nurse Educators*.

There are many complex issues to consider as schools of nursing continue to shape and re-shape nursing programs to meet the increasing diversity of needs: the evolving student, nursing shortages in hospitals and other settings nationwide, nurse faculty and clinical site shortages, the theory gap which may exist for nurse faculty who hold advanced clinical degrees in nursing but lack a background in education, and the increasing difficulty of the registered nurse licensure exam (National Council of State Boards of Nursing, 2009). These challenges are formidable. Schools of nursing need to assist faculty to evaluate their own practice as educators, provide appropriate professional opportunities to improve teacher practice, and encourage the practice of self-reflection in both faculty and students.

Purpose of the Study

The purpose of this study was to utilize the National League for Nursing *Core*

Competencies for Nurse Educators (National League for Nursing, 2005) in the development of a workshop to introduce good educational practices to nursing educators who may lack preparation for the faculty role via their advanced nursing degree. Given the specific set of challenges facing schools of nursing in 2010, deans and directors of nursing programs may find it more imperative than ever to ensure appropriately trained faculty. The development and utilization of reflective practice in nursing education will allow faculty to develop ways of knowing about self, in terms of responsibility accountability, and dependability. Through reflective practice, nursing faculty and students can learn how to trust their physical and mental abilities to think and reason and to develop a personal responsibility for actions taken in the healthcare and educational environments.

Research Questions

This research study incorporates 132 research questions, developed utilizing the eight National League for Nursing Core Competencies for Nurse Educators with sixty-six task statements. Each Core Competency has six to fourteen task statements, in two categories: knowledge of the task statement and ability to perform the task statement, which will be used as research questions. The researcher will determine to either accept or reject each research question based upon the statistical analysis of data accumulated, upon completion of both administrations of the Nurse Faculty Self-Evaluation Tool. Please see pages 7 – 32 for a complete listing of the research questions utilized in this research study.

Research Design

The research study employed a quasi-experimental pre-post test design and was

executed at a rural Appalachian liberal arts university in northeastern Tennessee. The participants were the nursing faculty in the school of nursing. There were 31 faculty members teaching in an associate degree program, an RN-BSN completion program, and a master's of science in nursing program.

The design of this study was a single group pretest-intervention-posttest design. In this type of design, the participants served as their own control group. On April 29, 2010, the study participants were pretested using the Nurse Faculty Self-Evaluation Tool (Appendix B) and then received an intervention of a faculty workshop on good educational practices in nursing education based upon the NLN Core Competencies. Approximately five days later, the researcher administered the Nurse Faculty Self-Evaluation Tool to study participants a second time. Adjunct faculty (clinical supervisors) not acting as study participants took part in the test-retest process to establish reliability of the tool during the spring 2010 semester.

Setting

This research study was executed at a small liberal arts university located in rural Appalachia. This university offers associate, baccalaureate, and master's degrees in nursing through the School of Nursing. These nursing programs are offered at five sites in southeastern Kentucky and northeastern Tennessee.

Sample

The full-time and adjunct nursing faculty and staff of the School of Nursing, a sample of convenience, were invited to take part in a research study aimed at improving nurse faculty practice. Approximately 80% of the nurse faculty members in the School of Nursing have no training in educational delivery systems at any level: baccalaureate,

master's degree, or doctoral (Lincoln Memorial University, 2009). These same faculty members are expected to impart their expert knowledge in a way that makes meaning for students and leads students to success in graduating and passing licensure examinations as first-time-takers. The nurse faculty was informed that any and all information shared with the researcher would be kept confidential. The nurse faculty and staff were also informed that no potential study participants' faculty or staff standing would be affected by their non-participation in this study. Adjunct clinical supervisors not acting as study participants took part in a test-retest process to establish reliability of the Nurse Faculty Self-Evaluation Tool.

Data Collection

There were several sets of data collected during this research study: 1) Nurse Faculty Self-Evaluation Tool data completed both pre- and post-Core Competencies Workshop; 2) clinical adjunct participants' test-retest process data; and 3) focus group narrative data. The quantitative data from each administration of the tool were entered into an SPSS data file and kept by the researcher. The narrative manuscript of focus group data was typed and saved in a file on the researcher's desktop computer. All computer files were saved on a password-protected desktop computer in a locked office. A copy of each file was saved and kept on a separate jump drive that was locked up in the researcher's home.

Each faculty member/study participant was assigned a code number, such as P01, P02. The researcher was assisted by a School of Nursing administrative assistant to appropriately code each administration of the Tool in such as way as to pair the pre- and post-test results. The researcher had access to the results with a code number only,

protecting the anonymity of each study participant. The researcher kept appropriate confidential records of tool results and narrative results of focus group interview, which were locked in a multiple-locked area: file cabinet, office, and office suite.

The researcher interviewed faculty after administration of the post-test through the use of a focus group. It was believed that the interview data could add rich, abundant detail to this study. Ary et al. (2006) indicated that "focus groups are helpful because they bring several different perspectives into contact. The researcher gains insight into how the participants are thinking and why they are thinking as they do" (p. 481). It was very important to use non-biased language when interviewing a focus group. The researcher asked the focus group participants one question to begin the focus group interview. The question was "What value do you see the NLN core competencies playing in the improvement of nurse faculty practice?" The use of this emergent design for the focus group interview was to allow the group, themselves, to generate thoughts, ideas, and questions for the group as a whole. Upon complete transcription of the focus group interview audiotape into a narrative manuscript format, the participants were asked to agree that the description is accurate or assist the researcher to make appropriate corrections. The participants agreed the transcript was accurate and required no editing.

Instrument.

The Nurse Faculty Self-Evaluation Tool (Appendix B) was developed by Dr. Kathleen Kalb. Kalb utilized the NLN *Core Competencies of Nurse Educators with Task Statements* (Appendix A) to develop a checklist/self-evaluation inventory for faculty and graduate nursing students to use in a variety of ways, such as the development of new nursing programs, the development/mentoring of new nursing faculty, performing yearly

evaluations of faculty, and as part of the nursing education program. The National League for Nursing (2005) identified the scope and standards of practice for academic nurse educators. These standards of practice include eight core competencies with sixty-six task statements. The Nurse Faculty Self-Evaluation Tool is a Likert-scale instrument designed to allow faculty members "to rate their knowledge and abilities in each of the sixty-six task statements" (Kalb, 2008, p. 219).

The Nurse Faculty Self-Evaluation Tool (Appendix B) is simply a list of the eight core competencies with the 66 task statements, as developed by the NLN Task Group. Attached to each statement are two columns. The first column is the self-evaluation of the respondent's *knowledge* of that particular statement: *Not Knowledgeable, Somewhat Knowledgeable, Knowledgeable,* and *Very Knowledgeable.* The second column is the self-evaluation for the respondent's *ability to perform* that particular task statement: *No Skills, Limited Skills, Some Skills, and Fully Skilled (*Kalb, 2005).

Permission was obtained from the National League for Nursing to use the Core Competencies in this research (Appendix E). Dr. Kathleen Kalb granted permission to utilize the Nurse Faculty Self Evaluation Tool as the researcher deemed appropriate for this research study (Appendix F). As noted earlier, the National League for Nursing *Core Competencies for Nurse Educators* were developed by the NLN Task Group in response to a variety of challenges facing schools of nursing in the 21st century, with possibly the most important challenge being the nurse faculty shortage. The National League for Nursing noted in their 2002 Position Statement that factors leading to the nurse faculty shortage include "the aging of the population of nurse faculty, the increased use of part-time faculty, and decreased number of graduate programs that are specifically designed to

prepare nurse educators" (NLN, 2002, para. 7).

With Kalb's permission, the researcher amended the tool in two ways: 1) included a demographics section that ascertains the following information: a) age of participants, b) highest educational degree held, c) focal area of MSN degree held by participant, d) what type of doctoral degree held by participant if any, e) length of years as a registered nurse; f) length of years in advanced clinical practice, g) length of years in advanced practice not clinically focused, h) focus of practice when working in non-education setting, i) length of years in non-education setting; and 2) integrated a fifth selection to the Likert-scale to provide stronger statistical data regarding each faculty member's knowledge of the task statement and ability to perform each task statement. Adding a fifth selection assisted the researcher to avoid the ceiling effect in the statistical data generated by the tool.

Reliability.

Reliability can be defined as "the degree of consistency with which [the instrument] measures whatever it is measuring" (Ary, et al., 2006, p. 254). The American Psychological Association (APA), American Educational Research Association (AERA) , and National Council on Measurement in Education (NCME) all define 'validity' as "the degree to which evidence and theory support the interpretations of test scores entailed by proposed uses of tests" (Ary, et al., p. 253). For this study, the reliability of the Nurse Faculty Self-Evaluation Tool was established by the test-retest process. Prior to beginning the study, the researcher met with non-participant nursing staff (clinical supervisors who teach students in the clinical area) to administer the tool as part of the test-retest process to establish instrument reliability. The researcher also met with non-

participant nursing staff to re-administer the tool five days later to complete the process to establish instrument reliability. This process allowed the researcher to establish that the tool is reliably consistent from administration to administration. The mean Cronbach's alpha coefficient for reliability of the Nurse Faculty Self Evaluation Tool, in this study, was established as 0.798125.

Validity.

Validity of the study tool was established through the vetting process of the NLN Core Competencies themselves. When discussing the development of the NLN *Core Competencies for Nurse Educators* in the book *Nurse Educator Competencies: Creating an Evidence-Based Practice for Nurse Educators* (edited by Halstead (2007)), Billings (Foreword) proposed that "this book, the result of several years of scholarly work by master nurse educators, is at once a guide, a blueprint, and a mandate for developing fully the advanced practice role of nurse educator" (p. 5). Halstead (2007) assured readers of the usefulness of the Core Competencies by observing that the educator competencies are being used to guide the development of graduate nursing programs designed to prepare future nursing faculty and "to further explicate the knowledge, skills, and attitudes nurse educators need to effectively teach learners to practice in today's complex health care settings" (Halstead, 2007, p. 7).

Rizzollo and Valiga (Halstead, 2007) confirmed that "the members of the Task Group …are dedicated nurse educators who worked voluntarily for more than two years on this project, contributing an untold number of hours" (p. 9). The *Core Competencies for Nurse Educators* meet the qualifications for validity via development through a

rigorous process by a group of nurse educators found to be the leading nurse educators in the country (Appendix C).

The Core Competencies were finalized in 2005 and published in 2007. The book, *Nurse Educator Competencies: Creating an Evidence-Based Practice for Nurse Educators* is a compilation of references from the literature, published between 1992 and 2004, on nurse educator competencies. It was interesting to note that certain competencies were easier to research than others, proposing that "in some competency areas there was little research reported in the literature" (Halstead, 2007, p. 13).

Because the study participants acted as their own control group, it was very important to consider 'history' as a source of extraneous variance to internal validity. In this study, 'history' was controlled by the length of time from pre-test to post-test and the actual circumstances inherent in the last week of the spring semester in the university setting. The pre-test and intervention was conducted on Thursday afternoon, April 29, 2010. That night was the School of Nursing's Pinning Ceremony for graduating students. Saturday, May 1, 2010 was the date scheduled for the university's graduation ceremony. Monday, May 3 was the final workday for faculty preparing final course grades for undergraduates. Tuesday, May 4 was the scheduled date for the study post-test and focus group interview. Because faculty had extremely tight schedules within which to complete and turn in course grades, attend faculty meetings, Pinning Ceremony, and graduation, the likelihood that faculty would choose to attend any type of educational program related to the NLN Core Competencies was extremely negligible. 'History' as a source of extraneous variance to internal validity appeared to play no part in affecting said internal validity for this research study.

Intervention and Related Procedures

The intervention for this research study was a Core Competencies Workshop. The workshop was developed to introduce faculty to the National League for Nursing *Core Competencies for Nurse Educators* and how to use the Core Competencies as a method to improve faculty practice as educators. In Chickering and Gamson's (1987) seminal work on good educational practices in undergraduate education, these writer/researchers proposed that "you can't know what you don't know." Faculty members often need more preparation for the teaching role than receipt of a diploma or degree can provide. This researcher used andragogical principles of adult education to develop and implement a workshop based upon the NLN Core Competencies.

Forrest and Peterson (2006) defined 'andragogy' as "the art and science of teaching adults…those individuals who have taken on adult roles in society" (p. 114). Adult learners view themselves as independent learners, have a desire to be actively involved in their own learning, are capable of self-direction, and want to learn things that they see as valuable (Ismel, 1982; Schnieir, Russel, Beatty & Baird, 1994). Adults tend to view learning as a means to an end. Attendance and involvement in the Core Competencies Workshop can assist faculty in the process of improving teacher practice. Knowles (1980) proposed that adults have an "inherent need to be self-directing; have an ever-increasing reservoir of [life] experience; experience the need to learn in order to cope with real-life tasks; and see education as a [way to] achieve their full potential in life" (p. 43-44). Collins (2004) described the role of the adult learner to be that of a self-directed learner who is intrinsically motivated and learns best in those situations in which they are personally involved.

At the beginning of the Core Competencies Workshop, faculty was divided into dyads. Each dyad was made up of an experienced nurse educator and a newer nurse educator. A short Power Point presentation was prepared to introduce the eight core competencies. By April 1, eight faculty members were invited to write a real-world scenario involving faculty and/or students and/or administration, related to each of the following topics: 1) facilitating learning (teaching strategies, evidence-based teaching strategies, interpersonal communication, collegial working relationships, and multicultural/gender influences); 2) learner development and socialization (learning styles, resources for diverse learners, socialization to the role of nurse, student self and peer evaluation, and modeling professional behaviors); 3) assessment and evaluation strategies (using a variety of strategies to assess and evaluate learning, providing timely, constructive, and thoughtful feedback to learners, demonstrating skill in the design and use of tools for assessing clinical practice); 4) curriculum design and evaluation of program outcomes (bases curriculum design and implementation decisions on sound educational principles, implements curricular revisions using appropriate theories, and creates and maintains community and clinical partnerships); 5) change agent and leader (models cultural sensitivity, evaluates organizational effectiveness in nursing education, and promotes innovative practices in educational environments); 6) continuous quality improvement (commitment to lifelong learning, participates in professional development opportunities, and mentors and supports faculty colleagues); 7) engages in scholarship (exhibits a spirit of inquiry, designs and implements scholarly activities, and demonstrates qualities of a scholar: courage, perseverance, vitality, and creativity); and 8) functions within the educational environment (identifies how social, economic, political,

and institutional forces influence nursing education, develops networks and partnerships to enhance nursing's influence within the academic community, determines own professional goals, assumes a leadership role in institutional governance, and advocates for nursing and nursing education in the political arena) (National League for Nursing, 2005).

Eight faculty members were invited to write a scenario based on one core competency only, and were asked to submit these to the researcher two weeks prior to the workshop, or approximately April 15. Upon introduction of the first competency via Power Point, participants discussed the peer-prepared real world scenario written for that competency. Upon completion of five minutes of discussion, the dyads were asked to brainstorm answers or comments to the scenario. The second competency was introduced via Power Point, the second faculty-written scenario was discussed; dyads again were asked to brainstorm answers or comments. This occurred eight times, to cover all eight core competencies.

Data Analysis

The researcher entered data from the two administrations of the Nurse Faculty Self-Evaluation Tool into SPSS, the Statistical Package for the Social Sciences (SPSS, Inc., 2010, Version 18). Upon completion of data entry, data analysis was performed using appropriate statistical tests in SPSS. The researcher utilized basic, descriptive statistical measures to analyze and describe participants' demographic variables, such as length of time teaching, age, discipline or focus of MSN degree, or focus of clinical practice. The statistical tests which proved appropriate for the data in this research study were the paired-samples t-test, Cronbach's alpha coefficient, and a content analysis of the

data transcribed from the focus group interviews.

The paired-samples t-test allowed the researcher "to compare the scores of the same group of people on two different occasions" (Pallant, 2007, p. 236), such as comparing scores on the pre-test to the scores on the post-test for the same faculty members. A second statistical test which was valuable to the researcher was the Cronbach's alpha coefficient. This statistical test was utilized by the researcher in the analysis of the test-retest data for reliability. "Researchers use Cronbach's alpha when measures have items that are not scored simply as right or wrong, such as attitude scales or essay tests. The item score may take on a range of values as … on a Likert … scale" (Pallant, 2007, p. 264).

The researcher examined the qualitative data from the focus group interview using a simple content analysis. The researcher read and re-read the verbatim manuscript for meaning and identification of recurring themes or categories. Themes or categories might be described as the perspectives held by study participants, such as their particular thoughts and feelings regarding the *NLN Core Competencies for Nurse Educators*. The recognition of recurring themes or categories has added strength and validity to the quantitative data analyzed as part of this study.

CHAPTER FOUR: RESULTS

As noted in Chapter One, schools of nursing are facing multiple challenges in the provision of graduates who can successfully complete the NCLEX-RN as first-time test takers. Some of the challenges include a shortage of nurse faculty, a shortage of clinical sites for students, the evolving student entering nursing programs, and the increasingly complexity of the NCLEX-RN. One way to increase the numbers of graduates who are able to complete the NCLEX-RN successfully as first-time-takers is to improve nurse faculty practice as educators. The National League for Nursing (NLN) *Core Competencies for Nurse Educators* (Appendix A) is a set of guidelines which may be utilized by schools of nursing to define the scope of practice for nurse educators.

The purpose of this research study was to provide an educational workshop presenting the NLN *Core Competencies for Nurse Educators* to the nursing faculty members at one small rural northeastern Tennessee university, with the goal of improving nurse faculty practice. Upon receiving IRB approval from both Liberty University (Appendix G) and the university at which the study was to take place (Appendix H), the researcher sent email invitations to nurse faculty to become study participants (Appendix I).

The researcher used *andragogy* and *reflective practice* as underlying themes for this research study. Because Knowles (1980) proposed that adults have an inherent need to be self-directing; have an every increasing reservoir of experience from which to draw; experience the need to learn in order to manage new tasks or problems; and see education as a way to maximize life experience, the researcher invited nurse faculty to be a part of

the development of the Core Competencies Workshop by providing information upon which the workshop was built. All thirty faculty names were placed into a basket. The eight core competencies from the NLN *Core Competencies for Nurse Educators* were placed into a second basket. One faculty name and one core competency was randomly drawn from each basket. These nurse faculty members were contacted by email with instructions about how to provide information to the researcher regarding each one's assigned core competency (Appendix J). Each faculty member responded to the researcher with a variety of responses. The faculty responses were utilized in the development of the Core Competencies Workshop program and notebook.

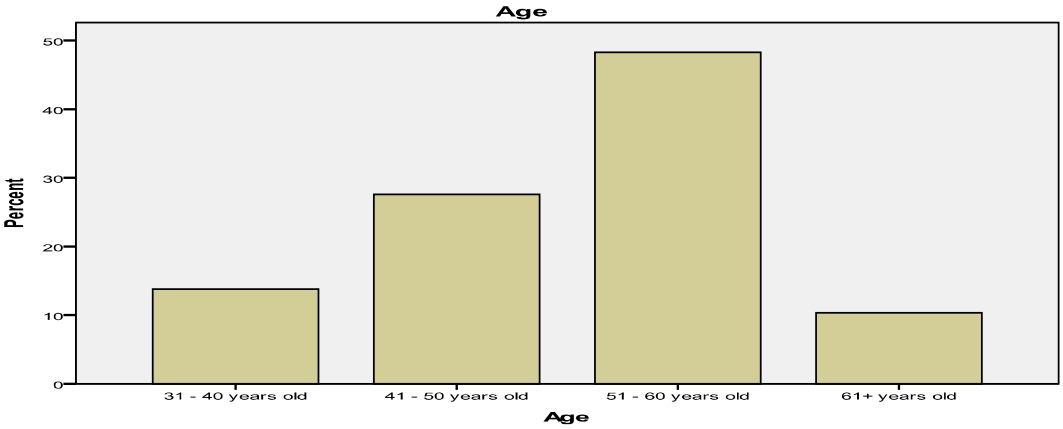
Upon publication of the NLN *Core Competencies for Nurse Educators* in 2005 in a book entitled *Nurse Educator Competencies: Creating an Evidence-Based Practice for Nurse Educators*, Dr. Kathleen Kalb utilized the eight core competencies with sixty-six task statements as a self-evaluation tool for nurse faculty in the Department of Nursing at the College of St. Catherine in St. Paul, Minnesota. Kalb, employing a four-point Likert-type scale, applied two response columns to the list of sixty-six task statements which evaluated the nurse educator's *Knowledge* of the item and *Ability to Perform* the item. With the permission of both Kalb and the National League for Nursing (Appendix E; Appendix F), the researcher used the Nurse Faculty Self-Evaluation Tool as the pre-test and post-test in this research study. The researcher utilized a five-point Likert-type scale to avoid the ceiling effect and included a demographics section.

Demographics

There were 30 participants in the pretest-intervention-posttest phase (main body) of this research study. The participants ranged in age from the possible low of 31 years

of age to 61-plus years of age.

Figure 1 – Age of study participants.



Two participants held a bachelor of science in nursing degree as the highest degree held; 21 participants held a master's of science in nursing as the highest degree held; and seven participants held a doctorate in nursing or other field as the highest degree held.

Table 1 - Highest degree held by study participants.

Highest degree

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bachelor of Science in Nursing	2	6.7	6.7	6.7
	MSN	20	66.7	66.7	73.3
	Doctorate in Nursing or Other Field	7	23.3	23.3	96.7
	Post MSN Certificate	1	3.3	3.3	100.0

Half of the participants have master's degrees in nursing with a clinical focus, in areas such as nurse practitioner, certified registered nurse anesthetist, or clinical nurse specialist, while half hold master's degrees in nursing with a non-clinical focus.

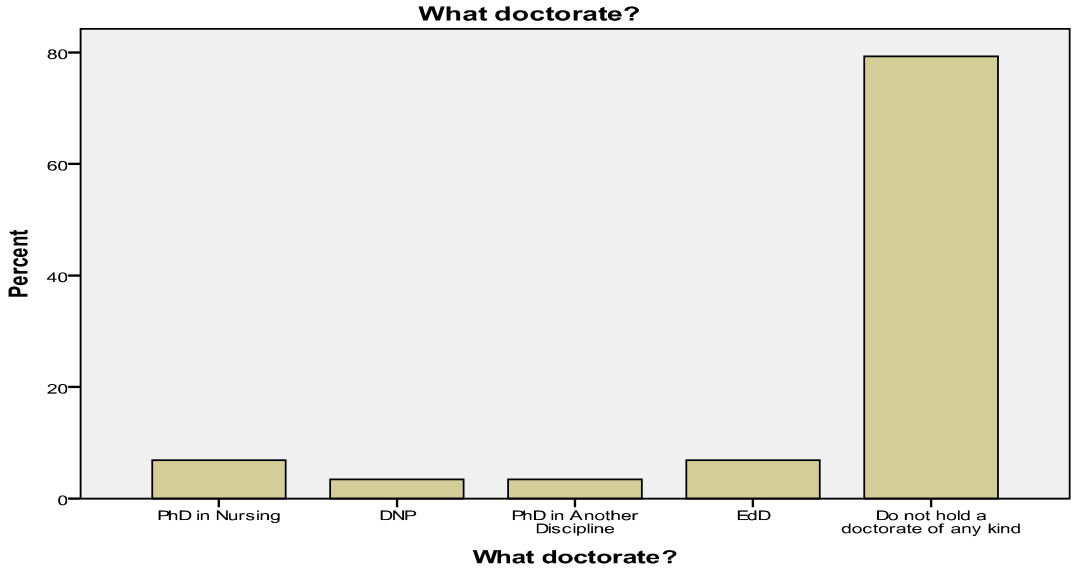
Table 2: Study participants' focus of MSN degree.

MSN focus

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Clinical focus (NP, CNS, CRNA)	15	50.0	50.0	50.0
	Nursing Education	5	16.7	16.7	66.7
	Nursing Administration	5	16.7	16.7	83.3
	No specific focus	1	3.3	3.3	86.7
	Other	4	13.3	13.3	100.0

The seven study participants who noted a doctorate as their highest degree held those in nursing and other disciplines.

Figure 2 – Type of doctorate degree held by study participants.



One participant had been a registered nurse for less than 10 years; 63.3% of the study participants had been registered nurses for more than 20 years. Study participants having a master's degree in nursing that was clinically focused had held those degrees approximately as long as the participants who have master's degrees in nursing with a

non-clinical focus (nursing education, nursing administration, community health).

Figure 3 – Study participants' years in advanced clinical practice.

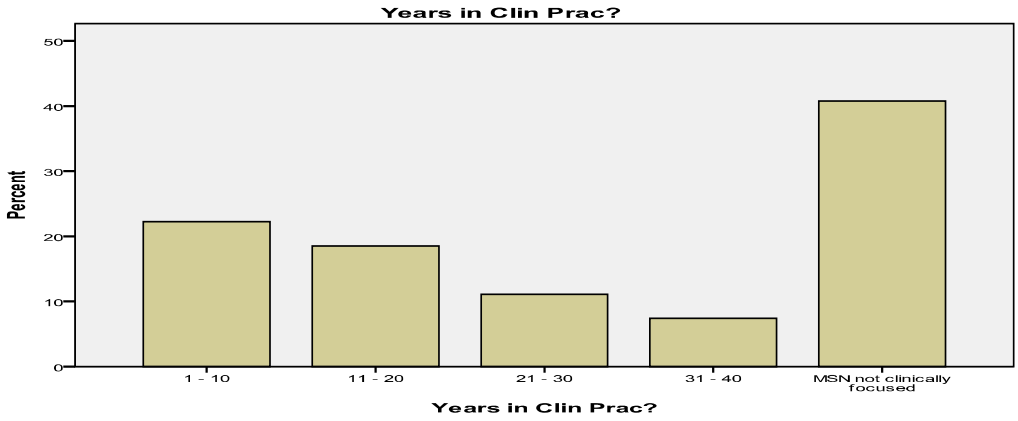
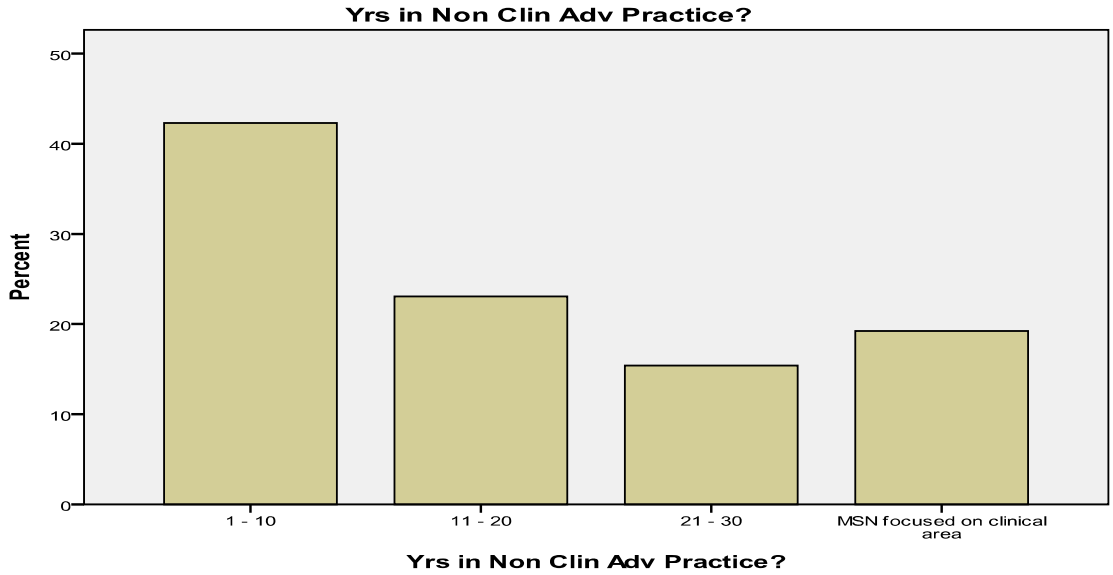


Figure 4 – Study participants' years of advanced practice not clinically focused.



Results: Pre-Test/Intervention/Post-Test Data

The following discussion notes each research question, the research questions/task statements applicable to each core research question, and the results obtained from statistical analysis of the pre-test/post-test data received from the nurse faculty who participated in this research study. The data was entered into SPSS, the Statistical

Package for the Social Sciences (SPSS, Inc., 2010, Version 18). A paired-samples t-test was utilized to analyze the data by determining the group mean of the pre-test data and a group mean of the post-test data and comparing the two means for each research question. The results which indicate a significant increase in either knowledge of or ability to perform the research statement is indicated with an asterisk. Results are also found in Appendix K.

Core Competency 1: Research Questions 1.1 – 1.14, *a* and *b*.

Research questions 1.1a and 1.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to implement a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to implement a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context.

Table 3 – Results of Paired Samples t-tests: Research Questions 1.1a and 1.1b.

Core Competency	Sig. (2 tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC1.1a:Knowledge	.018*	-2.504	29	3.9333	4.2000	6.78%+
CC1.1b: Ability to Perform	.043*	-2.112	29	3.8000	4.0667	7.02%+

Research questions 1.2a and 1.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to ground teaching strategies in educational theory and evidence-based teaching practices.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased *ability* to ground teaching strategies in educational theory and evidence-based teaching practices.

Table 4 – Results of Paired Samples t-tests: Research Questions 1.2a and 1.2b.

Core Competency	Sig. (2 tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC1.2a: Knowledge	.003*	-3.275	29	3.3667	3.9667	17.82%+
CC1.2b: Ability to Perform	.003*	-3.275	29	3.2667	3.9667	21.42%+

Research questions 1.3a and 1.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to recognize multicultural, gender, and experiential influences on teaching and learning.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to recognize multicultural, gender, and experiential influences on teaching and learning.

Table 5 – Results of Paired Samples t-tests: Research Questions 1.3a and 1.3b.

Core Competency	Sig. (2 tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC1.3a: Knowledge	.019*	-2.483	29	3.7333	4.1000	9.82%+
CC1.3b: Ability to Perform	.048*	-2.068	29	3.6667	3.9667	8.18%+

Research questions 1.4a and 1.4b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to engage in self-reflection and continued learning to improve teaching practices that facilitate learning.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased *ability* to engage in self-reflection and continued learning to improve teaching practices that facilitate learning.

Table 6 – Results of Paired Samples t-tests: Research Questions 1.4a and 1.4b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC1.4a: Knowledge	.030*	-2.283	29	4.1333	4.4000	6.45%+
CC1.4b: Ability to Perform	.059	-1.964	29	3.9667	4.2667	7.56%+

Research questions 1.5a and 1.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to use information technologies successfully to support the teaching-learning process.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to use information technologies successfully to support the teaching-learning process.

Table 7 – Results of Paired Samples t-tests: Research Questions 1.5a and 1.5b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC1.5a: Knowledge	.000*	-4.287	29	3.5333	4.0667	15.09%+
CC1.5b: Ability to Perform	.016*	-2.567	29	3.5333	3.8667	9.43%+

Research questions 1.6a and 1.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to practice skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in variety of contexts.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to practice skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in variety of contexts.

Table 8 – Results of Paired Samples t-tests: Research Questions 1.6a and 1.6b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC1.6a: Knowledge	.073	-1.861	29	4.0333	4.3000	6.6%+
CC1.6b: Ability to Perform	.206	-1.293	29	4.0333	4.2333	4.96%+

Research questions 1.7a and 1.7b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to model critical and reflective thinking.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to model critical and reflective thinking.

Table 9 – Results of Paired Samples t-tests: Research Questions 1.7a and 1.7b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC1.7a: Knowledge	.000*	-4.287	29	3.9000	4.4333	13.67%+
CC1.7b: Ability to Perform	.003*	-3.247	29	3.8667	4.2667	10.34%+

Research questions 1.8a and 1.8b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to create opportunities for learners to develop their critical thinking and critical reasoning skills.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased *ability* to create opportunities for learners to develop their critical thinking and critical reasoning skills.

Table 10: Results of Paired Samples t-tests: Research Questions 1.8a and 1.8b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC1.8a: Knowledge	.000*	-4.014	29	3.9667	4.4667	12.6%+
CC1.8b: Ability to Perform	.003*	-3.247	29	3.8667	4.2667	10.34%+

Research questions 1.9a and 1.9b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to show enthusiasm for teaching, learning, and nursing that inspires and motivates students.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to show enthusiasm for teaching, learning, and nursing that inspires and motivates students.

Table 11: Results of Paired Samples t-tests: Research Questions 1.9a and 1.9b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC1.9a: Knowledge	.031*	-2.262	29	4.4000	4.6000	4.54%+
CC1.9b: Ability to Perform	.032*	-2.249	29	4.2667	4.5000	5.47%+

Research questions 1.10a and 1.10b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to demonstrate interest in and respect for learners.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased ability to demonstrate interest in and respect for learners.

Table 12: Results of Paired Samples t-tests: Research Questions 1.10a and 1.10b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC1.10a:Knowledge	.057	-1.980	29	4.4333	4.6000	3.76%+
CC1.10b: Ability to Perform	.001*	-3.808	29	4.2333	4.5667	7.87%+

Research questions 1.11a and 1.11b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to use personal attributes (e.g., caring, confidence, patience, integrity, and flexibility) that facilitates learning.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to use personal attributes (e.g., caring, confidence, patience, integrity, and flexibility) that facilitates learning.

Table 13 – Results of Paired Samples t-tests:Research Questions 1.11a and 1.11b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC1.11a:Knowledge	.043*	-2.112	29	4.4000	4.6667	6.06%+
CC1.11b: Ability to Perform	.005*	-3.071	29	4.2667	4.5667	7.03%+

Research questions 1.12a and 1.12b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to develop collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments.

Upon attending the Core Competencies Workshop, nurse faculty will

demonstrate a significantly increased *ability* to develop collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments.

Table 14 – Results of Paired Samples t-tests Research Questions 1.12a and 1.12b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC1.12a:Knowledge	.010*	-2.757	29	4.3000	4.6000	6.96%+
CC1.12b: Ability to Perform	.017*	-2.523	29	4.2000	4.5000	7.14%+

Research questions 1.13a and 1.13b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to maintain the professional practice base needed to help learners prepare for contemporary nursing practice.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to maintain the professional practice knowledge base needed to help learners prepare for contemporary nursing practice.

Table 15 – Results of Paired Samples t-tests:Research Questions 1.13a and 1.13b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC1.13a:Knowledge	.009*	-2.796	29	4.0667	4.4333	9.01%+
CC1.13b: Ability to Perform	.001*	-3.791	29	4.0333	4.4667	10.74%+

Research questions 1.14a and 1.14b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to serve as a role model of professional nursing.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to serve as a role model of professional nursing.

Table 16 – Results of Paired Samples t-tests:Research Questions 1.14a and 1.14b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC1.14a:Knowledge	.083	-1.795	29	4.3667	4.6667	6.87%+
CC1.14b: Ability to Perform	.016*	-2.562	29	4.2000	4.6000	9.52%+

Discussion of Results: Pre-Test/Intervention/Post-Test Data: Core Competency 1

Research questions 1.1 – 1.14, *a* and *b*, (Core Competency 1) includes fourteen task statements (twenty-eight research questions: fourteen – knowledge, and fourteen - ability) that when met by the nurse educator, indicate the appropriate knowledge, skills, and abilities to perform all components of Research Question 1 competently. Study participants did demonstrate a significantly increased knowledge of and ability to create an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes in all Core Competency 1 research questions, *except* those noted in the following table.

Table 17 – Research questions 1.1 – 1.14 a and b (Core Competency 1): Research Questions which did not demonstrate a significant increase in knowledge or ability.

Questions which did not demonstrate a significant increase in knowledge or ability	Level Of Significance	Change:Pre-Test to Post-Test
CC1.4b: Ability to Perform	.059	6.78%+
CC1.6a: Knowledge	.073	6.6%+
CC1.6b: Ability to Perform	.206	4.96%+
CC1.10a: Knowledge	.057	3.76%+
CC1.14a: Knowledge	.083	6.87%+

The results of the paired-samples t-test indicate that the study participants did not significantly increase their level of knowledge regarding:

- Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in variety of contexts;
- Demonstrates interest in and respect for learners; and
- Serves as a role model of professional nursing.

In each of these three research questions, it can be noted that the pre-test mean was above 4. This indicated study participants were knowledgeable about these particular research questions; the ceiling effect may have kept a significant increase from occurring, related to the group mean pre-test to post-test. A ceiling effect can be defined as "an effect that occurs when the performance range on a measure is so restricted on the upper end that subjects cannot perform to their maximum ability" (Ary, Jacobs, Razavieh, and Sorenson, 2006, p. 630).

The results of the paired-samples t-test indicate that the study participants did not significantly increase their ability to:

- Engages in self-reflection and continued learning to improve teaching practices that facilitate learning.
- Models critical thinking and reflective thinking.

Although the results indicate that there was an increase from pre-test mean to post-test mean of 7.56% and 4.96% respectively, neither increase was a significant increase in ability for study participants. Overall, Core Competency 1 did indicate an increase in questions exhibiting a significant increase from the pre-test group mean to the post-test

group mean.

The researcher must reject research questions 1.4b, 1.6a, 1.6b, 1.10a, and 1.14a. These research questions did not indicate a significant increase in either the study participants' *knowledge of* or *ability to perform* said research questions/core competency task statements.

Core Competency 2: Research Questions 2.1 – 2.8, *a* and *b*.

Research question 2.1a and Research question 2.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to identify individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to identify individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners.

Table 18 – Results of Paired Samples t-tests: Research Questions 2.1a and 2.1b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC2.1a: Knowledge	.000*	-4.325	29	3.5667	4.2333	18.68%+
CC2.1b: Ability to Perform	.003*	-3.294	29	3.5667	4.0333	13.08%+

Research questions 2.2a and 2.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to provide resources to diverse learners that help meet their individual learning needs.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to provide resources to diverse learners that help meet their individual learning needs.

Table 19 – Results of Paired Samples t-tests: Research Questions 2.2a and 2.2b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC2.2a:Knowledge	.000*	-4.000	29	3.5333	4.0667	15.09%+
CC2.2b: Ability to Perform	.001*	-3.565	29	3.3333	3.8667	16.00%+

Research questions 2.3a and 2.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to engage in effective advisement and counseling strategies that help learners meet their professional goals.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to engage in effective advisement and counseling strategies that help learners meet their professional goals.

Table 20 – Results of Paired Samples t-tests: Research Questions 2.3a and 2.3b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC2.3a:Knowledge	.010*	-2.763	29	3.8667	4.2000	8.61%+
CC2.3b: Ability to Perform	.023*	-2.408	29	3.8333	4.1667	8.69%+

Research questions 2.4a and 2.4b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to create learning environments that are focused on socialization to the role of the nurse and facilitate learners' self-reflection and

personal goal-setting.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to create learning environments that are focused on socialization to the role of the nurse and facilitate learners' self-reflection and personal goal-setting.

Table 21 – Results of Paired Samples t-tests: Research Questions 2.4a and 2.4b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC2.4a:Knowledge	.001*	-3.791	29	3.8333	4.2667	11.30%+
CC2.4b: Ability to Perform	.030*	-2.283	29	3.8333	4.0333	7.07%+

Research questions 2.5a and 2.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to foster the cognitive, psychomotor, and affective development of learners.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to foster the cognitive, psychomotor, and affective development of learners.

Table 22 – Results of Paired Samples t-tests: Research Questions 2.5a and 2.5b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC2.5a:Knowledge	.003*	-3.266	29	3.8667	4.2333	9.48%+
CC2.5b: Ability to Perform	.002*	-3.496	29	3.7000	4.1333	11.71%+

Research questions 2.6a and 2.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased *knowledge* of how to recognize the influence of teaching styles and interpersonal interactions on learner outcomes.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to recognize the influence of teaching styles and interpersonal interactions on learner outcomes.

Table 23 – Results of Paired Samples t-tests: Research Questions 2.6a and 2.6b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC2.6a:Knowledge	.000*	-4.014	29	3.7667	4.2667	13.27%+
CC2.6b: Ability to Perform	.000*	-4.014	29	3.6000	4.1000	13.88%+

Research questions 2.7a and 2.7b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to assist learners to develop the ability to engage in thoughtful and constructive self and peer evaluation.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to assist learners to develop the ability to engage in thoughtful and constructive self and peer evaluation.

Table 24 – Results of Paired Samples t-tests: Research Questions 2.7a and 2.7b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC2.7a:Knowledge	.000*	-4.188	29	3.5333	4.2333	19.81%+
CC2.7b: Ability to Perform	.001*	-3.739	29	3.4667	4.1000	18.26%+

Research questions 2.8a and 2.8b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased *knowledge* of how to model professional behaviors for learners including, but not limited to, involvement in professional organizations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to model professional behaviors for learners including, but not limited to, involvement in professional organizations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy.

Table 25 – Results of Paired Samples t-tests: Research Questions 2.8a and 2.8b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC2.8a:Knowledge	.025*	-2.362	29	4.0000	4.3667	9.16%+
CC2.8b: Ability to Perform	.017*	-2.538	29	3.8333	4.2667	11.30%+

Discussion of Results: Pre-Test/Intervention/Post-Test Data: Core Competency 2

Research questions 2.1 – 2.8, *a* and *b*, (Core Competency 2) include eight task statements (sixteen research questions: eight – knowledge, and eight - ability) that when met by the nurse educator, indicate the appropriate knowledge, skills, and abilities to perform all components of Research Question 2 competently. Study participants demonstrated a significantly increased knowledge of and ability to recognize the responsibility for helping students to develop as nurses and integrate the values and behaviors expected of those who will fulfill the role in all sixteen research questions.

The researcher accepts Research Questions 2.1 – 2.8, *a* and *b.* These research questions are the components which encompass Core Competency 2: Upon attending the

Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of and ability to recognize the responsibility for helping students to develop as nurses and integrate the values and behaviors expected of those who fulfill the role.

Core Competency 3: Research Questions 3.1 – 3.6, *a* and *b.*

Research questions 3.1a and 3.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to use extant literature to develop evidence-based assessment and evaluation practices.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to use extant literature to develop evidence-based assessment and evaluation practices.

Table 26 – Results of Paired Samples t-tests: Research Questions 3.1a and 3.1b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC3.1a:Knowledge	.039*	-2.164	29	3.7333	4.1000	9.82%+
CC3.1b: Ability to Perform	.021*	-2.449	29	3.6333	4.0333	11.00%+

Research questions 3.2a and 3.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to use a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to use a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains.

Table 27 – Results of Paired Samples t-tests: Research Questions 3.2a and 3.2b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC3.2a:Knowledge	.003*	-3.313	28	3.5862	4.0690	13.46%+
CC3.2b: Ability to Perform	.006*	-2.985	28	3.4483	3.3910	13.99%+

Research questions 3.3a and 3.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to implement evidence-based assessments and evaluation strategies that are appropriate to the learner and to learning goals.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to implement evidence-based assessments and evaluation strategies that are appropriate to the learner and to learning goals.

Table 28 – Results of Paired Samples t-tests: Research Questions 3.3a and 3.3b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC3.3a:Knowledge	.004*	-3.117	29	3.5000	4.0333	15.23%+
CC3.3b: Ability to Perform	.004*	-3.117	29	3.4333	3.9667	15.53%+

Research questions 3.4a and 3.4b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to use assessment and evaluative data to enhance the teaching-learning process.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to use assessment and evaluative data to enhance the teaching-learning process.

Table 29 – Results of Paired Samples t-tests: Research Questions 3.4a and 3.4b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC3.4a:Knowledge	.008*	-2.841	29	3.7667	4.2333	12.38%+
CC3.4b: Ability to Perform	.005*	-3.002	29	3.6333	4.1667	14.68%+

Research questions 3.5a and 3.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to provide timely, constructive, and thoughtful feedback to learners.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to provide timely, constructive, and thoughtful feedback to learners.

Table 30 – Results of Paired Samples t-tests: Research Questions 3.5a and 3.5b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC3.5a:Knowledge	.005*	-3.003	29	4.1667	4.5333	8.79%+
CC3.5b: Ability to Perform	.005*	-3.003	29	4.1000	4.4667	8.94%+

Research questions 3.6a and 3.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to demonstrate skill in the design and use of tools for assessing clinical practice.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to demonstrate skill in the design and use of tools for assessing clinical practice.

Table 31 – Results of Paired Samples t-tests: Research Questions 3.6a and 3.6b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC3.6a:Knowledge	.071	-1.877	28	3.8966	4.2069	7.96%+
CC3.6b: Ability to Perform	.001*	-3.520	28	3.7586	4.2069	11.92%+

Discussion of Results: Pre-Test/Intervention/Post-Test Data: Core Competency 3

Research questions 3.1 – 3.6, *a* and *b*, (Core Competency 3) includes six task statements (twelve research questions: six – knowledge, and six - ability) that when met by the nurse educator, indicate the appropriate knowledge, skills, and abilities to perform all components of Research Question 3 competently. Study participants demonstrated a significantly increased *knowledge of* and *ability to perform* a variety of strategies to assess and evaluate student learning in classroom, laboratory, and clinical settings, as well as in all domains of learning in all research questions, *except* those noted in the following table:

Table 32 – Research question 3.1 – 3.6, a and b (Core Competency 3): Research Questions which did not demonstrate a significant increase in knowledge or ability.

Questions which did not demonstrate a significant increase in knowledge or ability	Level Of Significance	Change From Pre-Test to Post-Test
CC3.6a: Knowledge	.071	7.96%+

The results of the paired-samples t-test indicate that the study participants did not significantly increase their level of knowledge regarding:

- Demonstrates skill in the design and use of tools for assessing clinical practice.

Although the results indicate that there was an increase from pre-test mean to post-test mean of 7.96%, it was not a significant increase in ability for study participants.

Overall, the study participants significantly increased their knowledge of or ability to perform the components of Core Competency 3 in 15 of 16 Research Questions. The researcher must reject Research Question 3.6a because there was not a significant increase in knowledge for study participants for said Research Question/task statement.

Core Competency 4: Research Questions 4.1 – 4.8, *a* and *b*.

Research questions 4.1a and 4.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to ensure that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to ensure that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment.

Table 33 – Results of Paired Samples t-tests: Research Questions 4.1a and 4.1b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC4.1a:Knowledge	.048*	-2.073	28	3.9655	4.2759	7.82%+
CC4.1b: Ability to Perform	.058	-1.978	28	3.8621	4.1379	7.14%+

Research questiosn 4.2a and 4.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to demonstrate knowledge of curriculum

development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to demonstrate knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies.

Table 34 – Results of Paired Samples t-tests: Research Questions 4.2a and 4.2b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC4.2a:Knowledge	.059	-1.987	28	3.6207	3.9310	8.57%+
CC4.2b: Ability to Perform	.073	-1.083	28	3.6207	3.8966	7.62%+

Research questions 4.3a and 4.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to base curriculum design and implementation decisions on sound educational principles, theory, and research.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to base curriculum design and implementation decisions on sound educational principles, theory, and research.

Table 35 – Results of Paired Samples t-tests: Research Questions 4.3a and 4.3b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC4.3a:Knowledge	.001*	-3.844	28	3.3000	3.9000	18.18%+
CC4.3b: Ability to Perform	.001*	-4.000	28	3.3000	3.8333	16.16%+

Research questions 4.4a and 4.4b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to revise the curriculum based upon assessment of program outcomes, learner needs, and societal and health care trends.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to revise the curriculum based upon assessment of program outcomes, learner needs, and societal and health care trends.

Table 36 – Results of Paired Samples t-tests: Research Questions 4.4a and 4.4b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC4.4a:Knowledge	.002*	-3.471	29	3.5000	4.1333	18.09%+
CC4.4b: Ability to Perform	.000*	-4.130	29	3.3333	4.0000	20.00%+

Research questions 4.5a and 4.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to implement curricular revisions using appropriate change theories and strategies.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to implement curricular revisions using appropriate change theories and strategies.

Table 37 – Results of Paired Samples t-tests: Research Questions 4.5a and 4.5b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC4.5a:Knowledge	.001*	-3.616	29	3.3333	3.9000	17.00%+
CC4.5b: Ability to Perform	.000*	-3.958	29	2.9667	3.7000	24.71%+

Research questions 4.6a and 4.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to create and maintain community and clinical partnerships that support educational goals.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to create and maintain community and clinical partnerships that support educational goals.

Table 38 – Results of Paired Samples t-tests: Research Questions 4.6a and 4.6b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC4.6a:Knowledge	.002*	-3.496	29	3.9333	4.3667	11.01%+
CC4.6b: Ability to Perform	.005*	-3.067	29	3.8333	4.2667	11.30%+

Research questions 4.7a and 4.7b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to collaborate with external constituencies throughout the process of curriculum revision.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to collaborate with external constituencies throughout the process of curriculum revision.

Table 39 – Results of Paired Samples t-tests: Research Questions 4.7a and 4.7b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC4.7a:Knowledge	.000*	-4.892	29	3.667	3.9333	24.20%+
CC4.7b: Ability to Perform	.001*	-3.616	29	3.1333	3.7000	18.08%+

Research questions 4.8a and 4.8b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to design and implement program assessment models that promote continuous quality improvement of all aspects of the program.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to design and implement program assessment models that promote continuous quality improvement of all aspects of the program.

Table 40 – Results of Paired Samples t-tests: Research Questions 4.8a and 4.8b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC4.8a:Knowledge	.000*	-4.527	28	3.0345	3.8996	28.50%+
CC4.8b: Ability to Perform	.000*	-5.012	28	2.9310	3.7586	28.23%+

Discussion of Results: Pre-Test/Intervention/Post-Test Data: Core Competency 4

Research questions 4.1 – 4.8, *a* and *b*, (Core Competency 4) includes eight task statements (sixteen Research Questions: eight – knowledge, and eight - ability) that when met by the nurse educator, indicate the appropriate knowledge, skills, and abilities to perform all components of Research Question 4 competently. Study participants demonstrated a significantly increased knowledge of and ability to accept responsibility for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment in all Research Questions, *except* those noted in the table below:

Table 41 – Research question 4.1 – 4.8, a and b (Core Competency 4): Research Questions which did not demonstrate a significant increase in knowledge or ability.

Questions which did not demonstrate a significant increase in knowledge or ability	Level Of Significance	Change From Pre-Test to Post-Test
CC4.1b: Ability to perform	.058	7.14%+
CC4.2a: Knowledge	.059	8.57%+
CC4.2b: Ability to perform	.073	7.62%+

The results of the paired-samples t-test indicated that the study participants did not significantly increase their level of knowledge regarding:

- Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies.

Although there was an increase from the pre-test mean to post-test mean of 8.57%, it was not a significant increase in knowledge for study participants.

The results of the paired-samples t-test indicated that the study participants did not significantly increase their ability to perform:

- Ensures that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal trends so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment, and
- Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies.

Although there was an increase from the pre-test mean to post-test mean of 7.14% and 7.62% respectively, it was not a significant increase in ability for study participants.

Overall, the study participants significantly increased their knowledge of and ability to perform the components of Core Competency 4 in 13 of 16 Research Questions. The researcher must reject Research Questions 4.1b, 4.2a, and 4.2b. Study participants did not demonstrate a significant increase in *knowledge of* or *ability to perform* these Research Questions/Core Competency task statements.

Core Competency 5: Research Questions 5.1 – 5.8, *a* and *b.*

Research questions 5.1a and 5.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to model cultural sensitivity when advocating for change.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to model cultural sensitivity when advocating for change.

Table 42 – Results of Paired Samples t-tests: Research Questions 5.1a and 5.1b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC5.1a:Knowledge	.003*	-3.247	29	3.7333	4.2667	14.28%+
CC5.1b: Ability to Perform	.062	-1.943	29	3.7000	4.0667	9.91%+

Research questions 5.2a and 5.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to integrate a long-term, innovative, and creative perspective into the nurse educator role.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased *ability* to integrate a long-term, innovative, and creative perspective into the nurse educator role.

Table 43 – Results of Paired Samples t-tests: Research Questions 5.2a and 5.2b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC5.2a:Knowledge	.005*	-3.041	28	43.6207	4.0345	11.42%+
CC5.2b: Ability to Perform	.000*	-4.036	28	3.4828	4.0345	15.84%+

Research questions 5.3a and 5.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to participate in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to participate in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally.

Table 44 – Results of Paired Samples t-tests: Research Questions 5.3a and 5.3b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC5.3a:Knowledge	.054	-2.013	28	3.5517	3.9310	10.67%+
CC5.3b: Ability to Perform	.039*	-2.169	28	3.3793	3.7586	11.22%+

Research questions 5.4a and 5.4b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to evaluate organizational effectiveness in nursing education.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to evaluate organizational effectiveness in nursing education.

Table 45 – Results of Paired Samples t-tests: Research Questions 5.4a and 5.4b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC5.4a:Knowledge	.014*	-2.636	28	3.4828	3.9655	13.85%+
CC5.4b: Ability to Perform	.002*	-3.415	28	3.2414	3.8966	20.21%+

Research questions 5.5a and 5.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to implement strategies for organizational change.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to implement strategies for organizational change.

Table 46 – Results of Paired Samples t-tests: Research Questions 5.5a and 5.5b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC5.5a:Knowledge	.008*	-2.853	28	3.2759	3.7586	14.73%+
CC5.5b: Ability to Perform	.002*	-3.415	28	3.0000	3.6207	20.69%+

Research questions 5.6a and 5.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to provide leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contribution to the academic setting.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to provide leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contribution to the academic setting.

Table 47 – Results of Paired Samples t-tests: Research Questions 5.6a and 5.6b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC5.6a:Knowledge	.001*	-3.798	29	3.6000	4.1667	15.74%+
CC5.6b: Ability to Perform	.000*	-4.490	29	3.3333	4.1000	23.00%+

Research questions 5.7a and 5.7b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to promote innovative practices in educational environments.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to promote innovative practices in educational environments.

Table 48 – Results of Paired Samples t-tests: Research Questions 5.7a and 5.7b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC5.7a:Knowledge	.007*	-2.904	29	3.7000	4.1333	11.71%+
CC5.7b: Ability to Perform	.008*	-2.841	29	3.4333	3.9000	13.59%+

Research questions 5.8a and 5.8b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to develop leadership skills to shape and

implement change.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to develop leadership skills to shape/implement change.

Table 49 – Results of Paired Samples t-tests: Research Questions 5.8a and 5.8b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC5.8a:Knowledge	.000*	-4.264	29	3.6667	4.2333	15.45%+
CC5.8b: Ability to Perform	.001*	-3.616	29	3.5333	4.1000	16.03%+

Discussion of Results: Pre-Test/Intervention/Post-Test Data: Core Competency 5

Research Questions 5.1 – 5.8, *a* and *b*, (Core Competency 5) includes eight task statements (sixteen Research Questions: eight – knowledge, and eight - ability) that when met by the nurse educator, indicate the appropriate knowledge, skills, and abilities to perform all components of Research Question 5 competently. Study participants demonstrated a significantly increased knowledge of and ability to function as change agents and leaders to create a preferred future for nursing education and nursing practice in all Research Questions, *except* those noted in the table below.

Table 50 – Research question 5.1 – 5.8, a and b (Core Competency 5): Research Questions which did not demonstrate a significant increase in knowledge or ability.

Questions which did not demonstrate a significant increase in knowledge or ability	Level Of Significance	Change From Pre-Test to Post-Test
CC5.1b: Ability to perform	.062	9.91%+
CC5.3a: Knowledge	.054	10.67%+

The results of the paired-samples t-test indicated that the study participants did not significantly increase their level of knowledge regarding:

- Participates in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally.

Although the study participants saw an increase of 10.67% from the pre-test mean to the post-test mean, it did not demonstrate a significant increase in knowledge for the participants.

The results of the paired-samples t-test indicated that the study participants did not significantly increase their level of ability to:

- Models cultural sensitivity when advocating for change.

Although there was an increase from the pre-test mean to post-test mean of 9.91%, it was not a significant increase in ability for study participants.

Overall, the study participants significantly increased their knowledge of and ability to perform all components of Core Competency 5 in 14 of 16 Research Questions. The researcher must reject Research Questions 5.1b and 5.3a. Study participants did not demonstrate a significant increase in *knowledge of* or *ability to perform* these Research Questions/Core Competency task statements.

Core Competency 6: Research Questions 6.1 – 6.8, *a* and *b*.

Research questions 6.1a and 6.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to demonstrate a commitment to lifelong learning.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to demonstrate a commitment to lifelong learning.

Table 51 – Results of Paired Samples t-tests: Research Questions 6.1a and 6.1b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC6.1a:Knowledge	.745	-.328	29	4.6333	4.6667	0.72%+
CC6.1b: Ability to Perform	.264	-1.140	29	4.4333	4.5333	2.25%+

Research questions 6.2a and 6.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to recognize that career enhancement needs and activities change as experience is gained in the role.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to recognize that career enhancement needs and activities change as experience is gained in the role.

Table 52 – Results of Paired Samples t-tests: Research Questions 6.2a and 6.2b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC6.2a:Knowledge	.010*	-2.763	29	4.2667	4.6000	7.81%+
CC6.2b: Ability to Perform	.030*	-2.283	29	4.2000	4.4667	6.35%+

Research questions 6.3a and 6.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to participate in professional development opportunities that increase one's effectiveness in the role.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to participate in professional development opportunities that increase one's effectiveness in the role.

Table 53 – Results of Paired Samples t-tests: Research Questions 6.3a and 6.3b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC6.3a:Knowledge	.003*	-3.247	29	4.3000	4.5667	6.20%+
CC6.3b: Ability to Perform	.017*	-2.523	29	4.0000	4.3000	7.50%+

Research questions 6.4a and 6.4b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to balance the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to balance the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution.

Table 54 – Results of Paired Samples t-tests: Research Questions 6.4a and 6.4b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC6.4a:Knowledge	.573	.570	29	4.9333	4.3667	12.97% -
CC6.4b: Ability to Perform	.000*	-4.551	29	3.5333	4.2000	18.86%+

Research questions 6.5a and 6.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to use feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to use feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness.

Table 55 – Results of Paired Samples t-tests: Research Questions 6.5a and 6.5b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC6.5a:Knowledge	.058	-1.975	29	4.3000	4.5667	6.20%+
CC6.5b: Ability to Perform	.048*	-2.068	29	4.1667	4.4667	7.19%+

Research questions 6.6a and 6.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to engage in activities that promote one's socialization to the role.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to engage in activities that promote one's socialization to the role.

Table 56 – Results of Paired Samples t-tests: Research Questions 6.6a and 6.6b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC6.6a:Knowledge	.003	-3.294	29	3.8667	4.3333	12.06%+
CC6.6b: Ability to Perform	.003	-3.294	29	3.7000	4.1667	12.61%+

Research questions 6.7a and 6.7b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to use knowledge of the legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased *ability* to use knowledge of the legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment.

Table 57 – Results of Paired Samples t-tests: Research Questions 6.7a and 6.7b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC6.7a:Knowledge	.030*	-2.276	29	3.8000	4.1333	8.77%+
CC6.7b: Ability to Perform	.039*	-2.163	29	3.7000	4.0333	9.01%+

Research questions 6.8a and 6.8b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to mentor and support faculty colleagues.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to mentor and support faculty colleagues.

Table 58 – Results of Paired Samples t-tests: Research Questions 6.8a and 6.8b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC6.8a:Knowledge	.000*	-4.958	29	3.8000	4.3667	14.91%+
CC6.8b: Ability to Perform	.000*	-4.871	29	3.7667	4.3667	15.92%+

Discussion of Results: Pre-Test/Intervention/Post-Test Data: Core Competency 6

Research Questions 6.1 – 6.8, *a* and *b*, (Core Competency 6) includes eight task statements (sixteen Research Questions: eight – knowledge, and eight - ability) that when met by the nurse educator, indicate the appropriate knowledge, skills, and abilities to perform all components of Research Question 6 competently. Study participants

demonstrated a significantly increased knowledge of and ability to recognize that the nurse educator role is multidimensional and that an ongoing commitment to the development and maintenance of competence in the role is essential in all Research Questions, *except* those noted in the table below:

Table 59 – Research question 6.1 – 6.8, a and b (Core Competency 6): Research Questions which did not demonstrate a significant increase in knowledge or ability.

Questions which did not demonstrate a significant increase in knowledge or ability	Level Of Significance	Change From Pre-Test to Post-Test
CC6.1a: Knowledge	.745	0.72%+
CC6.1b: Ability to perform	.264	2.25%+
CC6.4a: Knowledge	.573	12.97%--
CC6.5a: Knowledge	.058	6.20%+

The results of the paired-samples t-test indicated that the study participants did not significantly increase their level of knowledge regarding:

- Demonstrates a commitment to lifelong learning;
- Balances the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution; and
- Uses feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness.

Although the study participants saw increases in the first and third ‘knowledge’ items from the pre-test group mean to the post-test group mean of 0.72% and 6.20% respectively, the second’ knowledge’ item was the only research question in the research study to not only have no significant increase from the pre-test mean to the post-test

mean, this item (CC6.4a) saw a decrease in knowledge, as reported by the study participants, when measured by the change from the pre-test mean to the post-test mean.

The results of the paired-samples t-test indicated that the study participants did not significantly increase their ability to perform:

- Demonstrates a commitment to lifelong learning.

Although study participants saw an increase of 2.25% from the pre-test mean to the post-test mean in this research question, it did not demonstrate a significant increase in ability for the study participants.

Overall, study participants demonstrated a significant increase in knowledge and ability to perform Core Competency 6 in 12 of 16 Research Questions. The researcher must reject Research Statements 6.1a, 6.1b, 6.4a, and 6.5a. Study participants did not demonstrate a significant increase in *knowledge of* or *ability to perform* these Research Questions/Core Competency task statements.

Core Competency 7: Research Questions 7.1 – 7.8, *a* and *b*.

Research questions 7.1a and 7.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to draw on extant literature to design evidence-based teaching and evaluation practices.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to draw on extant literature to design evidence-based teaching and evaluation practices.

Table 60 – Results of Paired Samples t-tests: Research Questions 7.1a and 7.1b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC7.1a:Knowledge	.000*	-5.525	29	3.4000	4.0667	19.60%+
CC7.1b: Ability to Perform	.000*	-4.539	29	3.3667	3.9667	17.82%+

Research questions 7.2a and 7.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to exhibit a spirit of inquiry about teaching and learning, student development, evaluation methods, and other aspects of the role.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to exhibit a spirit of inquiry about teaching and learning, student development, evaluation methods, and other aspects of the role.

Table 61 – Results of Paired Samples t-tests: Research Questions 7.2a and 7.2b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC7.2a:Knowledge	.001*	-3.746	29	3.8333	4.3333	13.04%+
CC7.2b: Ability to Perform	.006*	-2.971	29	3.7667	4.3333	12.38%+

Research questions 7.3a and 7.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to design and implement scholarly activities in an established area of expertise.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to design and implement scholarly activities in an established area of expertise.

Table 62 – Results of Paired Samples t-tests: Research Questions 7.3a and 7.3b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC7.3a:Knowledge	.006*	-2.984	29	3.5000	4.0667	16.19%+
CC7.3b: Ability to Perform	.000*	-4.038	29	3.0667	3.8333	24.99%+

Research questions 7.4a and 7.4b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to disseminate nursing and teaching knowledge to a variety of audiences through various means.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to disseminate nursing and teaching knowledge to a variety of audiences through various means.

Table 63 – Results of Paired Samples t-tests: Research Questions 7.4a and 7.4b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC7.4a:Knowledge	.002*	-3.496	29	3.7333	4.1667	11.60%+
CC7.4b: Ability to Perform	.001*	-3.764	29	3.5000	4.0333	15.23%+

Research question 7.5a and Research question 7.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of how to demonstrate skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased ability to demonstrate skill in proposal writing for initiatives that

include, but are not limited to, research, resource acquisition, program development, and policy development.

Table 64 – Results of Paired Samples t-tests: Research Questions 7.5a and 7.5b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC7.5a:Knowledge	.000*	-4.130	29	2.7333	3.4000	24.39%+
CC7.5b: Ability to Perform	.000*	-4.678	29	2.4333	3.2000	31.50%+

Research questions 7.6a and 7.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to demonstrate qualities of a scholar: integrity, courage, perseverance, vitality, and creativity.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to demonstrate qualities of a scholar: integrity, courage, perseverance, vitality, and creativity.

Table 65 – Results of Paired Samples t-tests: Research Questions 7.6a and 7.6b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC7.6a:Knowledge	.010*	-2.763	29	3.9667	4.3000	8.40%+
CC7.6b: Ability to Perform	.001*	-3.616	29	3.6000	4.1667	15.74%+

Discussion of Results: Pre-Test/Intervention/Post-Test Data: Core Competency 7

Research Questions 7.1 – 7.6, *a* and *b*, (Core Competency 7) includes six task statements (twelve Research Questions: six – knowledge, and six - ability) that when met by the nurse educator, indicate the appropriate knowledge, skills, and abilities to perform all components of Research question 7 competently.

Study participants demonstrated a significantly increased knowledge of and acknowledgement that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity in all twelve Research Questions. The researcher accepts all components of Research Question 7: Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge of and acknowledgement that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity.

Core Competency 8: Research Question 8.1 – 8.8, *a* and *b*.

Research questions 8.1a and 8.1b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to use knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to use knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues.

Table 66 – Results of Paired Samples t-tests: Research Questions 8.1a and 8.1b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC8.1a:Knowledge	.020*	-2.454	29	3.5333	4.0000	13.20%+
CC8.1b: Ability to Perform	.025*	-2.359	29	3.4667	3.9000	12.49%+

Research questions 8.2a and 8.2b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate

a significantly increased *knowledge* of how to identify that social, economic, political, and institutional forces influence higher education in general and nursing education in particular.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to identify that social, economic, political, and institutional forces influence higher education in general and nursing education in particular.

Table 67 – Results of Paired Samples t-tests: Research Questions 8.2a and 8.2b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC8.2a:Knowledge	.003	-3.275	29	3.4667	4.0667	17.30%+
CC8.2b: Ability to Perform	.002	-3.395	29	3.3000	3.8333	16.16%+

Research questions 8.3a and 8.3b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to develop networks, collaborations, and partnerships to enhance nursing's influence within the academic community.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to develop networks, collaborations, and partnerships to enhance nursing's influence within the academic community.

Table 68 – Results of Paired Samples t-tests: Research Questions 8.3a and 8.3b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC8.3a:Knowledge	.004*	-3.117	29	3.5000	4.0333	15.23%+
CC8.3b: Ability to Perform	.000*	-4.264	29	3.3000	3.8667	17.17%+

Research questions 8.4a and 8.4b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to determine own professional goals within the context of academic nursing and the mission of the parent institution and nursing program.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to determine own professional goals within the context of academic nursing and the mission of the parent institution and nursing program.

Table 69 – Results of Paired Samples t-tests: Research Questions 8.4a and 8.4b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC8.4a:Knowledge	.016*	-2.567	29	4.0333	4.3667	8.26%+
CC8.4b: Ability to Perform	.048*	-2.068	29	3.8333	4.1333	7.82%+

Research questions 8.5a and 8.5b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to integrate the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to integrate the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers.

Table 70 – Results of Paired Samples t-tests: Research Questions 8.5a and 7.5b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC8.5a:Knowledge	.008	-2.845	29	4.2000	4.6000	9.52%+
CC8.5b: Ability to Perform	.005	-3.003	29	4.1667	4.5333	8.79%+

Research questions 8.6a and 8.6b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to incorporate the goals of the nursing program and the mission of the parent institution when proposing change or managing issues.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to incorporate the goals of the nursing program and the mission of the parent institution when proposing change or managing issues.

Table 71 – Results of Paired Samples t-tests: Research Questions 8.6a and 8.6b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC8.6a:Knowledge	.002*	-3.500	29	3.7333	4.2000	12.50%+
CC8.6b: Ability to Perform	.003*	-2.626	29	3.6000	3.9667	10.18%+

Research questions 8.7a and 8.7b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to assume a leadership role in various levels of institutional governance.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to assume a leadership role in various levels of

institutional governance.

Table 72 – Results of Paired Samples t-tests: Research Questions 8.7a and 8.7b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC8.7a:Knowledge	.002*	-3.319	29	3.3667	3.9333	16.82%+
CC8.7b: Ability to Perform	.001*	-3.525	29	3.000	3.6000	20.00%+

Research questions 8.8a and 8.8b.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *knowledge* of how to advocate for nursing and nursing education in the political arena.

Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased *ability* to advocate for nursing and nursing education in the political arena.

Table 73 – Results of Paired Samples t-tests: Research Questions 8.8a and 8.8b.

Core Competency	Sig. (2tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC8.8a:Knowledge	.014*	-2.626	29	3.5333	4.0000	13.20%+
CC8.8b: Ability to Perform	.003*	-3.247	29	3.1333	3.6667	17.02%+

Discussion of Results: Pre-Test/Intervention/Post-Test Data: Core Competency 8

Research Questions 8.1 – 8.8, *a* and *b*, (Core Competency 8) includes eight task statements (sixteen Research Questions: eight – knowledge, and eight - ability) that when met by the nurse educator, indicate the appropriate knowledge, skills, and abilities to perform all components of Research Question 8 competently.

Study participants demonstrated a significantly increased knowledge about the

educational environment within which nurse educators practice and an increased ability to recognize how political, institutional, social, and economic forces impact the role in all sixteen research questions. The researcher accepts all components of Research Question 8: Upon attending the Core Competencies Workshop, nurse faculty will demonstrate a significantly increased knowledge about the educational environment within which nurse educators practice and an increased ability to recognize how political, institutional, social, and economic forces impact the role.

Results of Reliability Testing

During the implementation phase of this research study, a second Nurse Faculty Self-Evaluation Tool administration process occurred. Clinical adjunct staff members who were not full-time faculty members were invited to complete the Nurse Faculty Self-Evaluation Tool twice, with no intervention, to help establish reliability of the study tool. Eight clinical adjunct staff members were invited to participate in the test-retest process. Four clinical adjunct staff members agreed to participate and completed the study tool twice, five days apart. The data was placed into SPSS, the Statistical Package for the Social Sciences (SPSS, Inc., 2010, Version 18). A Cronbach's alpha coefficient was determined for each for each of the eight Core Competencies, broken down by *knowledge* of each particular core competency and *ability to perform* each core competency. Each Core Competency was also examined in terms of pre-test or post-test values.

In order to examine this data and establish reliability of the Nurse Faculty Self-Evaluation Tool, it is vital to understand how reliability is established via scales. Cronbach's alpha coefficient is a common statistical tool used to establish reliability. Although Cronbach's alpha should be above 0.7, the values of this statistical test "are

quite sensitive to the number of items in the scale. With short scales (fewer than ten items) it is common to find quite low Cronbach values (e.g. 0.5)" (Pallant, 2007, p. 95). The Nurse Faculty Self-Evaluation Tool has a five-point Likert scale, which would indicate that the researcher may find scores somewhat lower than the normally-expected 0.7 that would still be considered reliable. Utilizing this information, the researcher believes that the research tool overall demonstrates reliability, noting a mean Cronbach's alpha coefficient of 0.798125. Core Competency 6 demonstrated the lowest Cronbach's alpha coefficients in the 'Ability to Perform' column, noting .260 in both the pre-test and post-test scores. This might be anecdotally correlated to the paired-samples t-test scores noted by the main study participants.

Table 74 – Test-retest process: Cronbach's Alpha coefficient for reliability.

Core Competency	Knowledge		Ability to Perform	
	Pre-Test	Post-Test	Pre-Test	Post-Test
Core Competency 1	.870	.761	.885	.885
Core Competency 2	.905	.912	.923	.912
Core Competency 3	.954	.914	.954	.914
Core Competency 4	.926	.950	.927	.950
Core Competency 5	.906	.898	.904	.898
Core Competency 6	.722	.260	.722	.260
Core Competency 7	.818	.629	.776	.636
Core Competency 8	.649	.614	.649	.639

The Core Competencies that demonstrated the most non-significant scores, pre-test mean to post-test mean, were Core Competencies 1 and 6. Results obtained from the

Cronbach's alpha coefficient test also appeared to decrease toward the end of the study tool, which might have indicated the Test-Retest participants were fatigued. More discussion of the Cronbach's alpha coefficients will be provided in Chapter Five.

Results of Focus Group Interview

The third and last activity occurring as part of this research study was the focus group interview. The nursing faculty members who were participants in the Core Competencies Workshop were invited to take part in a focus group interview, upon completion of the second administration of the Nurse Faculty Self-Evaluation Tool. The following table will describe themes expressed by study participants during the focus group interview.

Table 75: Themes noted by focus group participants.

Overarching Themes	Further Categorization	Focus Group Participant Comments
Competencies	Real-world application to faculty	• "core competencies very valuable to our practice because they guide … how we should practice…" • "competencies can give us a structural framework upon which to develop our personal practice…" • "one thing that stood out to me was an emphasis on practice" • "I still work PRN as a staff nurse" • "in campus lab [I] use Halloween wounds to simulate real wounds" • "developing your practice around them [core competencies] would be a strong way to learn and grow into the faculty role"
	Administrative application	• "NLN Core Competencies are the minimum standard for nurse educators" • "most educators have not been educated to be educators…" • "the competencies can give us a structural framework upon which to develop…courses, curricula, whole programs of nursing…"

		• "core competencies are not just about personal practice…our NLNAC consultant [helps us] ensure that …NLN Core Competencies are integrated into the curriculum…" • "although I may be very knowledgeable and fully able to perform specific competencies, administrative or structural barriers prevent implementation…" • "I think we are so bogged down in setting up frameworks and definitions…that we miss the point: understandable, useful, and practical applications"
Workshop		• "I liked how you gave us a notebook with pages that gave us practical things to do to meet the core competencies" • "I liked the way you presented the competencies because there were practical applications that helped to define the meaning of the competencies" • During the presentation, I was thinking about each core competency and what we might do to perform them better, such as [belonging to professional organizations]" • "really enjoyed the workshop and …comprehensive information; notebook is great" • "wonderful presentation today"
The research study		• I'm concerned that I may have skewed your results, because when I did the self-evaluation this time [second administration], I knew so much more about the core competencies and … knew that my level of knowledge and … abilities were less than I originally assessed them to be"

In summary, the research study incorporated three specific activities: 1) pre-test, intervention, post-test with thirty study participants; 2) Test-Retest process with four participants; and 3) focus group interview following second administration of study tool with eight participants. The main study included thirty participants who demonstrated an increased level of knowledge or ability to perform the National League for Nursing *Core*

Competencies for Nurse Educators in 89.4% of the research questions/task statements. The Test-Retest process was overall successful, with a mean Cronbach's alpha coefficient of 0.798125. The focus group participants' comments appeared to fall into three categories: 1) the Core Competencies, themselves; 2) the Workshop provided that day; and 3) the Research Study. Please continue to read Chapter Five for a summary and discussion of the research findings which can be drawn from this study.

CHAPTER FIVE: SUMMARY AND DISCUSSION

The final chapter of this dissertation will restate the research problem and review the methodology used in this study. The researcher will summarize and discuss the findings from Chapter Four, correlate the findings to seminal research and the theoretical framework, note implications and the need for future research related to the National League for Nursing *Core Competencies for Nurse Educators*, and explain limitations noted throughout the performance of the research study.

Statement of the Problem

Schools of nursing across the United States are facing multiple challenges in the provision of registered nurses for the healthcare industry. The shortage of registered nurses can be traced to a shortage of faculty in nursing programs, a shortage of clinical sites for nursing students to utilize while enrolled in nursing programs, the evolving student entering nursing programs, and the increasing complexity of the NCLEX-RN, the licensure examination for registered nurses. One way to increase the numbers of nursing graduates who enter nursing practice is to improve student learning outcomes. Billings (2007, Foreward) proposed that “nurse educators must be prepared to understand the needs of the learner [and] facilitate learning” (p. 5) in order to provide the healthcare environment with increased numbers of nurses effectively prepared to enter the profession of nursing. The researcher believed that the provision of a workshop which introduced nursing faculty at one small rural school of nursing to the National League for Nursing (NLN) *Core Competencies for Nurse Educators* (Appendix A) would improve nurse faculty practice, thereby increasing the number of registered nurses entering

nursing practice.

Review of the Methodology

As reported in Chapter Three, this study employed a quasi-experimental pre-post test design. The design was a single group pretest-intervention-posttest design, with the participants serving as their own control group. It was executed at a small, rural, Appalachian liberal arts university in northeastern Tennessee. The participants were the nursing faculty in the school of nursing. There were 31 faculty members teaching in an associate degree program, an RN-BSN completion program, and a master's of science in nursing program.

The study participants, a sample of convenience, were pretested using the Nurse Faculty Self-Evaluation Tool (Appendix B) and then received an intervention of a faculty workshop presenting the NLN *Core Competencies for Nurse Educators*. Five days later, the researcher administered the Nurse Faculty Self-Evaluation Tool to study participants a second time. Upon completion of the posttest administration of the study tool, study participants were asked to take part in a focus group interview. Adjunct faculty (clinical supervisors) not acting as study participants took part in the Test-Retest Process to establish reliability of the study tool during the spring semester. This group completed the study tool twice, with five days occurring between the first and second administrations of the tool.

Summarize the Results:

This research study was completed with results in three areas:

1. Pretest-intervention-posttest paired-samples t-test results which compared the 30 study participants' group mean on each item in the pretest to each item in the

post-test and demonstrated a significant increase in ‘knowledge’ and ‘ability to perform’ on 117 of 132 research questions;

2. to establish tool reliability, data obtained from the four participants in the test-retest process was analyzed with Cronbach’s alpha coefficient a mean reliability score of 0.798125; and
3. focus group interview results noted participant interest in three areas: the competencies themselves, the Core Competencies Workshop, and the ongoing research study.

Discussion of the Results

Main study.

The researcher determined, via the use of a paired-samples t-test, that the study participants significantly increased their level of knowledge and ability to perform the National League for Nursing *Core Competencies for Nurse Educators*. There were eight Core Competencies with 66 task statements used as research question research questions. The study participants responded to these 66 task statements in two areas: ‘knowledge’ of the task statement and ‘ability to perform’ the task statement. The responses to these 132 task statement/research questions were compared pre-intervention and post-intervention to determine if the Core Competencies Workshop provided a significant increase in participants’ knowledge and ability to perform said task statement/research research questions per self-evaluation. In 57 of the 66 task statement/research research questions, faculty did, indeed, demonstrate a significant increase in ‘knowledge’ of the task statement/research research questions. The researcher also noted that study participants

demonstrated a significant increase in the ‘ability to perform’ 60 of the 66 task statement/research research questions.

Test-retest process.

The data obtained from the Test-Retest Process were not so clear. The data from each of the pre-test and post-test responses for the eight core competencies was entered into SPSS and analyzed. Utilizing a Cronbach’s alpha coefficient, the researcher developed and analyzed a total of 32 alpha coefficients, one for each of the eight core competencies part a: *knowledge* and part b: *ability to perform*, pre-test and post-test. Eight of the 32 Cronbach’s alpha scores were less than 0.7, possibly indicating the study tool was not reliable for those particular competencies. There are a several considerations which must be made during the examination of this data:

- There were only four participants in the test-retest process, which make statistical analysis very difficult. The more participants available, the more appropriate and reliable the data.
- In hindsight, the participants in the test-retest process may not have been the most appropriate candidates for this process. Although the participants were nursing instructors, all four hold the nursing degree of Bachelor of Science in nursing. As noted by Ary, et al. (2006, p. 266), “the reliability of a test is in part a function of the ability of the individuals who take that test.” The evaluation tool may have been completely appropriate for the level of faculty who teach in the classroom setting, who must minimally hold a Master of Science in Nursing (and several hold a doctorate), but may have been too difficult for the clinical supervisors who took part in the test-retest process. Ary, et al. notes that “when a test is difficult,

the subjects are guessing on most of the questions and a low reliability coefficient will result."

- Another interesting concept is that the longer the test, the greater the test's reliability. Unfortunately, that did not seem to be exhibited in this study, as the Cronbach's alpha scores of the last few core competencies were the lowest, either indicating the participants may have not understood those items or were simply fatigued throughout the completion of a 19-page self-evaluation tool.
- Originally, the researcher planned to utilize some type of correlation analysis of the Test-retest data with possibly a Spearman Rho coefficient. Upon further examination of the literature related to reliability, the researcher found that a simple correlation would be inappropriate because of the potential carryover effect from the first administration of the tool to the second administration of the tool. Participants tend to change their responses from one administration to another, even if there is no intervention, simply because they think about the questions and delve more deeply into their personal understanding of the material during the second administration. By utilizing a Cronbach's alpha coefficient to analyze the pre-test knowledge data, pre-test ability data, post-test knowledge data, and post-test ability data in separate categories, the researcher can potentially control for the carryover effect.

Regardless, the researcher can definitively state that the overall mean of the 32 Cronbach's alpha coefficients obtained via the Test-Retest Process was 0.798125, which is above the 0.7 needed to establish overall tool reliability.

Focus group interview.

The focus group interview was short, held at the end of the day after four full days of faculty meetings. Of the 30 study participants, eight agreed to a short discussion of the Core Competencies. The researcher asked a single question of the focus group participants: “What value do you see the NLN Core Competencies playing in the improvement of nurse-faculty practice?” A variety of responses were obtained. Upon reading and re-reading the transcript, the researcher determined that there were three overarching themes present in the discussion: 1) the competencies themselves; 2) the Core Competencies Workshop given by the researcher five days prior; and 3) the ongoing research study. The theme of the competencies, themselves, could be categorized further into two areas: 1) real-world application [of the core competencies] to faculty; and 2) administrative application [of the core competencies to nursing education]. Most participants were positive about the core competencies having value, with a participant proposing, “Developing your practice around them [core competencies] would be a strong way to learn and grow into the faculty role.” One participant discussed how “most [nurse] educators have not been educated to be educators.” Another participant noted, “One thing that stood out to me was an emphasis on practice.”

Two participants were somewhat negative, with one participant stating, “I think we are so bogged down in setting up frameworks and definitions … that we miss the point; understandable, useful and practical applications.” While another participant noted, “Administrative or structural barriers prevent implementation [of core competencies].”

Several participants verbalized pleasure at the notebook prepared for and given to

study participants during the Core Competencies Workshop, recognizing that "there were practical applications that helped to define the meaning of the competencies."

Correlation of Research Study to Seminal Research and Theoretical Framework

The comprehensive review of literature, completed in chapter two of this dissertation, established that many factors lead to the urgent need for nursing programs to provide excellence in programming and faculty. One major step in that direction is the integration of the National League for Nursing *Core Competencies for Nurse Educators* throughout all aspects of every nursing program: associate, baccalaureate, masters, and doctoral programs.

Just as Dewey first defined thinking in 1933 and referred to 'reflective thinking' by noting "reflection involves not simply a sequence of ideas, but a consequence" (Dewey, 1933, p. 3-4), by 2003, Ruth-Sahd defined 'reflective practice' as "a means of self examination that involves looking back over what has happened in practice … to improve or encourage professional growth" (p. 488). Schön (1992) compared daily incidents of professional practice to "swampy lowlands", but through the use of reflection, practitioners can reach high ground, where "manageable problems lend themselves to solutions through the use of research-based theory and technique" (p. 54).

Seminal work in the area of reflective thinking proposed that individuals were not aware of using reflection, but upon becoming aware, were very interested in intentionally channeling reflection and using it as a valuable tool (Atkins & Murphy, 1993; Boyd & Fales, 1983; Kim, 1999; Kuiper, 2002; Pierson, 1998; Powell, 1989; Ruth-Sahd, 2003; Schutz, 2007). This concept mirrors comments made by focus group participants. One participant said, "I guess I did not even realize that there were core competencies for

nurse educators." The participant also noted, "I believe the core competencies are very valuable to our practice because they guide what nursing education should be and how we should practice." Early practitioners of reflective thinking did not realize that they were doing it, but once the realization was made, desired to use reflective thinking in intentional ways to improve professional practice as educators.

The second important theoretical concept undergirding this dissertation study was the concept of 'competence'. Many authors thought competence was important, but found it difficult to quantify. The complex needs of faculty and appropriate preparation for the faculty role were a concern in the 1990's and continue to be a concern today, in 2010. In 1992, Davis, et al. (p. 159) found that "many novice nurse faculty are not educationally prepared for the faculty role." It is very interesting to note, from the Davis study, that some of the characteristics of the faculty role which novice faculty felt unprepared to perform were related to research, policy, information management, budgets, and program development. In this research study, several of these same areas were scored low by faculty, indicating participants were less knowledgeable and less able to perform these tasks. The following task statements were the ten lowest, in terms of knowledge or ability (1=Do not understand; 2=Very limited knowledge; 3=Somewhat knowledgeable; 4=Knowledgeable; and 5=Very knowledgeable) and each task statement is listed with the pre-test group mean:

- CC7.5b(Ability to perform) – Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development – 2.4333.

- CC7.5a(Knowledge) – Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development – 2.7333.
- CC4.8b(Ability to perform) – Develops and implements program assessment models that promote continuous quality improvement of all aspects of the program – 2.9310.
- CC4.5b(Ability to perform) – Implements curricular revisions using appropriate change theories and strategies – 2.9667.
- CC8.7b(Ability to perform) – Assumes a leadership role in various levels of institutional governance – 3.0000.
- CC5.5b(Ability to perform) – Implements strategies for organizational change – 3.0000.
- CC4.8a(Knowledge) – Designs and implements program assessment models that promote continuous quality improvement of all aspects of the program – 3.0345.
- CC7.3b(Ability to perform) – Designs and implements scholarly activities in an established area of expertise – 3.0667.
- CC8.8b(Ability to perform) – Advocates for nursing and nursing education in the political arena – 3.1333.
- CC4.7b(Ability to perform) - Collaborates with external constituencies throughout the process of curriculum revision – 3.1333.

All ten of the lowest-scoring task statement/research research questions fall in one or more the areas proposed by Davis, et al. (1992) as areas of concern for novice faculty:

research, policy, and program development. 18 years later, these areas are still areas in which nurse faculty feel less knowledgeable and less able to perform successfully.

In 1998, Krisman-Scott, Kershbaumer, and Thompson agree with Davis regarding that nurse educators need clinical skills to teach in schools of nursing, but were concerned that "even doctorally-prepared faculty may have been ill-prepared for the faculty role." This sentiment is reiterated by one of the focus group participants who proposed that "as long as you have an MSN you can teach nursing. My point is that most educators have not been educated to be educators [but] have been educated to be practitioners." The NLN, in the May 18, 2002 Position Statement: *The Preparation of Nurse Educators*, noted that "the academic community should not assume that individuals are qualified to teach simply because they hold a particular credential."

Riner and Billings (1999) continued to be concerned about the complex needs of nurse faculty in the area of "learning the basics of teaching, curriculum, and evaluation" (p. 429). A focus group participant proposed that nurse faculty members today do not "understand curriculum building, instructional design or psychometric theory…I believe every educator should have at least those three courses…"

In the discussion in chapter two concerning *Core Competencies for Nurse Educators*, which is the central theme upon which this study is founded, Kalb (2008, p. 219) proposed that "sharing information about the *Core Competencies of Nurse Educators* challenges educators to develop the components of their role in all its dimensions and inspires excellence in their practice as nurse educators." Many of the comments from focus group participants echo this sentiment. Such comments as, "The competencies can give us a structural framework upon which to develop our personal

practice, courses, curricula, whole programs of nursing;" "There were practical applications that helped to define the meaning of the competencies;" and "Developing your practice around them [Core Competencies] would be a strong way to learn and grow into the faculty role."

Implications of the Research Study

As this doctoral student searched for dissertation-worthy topics in June of 2009, the National League for Nursing Cor*e Competencies for Nurse Educators* set off an alarm of importance. Today, one year later, this writer has become more certain than ever of the imperative nature of the Core Competencies. On June 29, 2010, the NLN published the initiation of a dialogue among its members concerning master's versus doctorate preparation for nurse educators. This dissertation supports the contention that it is not the degree held by the nurse educator, but rather the coursework included in degree programs taken by nurses preparing to enter academia. Because nurse educators must have, at a minimum, a master's degree in nursing to teach nursing, the researcher believes it is of the utmost importance for all persons entering the advanced practice arena of nursing education to be required to demonstrate competence in the areas of curriculum development, instructional design, and psychometric theory. This competence could be evidenced by either a transcript delineating appropriate coursework, evidence of appropriate continuing education offerings, or the best option would be to require all nurse educators to become certified as nurse educators through the National League for Nursing. This researcher believes the marvelous diversity of master's and doctorally-prepared nurse educators must continue to be supported and allowed to continue because diversity among educators is good and appropriate for nursing programs. Accrediting

bodies must begin to require appropriate credentials for those aspiring to teach students entering registered nurse practice at all levels. Only nurses whose credentials include preparation for the nurse educator role should be allowed to enter and/or continue to practice in this most valuable and important position. To summarize the implications of this study:

1. There needs to be more consistency in degree programs in which the participants may enter a career as a nurse educator upon completion of those programs. There are many routes to the faculty role: any holder of any master's of science in nursing degree, such as nurse practitioner, nurse midwife, certified registered nurse anesthetist, clinical nurse specialist, nursing education, nursing administration, generalist, or other; as well as any holder of a doctorate in nursing or education, or other discipline. These advanced-degree programs may well have included no coursework focused on education or the faculty role.
2. Schools of nursing need to incorporate continuing education programs in-house, thereby providing educational offerings appropriate for said school of nursing's faculty mix. Inclusion of programs such as curriculum development, instructional design, or testing/evaluation psychometric theory would provide faculty opportunities to maximize abilities in the faculty role.
3. As noted by Chickering and Gamson (1987), "you can't know what you don't know." It is incumbent upon those nurse faculty members who 'know' about nursing and education to share and inform those nurse

faculty members who do not know about nursing and education. Nurse educators who have been educated and trained regarding curriculum development, instructional design, and psychometric theory should not hide their light under a bushel basket, but let it shine in his or her workplace.

4. As noted earlier in this chapter, it is alarming to see that the same concerns regarding nursing education and nurse educators that existed 18 years ago are still strong concerns today, in 2010. Schools of nursing and nursing administration must be held accountable to provide degree programs that include educational offerings vital for those who may enter the faculty role in the future, and must also recognize the educational needs of present faculty members.

Need for Future Research

This research study is just a miniscule introduction to the National League for Nursing *Core Competencies for Nurse Educators*. In the future, it would benefit all advanced nursing programs to integrate the Core Competencies into their nursing programs, and include research in the areas of the competencies and faculty knowledge and abilities to understand and implement the Core Competencies into personal practice as nurse educators.

A future research study that would be vital to the provision of excellent nursing programs would be to compare program outcomes for schools of nursing whose faculty has primarily advanced degrees with a clinical focus to program outcomes for schools of nursing whose faculty has advanced degrees with primarily a nursing education focus.

The results of such a study could have far-reaching implications, in terms of which advanced degrees might be most appropriate for those teaching in schools of nursing. The effective and efficient provision of nursing programs could affect the health and safety of our entire nation in an extremely positive manner.

A second avenue of future research might be to examine schools of nursing that have begun to incorporate continuing education offerings for faculty members in an effort to maximize the abilities of present faculty. Researchers could examine program outcomes for these programs to determine if it makes a significant difference for schools of nursing to offer continuing education opportunities to nurse faculty members.

A third proposal for future research would involve schools of nursing whose faculty has master's degrees or doctoral degrees with an education focus. Mentoring relationships could be developed between these schools of nursing and schools of nursing whose faculty has primarily an advanced degree with a clinical focus. Nurse faculty with educationally-focused credentials could be selected to mentor new faculty with no educational background at their own school of nursing or at a sister school of nursing. Researchers could compare program outcomes of the mentored school of nursing both pre- and post-mentoring relationship.

A qualitative study could be performed which examined the lived experience of new faculty members or comparing the experiences of faculty members with an advanced degree with a clinical focus versus an advanced degree with an educational focus. What concerns could be singled out as vital to the needs of new faculty? Can schools of nursing develop orientation or mentoring programs that ameliorate these concerns? Could the results of the proposed studies allow schools of nursing to develop guidelines related to

the hiring and mentoring of new nursing faculty members?

This study, due to the small sample size, may be considered to be a pilot study. Even as such, the findings establish that the Core Competencies are a vital and valid foundation for the development of nursing programs, useful in the mentoring of new and transferring faculty, appropriate for utilization during yearly evaluations, and must be integrated as a minimum standard in all nursing programs.

Limitations of the Study

There were several limitations noted by the researcher throughout the research study. One limitation might have been the utilization of the one-group design. The researcher controlled for that (as much as possible) by having the post-test administration of the tool five days post-intervention, during a very hectic time of the year when it would be impossible for study participants to attend any type of educational offering related to the NLN Core Competencies.

Several limitations were related to the sample. One such limitation was the small sample size. The data from the main body of research were strong, but the sample (four participants) from the Test-Retest Process to establish reliability garnered mixed results. Another limitation was the use of a sample of convenience. Rather than calling this participant group a sample of convenience, a better phrase may be a sample of purpose. The researcher considered this limitation at length, but determined that one of the fundamental desires for this research study was to improve nurse faculty practice of a specific faculty group. This desire, in the end, outweighed the researcher’s concerns related to the use of a sample of convenience.

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Appendix A

Core Competencies of Nurse Educators With Task Statements

Competency 1 – Facilitate Learning

Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes. To facilitate learning effectively, the nurse educator:

- Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context
- Grounds teaching strategies in educational theory and evidence-based teaching practices
- Recognizes multicultural, gender, and experiential influences on teaching and learning
- Engages in self-reflection and continued learning to improve teaching practices that facilitate learning
- Uses information technologies skillfully to support the teaching-learning process
- Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts
- Models critical and reflective thinking
- Creates opportunities for learners to develop their critical thinking and critical reasoning skills
- Shows enthusiasm for teaching, learning, and nursing that inspires and motivates students
- Demonstrates interest in and respect for learners
- Uses personal attributes (e.g., caring, confidence, patience, integrity and flexibility) that facilitate learning
- Develops collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments
- Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice
- Serves as a role model of professional nursing

Competency 2 – Facilitate Learner Development and Socialization

Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. To facilitate learner development and socialization effectively, the nurse educator:

- Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners
- Provides resources to diverse learners that help meet their individual learning needs
- Engages in effective advisement and counseling strategies that help learners meet their professional goals
- Creates learning environments that are focused on socialization to the role of the nurse and facilitate learners' self-reflection and personal goal setting
- Fosters the cognitive, psychomotor, and affective development of learners
- Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes
- Assists learners to develop the ability to engage in thoughtful and constructive self and peer evaluation
- Models professional behaviors for learners including, but not limited to, involvement in professional organizations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy

Competency 3 – Use Assessment and Evaluation Strategies

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom, laboratory and clinical settings, as well as in all domains of learning. To use assessment and evaluation strategies effectively, the nurse educator:

- Uses extant literature to develop evidence-based assessment and evaluation practices
- Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor and affective domains
- Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals
- Uses assessment and evaluation data to enhance the teaching-learning process
- Provides timely, constructive, and thoughtful feedback to learners
- Demonstrates skill in the design and use of tools for assessing clinical practice

Competency 4 – Participate in Curriculum Design and Evaluation of Program Outcomes

Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment. To participate effectively in curriculum design and evaluation of program outcomes, the nurse educator:

- Ensures that the curriculum reflects institutional philosophy and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment
- Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies
- Bases curriculum design and implementation decisions on sound educational principles, theory, and research
- Revises the curriculum based on assessment of program outcomes, learner needs, and societal and health care trends
- Implements curricular revisions using appropriate change theories and strategies
- Creates and maintains community and clinical partnerships that support educational goals
- Collaborates with external constituencies throughout the process of curriculum revision
- Designs and implements program assessment models that promote continuous quality improvement of all aspects of the program

Competency 5 – Function as a Change Agent and Leader

Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice. To function effectively as a change agent and leader, the nurse educator:

- Models cultural sensitivity when advocating for change
- Integrates a long-term, innovative, and creative perspective into the nurse educator role
- Participates in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally
- Evaluates organizational effectiveness in nursing education
- Implements strategies for organizational change
- Provides leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contributions to the academic community
- Promotes innovative practices in educational environments
- Develops leadership skills to shape and implement change

Competency 6 – Pursue Continuous Quality Improvement in the Nurse Educator Role

Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential. To pursue continuous quality improvement in the nurse educator role, the individual:

- Demonstrates a commitment to life-long learning
- Recognizes that career enhancement needs and activities change as experience is gained in the role
- Participates in professional development opportunities that increase one's effectiveness in the role
- Balances the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution
- Uses feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness
- Engages in activities that promote one's socialization to the role
- Uses knowledge of legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment
- Mentors and supports faculty colleagues

Competency 7 – Engage in Scholarship

Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity. To engage effectively in scholarship, the nurse educator:

- Draws on extant literature to design evidence-based teaching and evaluation practices
- Exhibits a spirit of inquiry about teaching and learning, student development, evaluation methods, and other aspects of the role
- Designs and implements scholarly activities in an established area of expertise
- Disseminates nursing and teaching knowledge to a variety of audiences through various means
- Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development
- Demonstrates qualities of a scholar: integrity, courage, perseverance, vitality, and creativity

Competency 8 – Function within the Educational Environment

Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social and economic forces impact their role. To function as a good "citizen of the academy," the nurse educator:

- Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues
- Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular
- Develops networks, collaborations, and partnerships to enhance nursing's influence within the academic community
- Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program
- Integrates the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers
- Incorporates the goals of the nursing program and the mission of the parent institution when proposing change or managing issues
- Assumes a leadership role in various levels of institutional governance
- Advocates for nursing and nursing education in the political arena

National League for Nursing. (2005). *The scope of practice for academic nurse educators*. New York: National League for Nursing.

Appendix B

Nurse-Faculty Self-Evaluation Tool

(Begins on following page)

Lincoln Memorial University – Caylor School of Nursing
NURSE EDUCATOR SELF-EVALUATION TOOL

Please evaluate your knowledge and ability to perform these core competencies as a nurse educator by selecting the response that most accurately describes your knowledge related to each task statement and your ability to perform each task statement.

Core Competency 1: Facilitate Learning

The following 14 task statements address your knowledge and abilities related to the core competency: Facilitate Learning. Please select a response that describes your knowledge about each of these task statements and a response that describes your abilities/skills related to each of these task statements.

Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes. To facilitate learning effectively, the nurse educator:

	KNOWLEDGE	ABILITY TO PERFORM
1. Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
2. Grounds teaching strategies in educational theory and evidence-based teaching practices.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
3. Recognizes multicultural, gender, and experiential influences on teaching and learning.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

4. Engages in self-reflection and continued learning to improve teaching practices that facilitate learning.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
5. Uses information technologies skillfully to support the teaching-learning process.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
6. Practices skilled oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in variety of contexts.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
7. Models critical and reflective thinking.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
8. Creates opportunities for learners to develop their critical thinking and critical reasoning skills.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

9. Shows enthusiasm for teaching, learning, and nursing that inspires and motivates students.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
10. Demonstrates interest in and respect for learners.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
11. Uses personal attributes (e.g., caring, confidence, patience, integrity, and flexibility) that facilitates learning.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
12. Develops collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

13. Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
14. Serves as a role model of professional nursing.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

Core Competency II: *Facilitate Learner Development and Socialization*

The following 8 task statements address your knowledge and abilities related to the core competency: *Facilitate Learner Development and Socialization.* Please select a response that describes your knowledge about each of these task statements and a response that describes your abilities/skills related to each of these task statements.

Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. To facilitate learner development and socialization effectively, the nurse educator:

	KNOWLEDGE	ABILITY TO PERFORM
1. Indentifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second degree learners.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

2. Provides resources to diverse learners that help meet their individual learning needs.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
3. Engages in effective advisement and counseling strategies that help learners meet their professional goals.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
4. Creates learning environments that are focused on socialization to the role of the nurse and facilitate learners' self-reflection and personal goal-setting.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
5. Fosters the cognitive, psychomotor, and affective development of learners.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

6. Recognizes the influence of teaching styles and interpersonal interactions on learner outcomes.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
7. Assists learners to develop the ability to engage in thoughtful and constructive self and peer evaluation.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
8. Models professional behaviors for learners including, but not limited to, involvement in professional organizations, engagement in lifelong learning activities, dissemination of information through publications and presentations, and advocacy.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform Fully able to perform

Core Competency III: *Uses Assessment and Evaluation Strategies*

The following 6 task statements address your knowledge and abilities related to the core competency: Uses Assessment and Evaluation Strategies. Please select a response that describes your knowledge about each of these task statements and a response that describes your abilities/skills related to each of these task statements.

Nurse educators use a variety of strategies to assess and evaluate student learning in classroom, laboratory, and clinical settings, as well as in all domains of learning. To use assessment and evaluation strategies effectively, the nurse educator:

1. Uses extant literature to develop evidence-based assessment and evaluation practices.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
2. Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
3. Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
4. Uses assessment and evaluative data to enhance the teaching-learning process.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform

	o Very knowledgeable	o Comfortable with ability to perform o Fully able to perform
5. Provides timely, constructive, and thoughtful feedback to learners.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to o perform
6. Demonstrates skill in the design and use of tools for assessing clinical practice.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

Core Competency IV:*Participate in Curriculum Design and Evaluation of Program Outcomes*

The following 8 task statements address your knowledge and abilities related to the core competency: *Participate in Curriculum Design and Evaluation of Program Outcomes.* Please select a response that describes your knowledge about each of these task statements and a response that describes your abilities/skills related to each of these task statements.

Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment. To participate effectively in curriculum design and evaluation of program outcomes, the nurse educator:

1. Ensures that the curriculum reflects institutional philosophy	o Do not understand o Very limited knowledge	o No ability to perform o Very limited

and mission, current nursing and health care trends, and community and societal needs so as to prepare graduates for practice in a complex, dynamic, multicultural health care environment.	o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
2. Demonstrates knowledge of curriculum development including identifying program outcomes, developing competency statements, writing learning objectives, and selecting appropriate learning activities and evaluation strategies.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
3. Bases curriculum design and implementation decisions on sound educational principles, theory, and research.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
4. Revises the curriculum based assessment of program outcomes, learner needs, and societal and health care trends.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

5. Implements curricular revisions using appropriate change theories and strategies.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
6. Creates and maintains community and clinical partnerships that support educational goals.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
7. Collaborates with external constituencies throughout the process of curriculum revision.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
8. Designs and implements program assessment models that promote continuous quality improvement of all aspects of the program.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

Core Competency V: *Function as a Change Agent and Leader*

The following 8 task statements address your knowledge and abilities related to the core competency: *Function as a change Agent and Leader.* Please select a response that describes your knowledge about each of these task statements and a response that describes your abilities/skills related to each of these task statements.

Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice. To function effectively as a change agent and leader, the nurse educator:

1. Models cultural sensitivity when advocating for change.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
2. Integrates a long-term, innovative, and creative perspective into the nurse educator role.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
3. Participates in interdisciplinary efforts to address health care and educational needs locally, regionally, nationally, or internationally.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

4. Evaluates organizational effectiveness in nursing education.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
5. Implements strategies for organizational change.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
6. Provides leadership in the parent institution as well as in the nursing program to enhance the visibility of nursing and its contribution to the academic community.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
7. Promotes innovative practices in educational environments.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

8. Develops leadership skills to shape and implement change.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

Core Competency VI: Pursue Continuous Quality Improvement in the Nurse Educator Role

The following 8 task statements address your knowledge and abilities related to the core competency: *Pursue Continuous Quality Improvement in the Nurse Educator Role.* Please select a response that describes your knowledge about each of these task statements and a response that describes your abilities/skills related to each of these task statements.

Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential. To pursue continuous quality improvement in the nurse educator role, the individual:

1. Demonstrates a commitment to lifelong learning.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
2. Recognizes that career enhancement needs and activities change as experience is gained in the role.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

3. Participates in professional development opportunities that increase one's effectiveness in the role.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
4. Balances the teaching, scholarship, and service demands inherent in the role of educator and member of an academic institution.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
5. Uses feedback gained from self, peer, student, and administrative evaluation to improve role effectiveness.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
6. Engages in activities that promote one's socialization to the role.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

7. Uses knowledge of the legal and ethical issues relevant to higher education and nursing education as a basis for influencing, designing, and implementing policies and procedures related to students, faculty, and the educational environment.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
8. Mentors and supports faculty colleagues.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

Core Competency VII: Engage in Scholarship

The following 6 task statements address your knowledge and abilities related to the core competency: *Engage in Scholarship.* Please select a response that describes your knowledge about each of these task statements and a response that describes your abilities/skills related to each of these task statements.

Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity. To engage effectively in scholarship, the nurse educator:

1. Draws on extant literature to design evidence-based teaching and evaluation practices.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

2. Exhibits a spirit of inquiry about teaching and learning, student development, evaluation methods, and other aspects of the role.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
3. Designs and implements scholarly activities in an established area of expertise.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
4. Disseminates nursing and teaching knowledge to a variety of audiences through various means.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
5. Demonstrates skill in proposal writing for initiatives that include, but are not limited to, research, resource acquisition, program development, and policy development.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

6. Demonstrates qualities of a scholar: integrity, courage, perseverance, vitality, and creativity.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

Core Competency VIII: *Function within the Educational Environment*

The following 8 task statements address your knowledge and abilities related to the core competency: *Function within the Educational Environment.* Please select a response that describes your knowledge about each of these task statements and a response that describes your abilities/skills related to each of these task statements.

Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social, and economic forces impact their role. To function as a good "citizen of the academy," the nurse educator:

1. Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
2. Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

3. Develops networks, collaborations, and partnerships to enhance nursing's influence within the academic community.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
4. Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
5. Integrates the values of respect, collegiality, professionalism, and caring to build an organizational climate that fosters the development of students and teachers.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
6. Incorporates the goals of the nursing program and the mission of the parent institution when proposing change or managing issues.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

7. Assumes a leadership role in various levels of institutional governance.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform
8. Advocates for nursing and nursing education in the political arena.	o Do not understand o Very limited knowledge o Somewhat knowledgeable o Knowledgeable o Very knowledgeable	o No ability to perform o Very limited ability to perform o Some ability to perform o Comfortable with ability to perform o Fully able to perform

Demographic Data: Please complete these demographic items related to your education in and practice related to nursing.

1. Please select your appropriate age range.
   - o 20 – 30
   - o 30 – 40
   - o 41 – 50
   - o 51 – 60
   - o 61 +
2. Highest educational degree held in nursing.
   - o Bachelor of Science in Nursing
   - o Master of Science in Nursing
   - o Doctorate in Nursing or Other Field
   - o Other _____
3. What is the focal area of your MSN degree?
   - o Clinical Focus (NP, CNS, CRNA)
   - o Nursing Education
   - o Nursing Administration
   - o No specific focus
   - o Other _____
4. What doctoral degree do you hold?
   - o PhD in Nursing

     Focus _____
   - o DSN
   - o DNP
   - o PhD in Another Discipline

     What area? _____
   - o Ed.D

     Area of Concentration

     _____
5. Length of Years as a Registered Nurse
   - o Less than 10
   - o 11 – 20
   - o 21 – 30
   - o 30 – 40
6. Length of Years in Advanced Clinical Practice
   - o 1 – 10
   - o 11 – 20
   - o 21 – 30
   - o 30 – 40
   - o MSN not clinically focused
7. Length of Years in Advanced Practice not clinically focused (Education, Administration, etc)
   - o 1 – 10
   - o 11 – 20
   - o 21 – 30
   - o 30 – 40
   - o MSN Focused on Clinical Area

8. Focus of Your Practice When Working in a Non-Education Setting?
   - o Medical/Surgical – Hospital
   - o Obstetrics/Women's Health – Hospital
   - o Surgery – Hospital
   - o Psychiatric – Inpatient or Outpatient
   - o Community – Home Health, Office or Clinic Setting
   - o School Nursing
   - o Long-Term Care
   - o Other _____
   - o I do not work in a non-education setting

9. How Many Years in Your Non-Education Setting?
   - o 1 – 10
   - o 11 – 20
   - o 21 – 30
   - o 30 – 40
   - o I do not work in a non-education setting

Thanks so much for your time and cooperation in the completing of this Self-Evaluation Tool!

Appendix C

Nurse Faculty Self-Evaluation Tool: Establishment of Validity Process

2001	National League for Nursing established the Think Tank on Graduate Education Preparation for the Nurse Educator Role
2001 – 2003	Think Tank directed to address the question, "What do educators need to know, or be able to do, to implement the role successfully and effectively?" Think Tank developed a draft list of competencies for nurse educators
2003	National League for Nursing established the Task Group on Nurse Educator Competencies
2003 – 2005	Task Group directed to complete four objectives: 1) conduct comprehensive review of literature 2) formulate competencies based on review 3) identify gaps in the literature; and 4) identify priorities for future research Task Group completed comprehensive review of literature over a two-year time span, utilizing a variety of databases: nursing, higher education, medicine, allied health, social work, psychology, and sociology
2005 – 2006	Task Group completed draft of nurse educator competencies and presented competencies to the entire NLN Constituency for examination and review
2006 – 2007	Core Competencies for Nurse Educators finalized and published by the National League for Nursing
2008	Dr. Kathleen Kalb published article describing the process in which she utilized the eight Core Competencies for Nurse Educators (with sixty-six task statements) by applying a Likert-type scale as an evaluation tool/checklist as part of the development of a nurse educator program at St. Catherine University. Dr. Kalb has agreed for this researcher to use the tool as necessary. Written permission has been obtained from Kalb and the National League for Nursing (Appendix F; Appendix G).

Halstead, J. A. (Ed.). (2007). *Nurse educator competencies: Creating an evidence-based practice for nurse educators.* New York: National League for Nursing.

Appendix D

NCLEX-RN Passing Score – Logits Per Test Year

Year	Logits (Score to Pass NCLEX-RN)	Comments
2010	-0.16	Increased in April, 10
2009	-0.21	
2008	-0.21	
2007	-0.21	Increased in April, 07
2006	-0.28	
2005	-0.28	
2004	-0.28	Increased in April, 04
2003	-0.35	
2002	-0.35	
2001	-0.35	
2000	-0.35	
1999	-0.35	
1998	-0.35	Increased in April, 98
1997	-0.42	
1996	-0.42	
1995	-0.4766	
1994		Implementation of CAT Testing

National Council of State Boards of Nursing (2009). *NCLEX Examination Pass Rates.* Retrieved July 7, 2009, from the World Wide Web at http://www.ncsbn.org/1237.htm

June 30, 2009 Appendix E

National League for Nursing

Dear Ms. Wilson:

Thank you for requesting permission to use NLN's nurse educator competencies within your dissertation. We understand that you are seeking to use a Nurse Educator Self Evaluation Tool developed by Dr. Kalb, for which you already have her permission to use. You are now seeking copyright permission from the NLN related to use of the nurse educator competencies. I am pleased to give you permission to use the core nurse educator competencies from the following book within your dissertation, provided the assumptions and "caveats" listed below will be respected:

National League for Nursing. (2005). *The scope of practice for academic nurse educators*. New York: National League for Nursing.

- All competencies and task statements used in your study, instrument, course work, and final written dissertation will be included verbatim and not edited in any way from the original
- If you wish to adapt or edit any statements, you must send those changes to me for approval before using them
- The competencies and task statements will be used only as the basis for your dissertation research instrument, course work, and final written dissertation, which is being conducted at Liberty University, under the guidance of Dr. Scott Watson and Dr. Jill Jones
- References to the competencies and task statements and acknowledge that they are being used with the permission of the National League for Nursing, New York, NY
- You have already purchased or will purchase at least one copy of the booklet in which these competencies appear
- You will send me a copy of the abstract of your completed dissertation so that NLN can add it to our compilation of ways in which the competencies have been used
- The National League for Nursing is the sole owner of the copyright on this booklet, including the competencies and task statements
- No fees are being charged by the NLN for permission to use these competencies and task statements as the basis for your dissertation survey instrument and course work

I am very pleased that material published by the National League for Nursing is seen as valuable to your scholarly work, and I'm pleased that we are able to grant permission for its use. Please call me *(212-812-0329)* with any questions about items noted in this letter. Thank you.

Respectfully,

Linda S. Christensen
Chief Administration Officer

Appendix F

Email from Dr. Kathleen Kalb Which Included the Nurse-Faculty Self-Evaluation Tool as an Attachment.

Wednesday, June 10, 2009 8:59 PM

Dear Robin,

Thanks so much for your message -- and congratulations as you complete your doctoral studies and begin work on your dissertation -- truly exciting!

And your plan to use the *Core Competencies of Nurse Educators* as you develop your MSN program in Nursing Education at your school of nursing is superb. It is such a gift to use these Nurse Educator standards of practice to guide your coursework and curriculum design. As described in the article, we used the core competencies to develop our graduate program for nurse educators at St. Catherine University, and it has been a wonderful framework to support our graduate students and their learning, as well as the ongoing professional development of our nursing faculty.

The instrument described in the article, the Nurse Educator Self-Evaluation, was developed with permission from the National League for Nursing. Dr. Alice Swan, our Associate Dean for Nursing, contacted the National League for Nursing about sharing this tool with other nursing programs. Mary Knight, from the National League for Nursing, indicated that other nursing programs would need to obtain copyright permission from the National League for Nursing to use this tool. Mary Knight indicated that permission may be obtained by contacting: http://www.nln.org/copyright/index.htm

Attached is a Word document with sections from our Nurse Educator Self-Evaluation that may be used as a guide to facilitate the development of a tool for your nursing program. For example, the scales used to evaluate knowledge and abilities related to each of the task statements are included in this Word document.

Thank you again for your interest in the Nurse Educator Self-Evaluation, and for your commitment to use the *Core Competencies of Nurse Educators* as your move forward with plans for your MSN program. Please let me know if you have any questions -- and again, congratulations on your plans for your dissertation work -- you are in my prayers.

God bless you, Robin, and again, thank you!

Kathleen Kalb
Associate Professor, Nursing
St. Catherine University

Appendix G

Liberty University Institutional Review Board Approval for Research

Wilson, Robin

From: Institution Review Board [IRB@liberty.edu]
Sent: Friday, April 02, 2010 2:42 PM
To: Wilson, Robin; Holland, Clarence "Chick"; Garzon, Fernando L.
Cc: Institution Review Board
Subject: IRB Approval 814.022210: Examining the Effects of a National League for Nursing Core Competencies Workshop as an Intervention to Improve Nurse Faculty Practice
Attachments: Annual Review Form.doc; Change in Protocol.doc

Dear Robin,

We are pleased to inform you that your above study has been approved by the Liberty IRB. This approval is extended to you for one year. If data collection proceeds past one year, or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. Attached you'll find the forms for those cases.

Thank you for your cooperation with the IRB and we wish you well with your research project. We will be glad to send you a written memo from the Liberty IRB, as needed, upon request.

Sincerely,

Fernando Garzon, Psy.D.
IRB Chair, Liberty University
Center for Counseling and Family Studies Liberty University
1971 University Boulevard
Lynchburg, VA 24502-2269
(434) 592-4054
Fax: (434) 522-0477

---- End of Forwarded Message

Appendix H

Lincoln Memorial University Institutional Review Board Approval for Research

LINCOLN MEMORIAL UNIVERSITY

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6965 Cumberland Gap Parkway
Harrogate, Tennessee 37752
423.869.3611
www.lmunet.edu

LINCOLN MEMORIAL UNIVERSITY
INSTITUTIONAL REVIEW BOARD (IRB)
NOTIFICATION OF REVIEW

Federal-Wide Assurance Number FWA00012543
Institutional Organization Research Group (IORG) IORG0005225
OHRP and Biomedical Social Science IRB IRB00006284

P.I. Name: Robin Wilson
Name of Chair/Supervisor: Dr. Clarence Holland, Liberty University
Project Title: Examining the Effects of a National League for Nursing Core Competencies Workshop as an Intervention to Improve Nurse Faculty Practice.

The project identified above was **approved by the IRB committee** as exempt on March 30th, 2010 (IRB identification number 041).

On behalf of the IRB,

Pauline D. Lipscomb
Director, ORGSP

Appendix I

Dear XXXXX School of Nursing Faculty or Staff Member:

Hello! As many of you know, I am in the Dissertation process at Liberty University. The topic of my dissertation is *"Examining the Effects of a National League for Nursing Core Competencies Workshop as an Intervention to Improve Nurse Faculty Practice."* I have recently completed defending the research proposal and have received permission from my Dissertation Chair and Committee to move forward with the research study. I would like to invite each of you to become a study participant. The overall study plan is to administer a self-evaluation tool to all study participants related to the National League for Nursing Core Competencies for Nurse Educators, and then provide a brief Core Competencies Workshop. Five days later, study participants will complete the self-evaluation tool again and take part in a small focus group interview.

The first administration of the tool and the brief workshop will take place on Thursday, April 29. That is the day we are all required to attend the last University Faculty Meeting on campus. It should be over by 3:30. We are also required to attend Pinning practice at 5:00 and the Pinning Ceremony at 6:00. I would like to provide a supper meal for each of you from 3:30 – 5:00 in the large nursing classroom. While you are having supper, I would ask that you complete the Nurse-Faculty Self-Evaluation Tool as a pre-test, then attend the brief Core Competencies Workshop. Five days later when we are having our last Nurse Faculty Meetings of the semester, I would again provide lunch for study participants as they complete the post-intervention Nurse-Faculty Self-Evaluation Tool and focus group interview.

The benefit to the study participants of participating in this study is one of improved personal practice as nurse educators. Nurse educators, although nursing experts, often have had no training in the field of education. The improvement in nurse faculty practice should provide a concomitant improvement in students' educational outcomes, which could be measured by improved course grades, increased graduation rates, and improved first-attempt National Council Licensure Examination for Registered Nurses [NCLEX-RN] board scores. Because there continues to be a shortage of registered nurses in the United States, the long-term benefit of this study could be the improvement of the overall health of the people of the community by graduating more and better-prepared students who are able to obtain licensure successfully.

No faculty or staff standing in the XXXXXX School of Nursing at XXXXXXX University will be affected by anyone's non-participation in this study.

XXXXXXX
(Signature)

Appendix J

Dear Study Participant:

Earlier this week you received an email from me describing my Dissertation Study at Liberty University and asking you to be a participant. The 'intervention' for my study is a Core Competencies Workshop, based upon the National League for Nursing Core Competencies for Nurse Educators. Please see the following excerpts from my Dissertation Proposal:

Forrest and Peterson (2006) defined 'andragogy' as "the art and science of teaching adults…those individuals who have taken on adult roles in society" (p. 114). Adult learners view themselves as independent learners, have a desire to be actively involved in their own learning, are capable of self-direction, and want to learn things that they see as valuable (Ismel, 1982; Schnieir, Russel, Beatty & Baird, 1994). Adults tend to view learning as a means to an end. Attendance and involvement in the Core Competencies Workshop can assist faculty in the process of improving teacher practice. Knowles (1980) proposed that adults have an inherent need to be self-directing; have an ever-increasing reservoir of experience from which to draw; experience the need to learn in order to manage new tasks or problems; and see education as a way to maximize their life experience. Collins (2004) described the role of the adult learner to be that of a self-directed learner who is intrinsically motivated and learns best in those situations in which they are personally involved.

Eight faculty members will be asked to write a scenario based on one core competency only, and will be asked to submit these to the researcher two weeks prior to the workshop, or approximately April 15. Upon introduction of the first competency via Power Point, faculty will discuss the peer-prepared real world scenario written for that competency. Upon completion of five minutes of discussion, the dyads will be asked to

brainstorm answers or comments to the scenario. The second competency will be introduced via Power Point, the second faculty-written scenario will be role discussed; dyads again will be asked to brainstorm answers or comments. This will occur eight times, to cover all eight core competencies.

I have randomly drawn faculty names from a basket to write a small scenario about one of each of the eight Core Competencies for Nurse Educators to use during the Core Competencies Workshop and I have drawn yours. I am asking the eight faculty members to write just a paragraph or two about one specific core competency. Yours is Competency 1 – Facilitate Learning. All I need from you is a few sentences or a paragraph or two about something related to this competency, such as an interaction with students in a class, something that you do in class or that someone else does in class that reminds you of this competency, etc. I am attaching your Core Competency for you to read and think about as you write me a little ditty!! The reason I am asking faculty to do this is because adults learn best when it is material that is familiar and has value to them. You will be helping my Workshop have value and be important to all participants. Please let me know by return email that you will assist me in my dissertation by writing a paragraph or two about something that pertains to Core Competency 1. I need you to write your paragraph quickly, because the Core Competencies Workshop will take place on April 29th. Thanks so much for all your help!!

XXXXX
(Signature)

Appendix K

Paired Samples t-test Values

Tool Item	Sig. (2 tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC1.1a	.018*	-2.504	29	3.9333	4.2000	6.78%+
CC1.1b	.043*	-2.112	29	3.8000	4.0667	7.02%+
CC1.2a	.003*	-3.275	29	3.3667	3.9667	17.82%+
CC1.2b	.003*	-3.275	29	3.2667	3.9667	21.42%+
CC1.3a	.019*	-2.483	29	3.7333	4.1000	9.82%+
CC1.3b	.048*	-2.068	29	3.6667	3.9667	8.18%+
CC1.4a	.030*	-2.283	29	4.1333	4.4000	6.45%+
CC1.4b	.059	-1.964	29	3.9667	4.2667	7.56%+
CC1.5a	.000*	-4.287	29	3.5333	4.0667	15.09%+
CC1.5b	.016*	-2.567	29	3.5333	3.8667	9.43%+
CC1.6a	.073	-1.861	29	4.0333	4.3000	6.6%+
CC1.6b	.206	-1.293	29	4.0333	4.2333	4.96%+
CC1.7a	.000*	-4.287	29	3.9000	4.4333	13.67%+
CC1.7b	.003*	-3.247	29	3.8667	4.2667	10.34%+
CC1.8a	.000*	-4.014	29	3.9667	4.4667	12.6%+
CC1.8b	.003*	-3.247	29	3.8667	4.2667	10.34%+
CC1.9a	.031*	-2.262	29	4.4000	4.6000	4.54%+
CC1.9b	.032*	-2.249	29	4.2667	4.5000	5.47%+
CC1.10a	.057	-1.980	29	4.4333	4.6000	3.76%+
CC1.10b	.001*	-3.808	29	4.2333	4.5667	7.87%+
CC1.11a	.043*	-2.112	29	4.4000	4.6667	6.06%+
CC1.11b	.005*	-3.071	29	4.2667	4.5667	7.03%+
CC1.12a	.010*	-2.757	29	4.3000	4.6000	6.96%+
CC1.12b	.017*	-2.523	29	4.2000	4.5000	7.14%+
CC1.13a	.009*	-2.796	29	4.0667	4.4333	9.01%+
CC1.13b	.001*	-3.791	29	4.0333	4.4667	10.74%+
CC1.14a	.083	-1.795	29	4.3667	4.6667	6.87%+
CC1.14b	.016*	-2.562	29	4.2000	4.6000	9.52%+
CC2.1a	.000*	-4.325	29	3.5667	4.2333	18.68%+
CC2.1b	.003*	-3.294	29	3.5667	4.0333	13.08%+
CC2.2a	.000*	-4.000	29	3.5333	4.0667	15.09%+
CC2.2b	.001*	-3.565	29	3.3333	3.8667	16.00%+
CC2.3a	.010*	-2.763	29	3.8667	4.2000	8.61%+
CC2.3b	.023*	-2.408	29	3.8333	4.1667	8.69%+
CC2.4a	.001*	-3.791	29	3.8333	4.2667	11.30%+
CC2.4b	.030*	-2.283	29	3.7667	4.0333	7.07%+
CC2.5a	.003*	-3.266	29	3.8667	4.2333	9.48%+

Tool Item	Sig. (2 tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC2.5b	.002*	-3.496	29	3.7000	4.1333	11.71%+
CC2.6a	.000*	-4.014	29	3.7667	4.2667	13.27%+
CC2.6b	.000*	-4.014	29	3.6000	4.1000	13.88%+
CC2.7a	.000*	-4.188	29	3.5333	4.2333	19.81%+
CC2.7b	.001*	-3.739	29	3.4667	4.1000	18.26%+
CC2.8a	.025*	-2.362	29	4.0000	4.3667	9.16%+
CC2.8b	.017*	-2.538	29	3.8333	4.2667	11.30%+
CC3.1a	.039*	-2.164	29	3.7333	4.1000	9.82%+
CC3.1b	.021*	-2.449	29	3.6333	4.0333	11.00%+
CC3.2a	.003*	-3.313	28	3.5862	4.0690	13.46%+
CC3.2b	.006*	-2.985	28	3.4483	3.9310	13.99%+
CC3.3a	.004*	-3.117	29	3.5000	4.0333	15.23%+
CC3.3b	.004*	-3.117	29	3.4333	3.9667	15.53%+
CC3.4a	.008*	-2.841	29	3.7667	4.2333	12.38%+
CC3.4b	.005*	-3.002	29	3.6333	4.1667	14.68%+
CC3.5a	.005*	-3.003	29	4.1667	4.5333	8.79%+
CC3.5b	.005*	-3.003	29	4.1000	4.4667	8.94%+
CC3.6a	.071	-1.877	28	3.8966	4.2069	7.96%+
CC3.6b	.001*	-3.520	28	3.7586	4.2069	11.92%+
CC4.1a	.048*	-2.073	28	3.9655	4.2759	7.82%+
CC4.1b	.058	-1.978	28	3.8621	4.1379	7.14%+
CC4.2a	.059	-1.967	28	3.6207	3.9310	8.57%+
CC4.2b	.073	-1.864	28	3.6207	3.8966	7.62%+
CC4.3a	.001*	-3.844	28	3.3000	3.9000	18.18%+
CC4.3b	.001*	-4.000	28	3.3000	3.8333	16.16%+
CC4.4a	.002*	-3.471	29	3.5000	4.1333	18.09%+
CC4.4b	.000*	-4.130	29	3.3333	4.0000	20.00%+
CC4.5a	.001*	-3.616	29	3.3333	3.9000	17.00%+
CC4.5b	.000*	-3.958	29	2.9667	3.7000	24.71%+
CC4.6a	.002*	-3.496	29	3.9333	4.3667	11.01%+
CC4.6b	.005*	-3.067	29	3.8333	4.2667	11.30%+
CC4.7a	.000*	-4.892	29	3.1667	3.9333	24.20%+
CC4.7b	.001*	-3.616	29	3.1333	3.7000	18.08%+
CC4.8a	.000*	-4.527	28	3.0345	3.8996	28.50%+
CC4.8b	.000*	-5.012	28	2.9310	3.7586	28.23%+
CC5.1a	.003*	-3.247	29	3.7333	4.2667	14.28%+
CC5.1b	.062	-1.943	29	3.7000	4.0667	9.91%+
CC5.2a	.005*	-3.041	28	3.6207	4.0345	11.42%+
CC5.2b	.000*	-4.036	28	3.4828	4.0345	15.84%+
CC5.3a	.054	-2.013	28	3.5517	3.9310	10.67%+

Tool Item	Sig. (2 tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC5.3b	.039*	-2.169	28	3.3793	3.7586	11.22%+
CC5.4a	.014*	-2.636	28	3.4828	3.9655	13.85%+
CC5.4b	.002*	-3.415	28	3.2414	3.8966	20.21%+
CC5.5a	.008*	-2.853	28	3.2759	3.7586	14.73%+
CC5.5b	.002*	-3.415	28	3.0000	3.6207	20.69%+
CC5.6a	.001*	-3.798	29	3.6000	4.1667	15.74%+
CC5.6b	.000*	-4.490	29	3.3333	4.1000	23.00%+
CC5.7a	.007*	-2.904	29	3.7000	4.1333	11.71%+
CC5.7b	.008*	-2.841	29	3.4333	3.9000	13.59%+
CC5.8a	.000*	-4.264	29	3.6667	4.2333	15.45%+
CC5.8b	.001*	-3.616	29	3.5333	4.1000	16.03%+
CC6.1a	.745	-.328	29	4.6333	4.6667	0.72%+
CC6.1b	.264	-1.140	29	4.4333	4.5333	2.25%+
CC6.2a	.010*	-2.763	29	4.2667	4.6000	7.81%+
CC6.2b	.030*	-2.283	29	4.2000	4.4667	6.35%+
CC6.3a	.003*	-3.247	29	4.3000	4.5667	6.20%+
CC6.3b	.017*	-2.523	29	4.0000	4.3000	7.5%+
CC6.4a	.573	.570	29	4.9333	4.3667	12.97%-
CC6.4b	.000*	-4.551	29	3.5333	4.2000	18.86%+
CC6.5a	.058	-1.975	29	4.3000	4.5667	6.20%+
CC6.5b	.048*	-2.068	29	4.1667	4.4667	7.19%+
CC6.6a	.003*	-3.294	29	3.8667	4.3333	12.06%+
CC6.6b	.003*	-3.294	29	3.7000	4.1667	12.61%+
CC6.7a	.030*	-2.276	29	3.8000	4.1333	8.77%+
CC6.7b	.039*	-2.163	29	3.7000	4.0333	9.01%+
CC6.8a	.000*	-4.958	29	3.8000	4.3667	14.91%+
CC6.8b	.000*	-4.871	29	3.7667	4.3667	15.92%+
CC7.1a	.000*	-5.525	29	3.4000	4.0667	19.60%+
CC7.1b	.000*	-4.539	29	3.3667	3.9667	17.82%+
CC7.2a	.001*	-3.746	29	3.8333	4.3333	13.04%+
CC7.2b	.006*	-2.971	29	3.7667	4.2333	12.38%+
CC7.3a	.006*	-2.984	29	3.5000	4.0667	16.19%+
CC7.3b	.000*	-4.038	29	3.0667	3.8333	24.99%+
CC7.4a	.002*	-3.496	29	3.7333	4.1667	11.60%+
CC7.4b	.001*	-3.764	29	3.5000	4.0333	15.23%+
CC7.5a	.000*	-4.130	29	2.7333	3.4000	24.39%+
CC7.5b	.000*	-4.678	29	2.4333	3.2000	31.50%+
CC7.6a	.010*	-2.763	29	3.9667	4.3000	8.40%+
CC7.6b	.001*	-3.616	29	3.6000	4.1667	15.74%+

Tool Item	Sig. (2 tailed)	t value	*df*	Pre-Test Mean	Post-Test Mean	Change
CC8.1b	.025*	-2.359	29	3.4667	3.9000	12.49%+
CC8.2a	.003*	-3.275	29	3.4667	4.0667	17.30%+
CC8.2b	.002*	-3.395	29	3.3000	3.8333	16.16%+
CC8.3a	.004*	-3.117	29	3.5000	4.0333	15.23%+
CC8.3b	.000*	-4.264	29	3.3000	3.8667	17.17%+
CC8.4a	.016*	-2.567	29	4.0333	4.3667	8.26%+
CC8.4b	.048*	-2.068	29	3.8333	4.1333	7.82%+
CC8.5a	.008*	-2.845	29	4.2000	4.6000	9.52%+
CC8.5b	.005*	-3.003	29	4.1667	4.5333	8.79%+
CC8.6a	.002*	-3.500	29	3.7333	4.2000	12.50%+
CC8.6b	.003*	-2.626	29	3.6000	3.9667	10.18%+
CC8.7a	.002*	-3.319	29	3.3667	3.9333	16.82%+
CC8.7b	.001*	-3.525	29	3.0000	3.6000	20%+
CC8.8a	.014*	-2.626	29	3.5333	4.0000	13.20%+
CC8.8b	.003*	-3.247	29	3.1333	3.6667	17.02%+

The asterisk * denotes the number indicates a significant increase in either *knowledge of* or *ability to perform* the research question/task statement by study participants.