EXPERIENCED NURSE EDUCATORS' PERCEPTIONS OF DOCTORAL (PHD) PREPARATION AS SUPPORTING THEIR NURSE EDUCATOR ROLES

A Dissertation

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by

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ABSTRACT

Because of the highly complex expectations of new nursing graduates "nursing education needs teachers with a deep nursing knowledge who also know how to teach and conduct research…in order to address the specific educational demands of teaching the complex practice of nursing" (Benner, Sutphen, Leonard, & Day, 2010, p. 6). Currently, the educational requirement for a nurse educator in a university setting is a doctoral degree, preferably a PhD. However, Cronon (2006) emphasized that "many PhD recipients are ill prepared to function effectively in the settings in which they work…particularly those related to teaching" (p. 5).

The purpose of this study was to document the perceptions of experienced nurse educators both prepared, and currently preparing at the doctoral (PhD) level, to understand to what extent PhD work prepared them for their role in the delivery of nursing education. A case study approach was selected, using a constructivist paradigm. Data were collected from ten participants at three sites of a university school of nursing using three semi-structured interviews. Primary data were supplemented by institutional foundation documents and a field journal.

Four themes emerged from the data as follows: the ambiguities associated with the interpretation of the term *nurse educator* influenced how a nurse educator described their role; doctoral (PhD) education enhanced approaches to thinking in relation to increased breadth and depth of knowledge base, in addition to research capabilities; the PhD credential was found to be indicative of research credibility both within and across the disciplines and enhanced the potential for funding opportunities; and doctoral (PhD) education did not support the pedagogical aspects, specifically formal teaching preparation, of the nurse educator's role.

While this study provided insight in understanding how doctoral (PhD) education supported experienced nurse educators in their roles, it identified issues that impacted on how these nurse educators enacted their roles. These issues included both a disconnection and a perceived inequality between research and teaching, in addition to a marked variation in the interpretation of the scholarship of teaching.

Among the implications of this study on theory are its contributions to understanding the experiences of nurse educators in relation to their doctoral (PhD) education as supporting their roles in the delivery of nursing education. Among the implications of this study for research is the need to investigate how doctoral (PhD) education could better support the pedagogical aspect

of nurse educators' roles, or whether other doctoral (EdD) education might be more effective in providing this pedagogical foundational knowledge. Additional implications of this study for research are to identify ways in which thinking, research, and practice could function collectively, rather than as separate entities. Among the implications for practice are a greater understanding of the teacher-scholar model in relation to the components of discovery, integration, application, and teaching (Boyer, 1990), and how learning organizations and communities of knowledge could facilitate this deeper understanding.

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CHAPTER ONE

INTRODUCTION

According to a national study conducted by the Carnegie Foundation for the Advancement of Teaching (Benner, Sutphen, Leonard, & Day, 2010):

> New nurses need to be prepared to practice safely, accurately, and compassionately, in varied settings, where knowledge and innovation increase at an astonishing rate...to continue learning, often through self-directed learning that can be adapted to any site of practice...understand a range of nursing knowledge and science, from normal and pathological physiology to genomics, pharmacology, biochemical implications of laboratory medicine...the human experience of illness...perform highly skilled technical-scientific and relational work...learn and work under less than optimal circumstances...they must deploy a complex array of skills and knowledge and do so with deep commitment to each patient's best interests. (pp. 1-2)

Despite the changes within the health care system and the impact on nursing education, it is evident from the summary of the above study's findings that "nursing education must be remade" (Benner et al., 2010, p. 1). The roles and responsibilities of nursing education providers, and specifically nurse educators, must reflect these changes in order to meet the current and future expectations of the health care system. For example, Benner et al. (2010) described both the current and future roles of nurse educators as needing to facilitate nursing students in the development of cognitive skills, the ability to act as moral agents in a multitude of settings and contexts, "in situations that are undetermined, contingent and changing over time" (p. 90). In other words, the roles of nurse educators are to "teach their students how to be a nurse in terms of using evidence-based knowledge, clinical judgment, and skilled know-how" (Benner et al., 2010, p. 90). Because of the highly complex expectations of new nursing graduates, "nursing education needs teachers with a deep nursing knowledge who also know how to teach and conduct research on nursing education...in order to address the specific educational demands of teaching the complex practice of nursing" (Benner et al., 2010, p. 6).

Currently, the educational requirement for a nurse educator in a university setting is a doctoral degree, a PhD or equivalent. Of the nursing doctorates awarded in the United States, the Doctorate of Philosophy is the most frequent at 80 % (Smith & Delmore, 2007); however,

Cronon (2006) emphasized that "many PhD recipients are ill prepared to function effectively in the settings in which they work…particularly those related to teaching" (p. 5). Consequently, there are few nurse educators who have had formal pedagogical preparation (Bartfay & House, 2007; Benner et al., 2010; Berlin & Sechrist, 2002; Elliott & Wall, 2007; Jarrett, Horner, Center, & Kane, 2008; McDonald, 2004). Given this trend, I was curious about the role of doctoral education for Canadian nurse educators who were responsible for preparing future nurses and specifically, to what extent, has doctoral education supported their roles as nurse educators?

Background to the Study

To understand why nurse educators do not have formal preparation for teaching, it is important to provide the current context of nursing and nursing education in Canada, including the historical evolution of the nurse educator's academic preparation for a teaching role. It is equally important to have an awareness of the magnitude of the problem relative to teacher preparation, specifically, that it is not a problem unique to Canada or the discipline of nursing and nursing education (American Association of Colleges of Nursing [AACN], 2005; Canadian Association of Schools of Nursing [CASN], 2004; Canadian Nurses Association [CNA] 2011; 2012; Canadian Nurses Association [CNA] & Canadian Association of Schools of Nursing [CASN] 2006; 2013; McDonald, 2004). According to the Canadian Nurses Association [CNA] and the Canadian Association of Schools of Nursing [CASN] (2006):

> Registered Nurses (RNs) are the backbone of the health care system. Ensuring an adequate supply of RNs is of critical importance to the system's smooth functioning. The annual output of new nurse supply from nursing education programs (programs entitling successful graduates to apply for RN licensure) is the principal source of new additions to the Canadian RN workforce. (p. 1)

The effects of health care reform and budget cuts that occurred throughout the 1990s have resulted in unprecedented interest and activity in human health resources in the 21st century (Skrapek & Bullin, 2006). "Traditionally, nursing human resource planning...has been carried out predominantly by federal, provincial and territorial governments introducing short term planning initiatives...without careful consideration of long term outcomes...and negative impacts on the current and future health care workforce" (CNA, 2001, p. 1). An example of this practice is illustrated by the recent response of both the Government of Saskatchewan and the current providers of nursing education (Haight, 2009, April 23) to the ongoing problem in

relation to the shortage of Registered Nurses. As a strategy to address the nursing shortage in 2009, the province committed to increasing the number of students training to be registered nurses or registered psychiatric nurses from 530 to 720 by 2011 (Haight, 2009, April 23). This strategy was proclaimed by the Saskatchewan Registered Nurses Association (SRNA) as an indication of both the province's recognition of the need for nurses and a commitment to nursing education (Haight, 2009, April 23). My study is premised on the assumption that a commitment to nursing education, the successful development of competent nursing graduates and the delivery of quality health care are directly impacted by the educational preparation of nurse educators for their roles in delivering quality nursing education. For nurse educators to provide quality learning experiences, they require the appropriate academic preparation that includes pedagogical content knowledge, or simply stated, formal knowledge of the "ways of representing and formulating the subject that make it comprehensible to others" (Hausfather, 2001, p. 17).

Due to the complexities of human illness, there is an obvious need for increasingly skilled nursing graduates who are prepared to meet the demands of providing increasingly complex health care (CASN, 2010; CNA, 2009). To graduate highly skilled nurses, nurse educators must structure educational experiences through a series of progressive pedagogical approaches delivered by "infinitely skilled teachers" (Windschitl, 2002, p. 131) or in other words, teachers who are academically prepared in formal educational principles that facilitate a quality education. It is critical that educators responsible for ensuring students meet these expectations have a solid pedagogical foundation.

Boyer (1990) charged that excellence in teaching was neither truly valued nor rewarded in academic settings. Academic scholarship was defined strictly in terms of research. This undervaluing of teaching was also evident in nursing with the advent of the term "research" being incorporated into the scholarship of nursing. Prior to the mid-20th century, teaching had been the primary focus of scholarship in higher education (Glanville & Houde, 2004).

According to the AACN (2005), there has been a statistically significant decline in formal teaching preparation for nurses. For example, in 1976, 24.7% of the graduates from nursing Masters' programs were education (teaching) majors, compared to 5.3% in 2004 (AACN, 2005). This decline was due to an "increased emphasis and interest in Nurse Practitioner and Clinical Specialist roles" (p. 12) focusing on the preparation of individuals for clinical practice. The cumulative effects of a long standing nursing shortage is evident in increased waiting times,

cancelled surgeries, bed and hospital closures, substantial overtime and burnout (Longmore, 2007). Policy makers have painted a less than realistic picture of the situation by appearing to "come to the rescue" with the funding of an increased number of nursing education seats (Longmore, 2007). Despite myriad reports, studies, and strategies that addressed the issue of the current and looming shortage of health care providers, the emphasis has remained on new nurse education. For example, this preoccupation with new nurse education has obscured the critical relationship between the increased demand for new nurses, the greater need for nurse educators and ultimately, the impact on nursing education (CASN, 2004; CASN, 2010; CNA & CASN, 2006; 2013; Munro Cohen, 2011; Villeneuve & MacDonald, 2006). What is not apparent to those outside the nursing community is that the current and ever increasing shortage of qualified nurse educators will result in the inability of educational programs to meet workforce demands (Anderson, 2002; Brendtro & Hegge, 2000; CASN, 2010; CNA & CASN, 2013; DeYoung, Bliss & Tracy, 2002). While we need to educate more nurses, the issue is that we need qualified educators that have the educational preparation to provide a high quality education. In other words, it is not only about numbers in terms of filling nursing positions; it is also about the quality of the education that these nurses receive.

Traditionally, the challenges associated with filling teaching positions in nursing are associated with the lack of formal preparation for nurse educators, insufficient prior teaching experience, and an inadequate understanding of the role of being a member of the teaching faculty (Bartfay & Howse, 2007; Boyden, 2000; Dunphy-Suplee & Gardiner, 2009; Hinshaw, 2001; Krisman-Scott, Keishbaumer & Thompson, 1998; Skrapek & Bullin, 2006). The demand for nurse educators is further compounded by the baccalaureate degree as entry to the practice of nursing. Historically, few nursing students pursued the baccalaureate degree route because it was not a requirement for general nursing practice. However, due to changing technology, client complexity, increasing responsibility and accountability for registered nurses, and changing scopes of practice and health care delivery methods (Canadian Institute for Health Informatics [CIHI], 2013; CASN, 2010; CNA, 2009; CNA & CASN, 2006; 2013; Tanner & Bellack, 2010), there was a perceived need for increased educational requirements for instructors at the nursing undergraduate level. In response, institutional policy required nurse educators to hold a minimum qualification of a Master of Nursing degree and ideally, a Doctorate in Nursing for nursing faculty (CNA, 2003; CASN, 2011). Currently, this advanced qualification is dependent

on individual institutional practices; however, a doctoral degree appears to be the eventual minimum requirement to teach in an undergraduate nursing program. The question remains: Does the required PhD actually contribute to improved delivery of undergraduate nursing education?

It is well documented that programs leading to Master or doctoral degrees in nursing do not provide adequate pedagogical preparation including: general education principles, curriculum development, evaluation techniques and teaching strategies (Anthony & Templin, 1998; Bartfay & Howse, 2007; Boyden, 2000; Hessler & Ritchie, 2006; Ivey, 2007; Oermann, 2005; Siler & Kleiner, 2001). Edwardson (2004) stated that "the current focus on PhD education rarely prepares a person to be a good teacher, especially students preparing for faculty roles in colleges where teaching is the main mission" (p. 41). Additionally, the American Association of Colleges of Nursing (AACN) (2005) emphasized that "the primary interest of doctoral program graduates returning to or accepting their first academic appointment is the development of research interests...few are interested in teaching" (p. 12). Despite this documentation on the absence of any required teaching courses in most Master of Nursing or doctoral degrees in nursing, nursing education institutions and nursing education administrators are standing steadfast in their request for PhD prepared nurse educators with teaching expertise, yet the very requirement that is demanded does not provide a teaching component. How will these required degrees advance the scholarship of teaching?

The aforementioned question is critical because the scholarship of teaching is a recognized component of scholarship within the discipline of nursing (AACN, 2005; CASN, 2004; CNA & CASN, 2008). It has been recommended by the AACN (2005) that best practices in teaching be established to facilitate the promotion of the scholarship of teaching. This comes at a time when "a general sense of devaluing and undervaluing nursing, nursing education and nurse educators" (AACN, 2005, p. 3) is apparent. The theme of advancing the scholarship of teaching is furthered by the National League of Nursing (NLN, 2002), which emphasized the need for both the development of the science of nursing education and the cultivation of educational experts. Glanville and Houde (2004) explained that "teaching at its best, means not only transmitting knowledge but transforming and extending it as well" (p. 10). Excellent teaching and the scholarship of teaching are achieved by placing the focus on optimizing the student learning experience that results from teaching practices (Glanville & Houde, 2004).

However, nurses/new nurse educators are expected to enter into a faculty position with excellent teaching skills (McDonald, 2004), without being formally prepared to do this. Generally, clinical expertise is not as highly valued in the academic setting as in the clinical setting because the priority is research, and to a lesser degree, teaching and service (Bartfay & Howse, 2007). Faculty and administrators of graduate nursing programs have focused on developing nursing research and have stopped making an effort to prepare future faculty for teaching (Benner et al., 2010). Therefore, if a PhD is required of nurse educators for a role in teaching and the focus of PhD preparation has traditionally privileged research and cultivating one's role as a researcher, how will PhD preparation address the teaching component of the nurse educators' role?

McDonald (2004) stated that "all nurses are teachers...teachers of clients", which apparently is the underlying premise for the proponents of the traditional Master of Nursing degree and/or doctoral degree in nursing preparation of nurse educators. As an experienced nurse educator and current professor of nurse education, I would argue that client teaching is different from academic teaching in terms of the purpose, context, and the "learner" within the teaching session. The AACN (2005) explained that "in nursing, clinical expertise is essential to professional success, but clinical proficiency alone is not sufficient to convey nursing knowledge and practice to others in a meaningful, useful, appropriate way...excellent nurses are not necessarily expert teachers" (p. 21). Because the expectation of educators is to teach "something of value" (Baines & Stanley, 2000, p. 332) to an increasingly diverse student group in a multitude of situations, it would only be logical that these educators receive formal pedagogical preparation.

However, it is evident from the current practices in the delivery of undergraduate nursing education that the idea that all nurses are natural teachers is the rule, not the exception. Despite substantial documentation in the literature regarding the relative absence of formal teaching courses in both the Master and doctoral degrees in nursing, nursing educational institutions are requiring those very degrees for nurse educator positions, belying the assumption that one can teach.

Purpose of the Study

The purpose of my study was to document the perceptions of experienced nurse educators both prepared, and currently preparing at the doctoral level (PhD), to understand whether and/or how PhD work prepared them for a role in the delivery of nursing education. My aim was to identify

features of PhD work that impacted on the roles of nurse educators in relation to the delivery of nursing education. My research was guided by the research question: What are experienced nurse educators' perceptions of the role of a PhD program in supporting them in their educator responsibilities?

Significance of the Study

There is a well-documented gap in the literature relative to both the preparation for, and understanding of, the roles of nurse educators (AACN, 2005; CASN, 2004; CASN & CNA, 2006; Johnson-Crawley, 2004; Krisman-Scott, Keishbaumer, & Thompson, 1998; Mangold, 2007). A report by CASN (2005) concurred that there is a gap in the literature (knowledge) relative to the experiences of nurse educators and their preparation for a role in teaching. In her dissertation, McDonald (2004) noted that "the more we know about the experiences of new nursing teachers the more likely we are able to meet their needs" (p. 1). Participants in McDonald's (2004) study, none of which had any previous teaching education, identified that "they needed to be exposed to the unique body of knowledge that they lacked: the theory of education" (p. 287). Interestingly, the study participants, all of whom were new nurse educators, did not identify themselves as teachers, but nurses.

Due to society's demand for highly educated students (Benner et al., 2010; Grossman & Valiga, 2009; Institute of Medicine [IOM], 2011; Prime Ministers Commission, 2010; Thibault, 2011), there is an identified need for research into methods of teacher preparation in relation to variations in preparation and their potential impact on student outcome (Darling-Hammond, Chung, & Frelow, 2002). Therefore, in order to prepare students to address complex social demands, "we will need to develop teaching that goes far beyond dispensing information, giving a test and giving a grade... [we] need to understand how to teach in ways that respond to students' diverse approaches to learning, that are structured to take advantage of students' unique starting points, and that carefully scaffold work aimed at more proficient performances" (Windschitl, 2002, p.164).

Despite the recommendations for educational experts (National League for Nursing [NLN], 2002) made by various nursing organizations, nursing scholars and research studies and other stakeholders, a joint position statement from the Canadian Nurses Association (CNA) and the Canadian Association of Schools of Nursing (CASN) prioritized the rationale for doctoral preparation in nursing as:

Doctorally and postdoctorally prepared nurses are needed to conduct research, build

nursing theory and disseminate study findings thereby advancing nursing, nursing

knowledge and evidence based practice in clinical settings. They are also needed in both

academic and practice settings to educate nurses at all levels. (CNA & CASN, 2003, p. 1)

The priority role of a doctorally prepared Registered Nurse has been identified by the two

national nursing associations in Canada as that of a research role. It appears that roles in

teaching and service are of less importance, almost as if they are an "afterthought," even though

they are a requirement to teach in most nursing programs. The current hiring practices in nursing

education are illustrated by the following advertisement in Canadian Nurse for a Nursing Faculty

position: "Successful candidates have a Bachelor's Degree in Nursing, a PhD in Nursing or a

related discipline and a "'focused program of research'" and publications. Preference will be

given to candidates with expertise in acute care medical or surgical nursing" (Canadian Nurse,

2008, p. 29). This example is representative of the priority assigned to research over service and

in particular, teaching by nursing education institutions, despite their assurances that "excellence

in teaching" is definitely a goal of the nursing program's philosophy. How does one achieve

excellence in an area that one does not have any foundation to build upon?

In 1883, Florence Nightingale defined nursing as "an art...requiring an organized,

practical and scientific training; for nursing is the skilled servant of medicine, surgery, and

hygiene" (as cited in Roberts, 1937, p. 774). Nightingale described the roles and responsibilities

of nursing education and nurse educators as follows: "We [nurse educators] cannot put into you

what is not there...we want to bring out what is there...training is enabling you to use the means

you have in yourselves" (as cited in Roberts, 1937, p. 774). Essentially, the foundation of

professional nursing practice—caring for the sick—has not changed from Nightingale's time to

the present; however, the responsibilities for preparing nurses "to care" in both current and future

health care contexts has changed immensely (Benner et al., 2010). Therefore, it is critical that

nurse educators have formal pedagogical preparation in order to, as Roberts (1937) noted,

facilitate optimum learning opportunities for nursing students to become safe and competent

nurses in a complex health care system.

The findings of my research study have contributed new knowledge to the discipline of

nursing twofold. First, my study identified those conditions and factors that influenced or

impacted nurse educators' roles in nursing education. Second, by identifying those strategies that

may promote consideration for formalized teaching preparation, this study has provided an evidence-based foundation for the development of a formal teaching course that could be integrated into current doctoral (PhD) curricula.

Definitions

Several terms were used to convey concepts that were fundamental to this study. In the following section, these key concepts are defined in terms of the context of the study. The definitions provide clarity and promote shared understandings of the meanings of these terms as they appear herein.

Nurse educator

There are a number of definitions and descriptions of the role of the nurse educator that include variations on clinical expertise. For example, descriptions vary from clinical scholar to nurse scientist. However, for the intents and purposes of this study, the term *nurse educator* refers to those Registered Nurses who are academic teachers in a university-based nursing education program. Responsibilities that are associated with the role of a nurse educator included clinical and non-clinical teaching, course development, mentorship, undergraduate teaching, graduate student teaching and advisement. The involvement of the nurse educator in any of these activities varied in relation to other competing responsibilities.

The scholarship of teaching

CASN's (2013) definition of the scholarship of teaching identified the important differences between scholarly activities and scholarship. Scholarly activities "reflect knowledge, depth, breadth, and quality, as well as learned thinking" (p. 2); however, activities defining scholarship are based on "an ethic of inquiry in which faculty broadly frame and explore questions related to teaching and learning" (p. 4). Activities considered as evidence of the scholarship of teaching include "peer reviewed presentations and/or publications, peer reviewed grant awards, creation and dissemination of innovative curriculum modalities and other teaching materials, and dissemination of peer reviewed innovative clinical or preceptorship modalities" (p. 4).

Glanville and Houde (2004) defined the scholarship of teaching (in nursing) as "inquiry that produces knowledge to support the transfer of the science and art of nursing from the expert to the novice...the development of educational environments that embrace diverse learning styles, and...increases the effectiveness of the transfer of discipline-specific knowledge" (p. 11).

Scholarly work

Scholarly teaching is defined as "an activity based on a pedagogical approach that is grounded in a depth and breadth of knowledge, and involves intellectual engagement with the subject being taught" (CASN, 2013, p. 3). While scholarly work and the scholarship of teaching are essential elements of quality, and ultimately, benchmarks for excellence in nursing education, scholarly work should not be confused with scholarship (CASN, 2013).

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Assumptions

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Based on the constructivist paradigm, my epistemological belief is that knowledge is constructed. In other words, information is processed through individual constructions to achieve knowledge. Knowledge is not found, discovered or transferred from existing facts, but "constructed as the intervention of an active, engaging mind" (Rudestam & Newton, 2007, p. 35). The constructivist framework assumes the stance that any knowledge is based on the premise that all values and judgments are relative or, in other words, values and judgments differ according to circumstances, contexts, or individuals (Agnes, 2003). Therefore, my assumption is that each individual nurse educator would have values, judgment and knowledge subjectively constructed through multiple experiences, ultimately providing valuable, pluralistic perspectives to the study. My second assumption is that there is value in understanding experienced nurse educators' perceived value of their PhD preparation for a role in teaching in relation to both informing policy and ultimately, improving the delivery of nursing education.

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Delimitations and Limitations

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According to Rudestam and Newton (2007), delimitations imply "limitations on the research design you [the researcher] have imposed deliberately" (p.105). Delimitations are necessary to provide structure and direction to both the research and the researcher focus on the research problem. This study was delimited to experienced nurse educators—experienced in the sense that at the time, they had a minimum of two years teaching nursing students in a school of nursing on a university campus, and all had either completed or were currently enrolled in a doctoral (PhD) program. A second delimitation was that a PhD degree was selected as doctoral preparation rather than other doctoral degrees that may be held by nurse educators within nursing education programs. While there are several Doctorate of Education (EdD) programs, the Doctor of Nursing Science (DNSc) and Doctor of Nursing Practice (DNP) programs are currently not offered in Canada. A third delimitation was demographic characteristics; only

participants' professional and academic experience, qualifications, and professional rank were considered.

Case study is valued for its ability to seek depth of understanding through a small sample of informants. I delimited my study to a maximum of 15 participants at one site. Limitations of this method must be considered. I acknowledge that this delimitation is at the same time a limit to generalizability; however, Rawlings (1942) explained that "a man may learn a great deal of the general from studying the specific, whereas it is impossible to know the specific from studying the general" (p. 359). Rudestam and Newton (2007) described limitations as "restrictions over which you [the researcher] have no control" (p. 105). An obvious limitation in any qualitative study is that the researcher is the sole instrument of collecting and interpreting the data. Conversely, I consider my background as an experienced nurse educator who was undertaking a PhD program to have been a strength in understanding the context of the case under study.

Finally, from the constructivist perspective, the construction of knowledge is a social process. For an individual that is constructing knowledge, the viability of that knowledge is embedded in the society in which that individual exists (Peters, 2000); therefore, the study participants may be limited in their responses (experiences) by actual or perceived social, political, and professional influences.

The Researcher

Glesne (2011) described positionality as "the researcher's social, locational, and ideologic placement relative to the research project or to other participants in it" (p. 157). At the time of the data collection, I had practiced as a Registered Nurse for 33 years that included 22 years in clinical practice and 11 years as a nurse educator. My clinical practice experiences included as a staff RN (acute medical/surgical, ICU/CCU/RR, OR), a nurse clinician (acute surgical), and a clinical nurse specialist (acute surgical). In addition, I have a Bachelor of Science in Nursing degree (BSN), and a Master of Continuing Education degree (MCEd). These experiences have afforded me a multitude of both formal and informal teaching opportunities with clients (patients and families) and students. I do have formal preparation in teaching—a Master of Continuing Education degree, and have drawn extensively from these essential pedagogical skills in my role as a teacher of nursing education.

Currently, I am a nurse educator in my role as Assistant Professor in a faculty of nursing in a university setting and completing a PhD in Education. The current practice of hiring nurse

educators from within the confines of the "clinical expert" nurse role (a nurse with specialized practice knowledge, rather than formal education) raises questions for me. This practice is indicative of the assumption generally held by nursing education administrators that all nurses are natural teachers (AACN, 2005; Anderson, 2008; Culleiton & Shellenbarger, 2007; Hessler & Humphries, 2008; McDonald, 2004; Sherwen, 1998). The importance in examining both the practices and impact underlying the assumption that all nurses are teachers is summarized by Robinson Wolf, Bender, Beitz, Weiland, and Vito (2004) who indicated that "many stakeholders are invested in the capabilities [of nurse educators]...because they influence students who eventually graduate and shape nursing practice" (p. 119). There is a high investment in preparing effective nurses as safe and competent care providers in meeting the societal demands and expectations for quality nursing care. The onus of responsibility falls on nursing education administrators in recognizing and supporting formal pedagogical preparation of nurse educators, including the incorporation of teaching courses within PhD (doctoral) curricula. Nurse educators are the individuals who are charged with educating our future nurses.

My research question resulted from the concerns I had as a nurse educator undertaking a PhD in relation to the current practice of requiring a PhD for a role that was comprised heavily with responsibilities related to teaching. Because of the requirement that a nurse educator hold a PhD in nursing or a related discipline, the key question that I had was "how will a PhD help me to educate nursing students?" The reason why I chose to do a Master of Continuing Education degree rather than in nursing was because I wanted to become a nurse educator. The Master of Continuing Education degree offered courses on teaching theories, evaluation, curriculum development, and other related pedagogical content. The Master of Nursing degree had no education courses in its curriculum, aside from one elective on teaching and learning. I believed that as an educator, it was important to have a formal pedagogical foundation. This belief also influenced my choice of a doctoral program in education, rather than in nursing.

Because I, as the researcher was a nurse educator completing a PhD, the issue of "backyard research" was raised, and specifically, how the participants would perceive the relationship between themselves and the researcher. Glesne (2011) identified backyard research as research in which "researchers drawn to studying their own institution or agency" (p. 41). Therefore, researchers undertaking this type of research must be continually aware of potential problems. Previous experiences with settings or people can set up expectations for certain types

of interactions that constrain effective data collection (Charmaz, 2010; Creswell, 2007; Glesne, 2011). However, Taylor (2011) defined "backyard" as a contemporary cultural space in which the researcher has regular or ongoing contact" or the "researcher's connectedness to their culture" (p. 14). Based on the prior knowledge of the researcher, Taylor (2011) identified several advantages to this type of research that included increased depth of understanding of the phenomenon under study; understanding "the lingo of native speak" (p. 14); a better informed selection of research participants; and the potential for the timely establishment of trust and rapport between researcher and participants, including effective lines of communication.

Charmaz (2010) importantly emphasized that "neither observer or observed come to a scene untouched by the world…researchers, not participants are obligated to be reflexive about what we bring to the scene, what we see, and how we see it" (p. 131). Conversely, background assumptions and disciplinary perspectives can sensitize researchers to look for certain possibilities and processes in their data (Charmaz, 2010). I believed that my background experiences added an additional level of understanding to the data because I had had, and was "living", many of the same experiences. In advancing Taylor's (2011) perspective, Lincoln and Guba (1985) identified that "respondents are more likely to be both candid and forthcoming if they respect the inquirer and believe in his or her integrity" (p. 265). I felt that because of my background, I was considered to be "trustworthy" to tell participants' stories.

As a novice researcher, I have learned about the processes involved in conducting a research study. Under the guidance of my doctoral supervisor, I was able to navigate the stages of this process, gaining confidence in my ability to conduct research. Increased confidence was important to me because it provided me with the foundational research abilities to meet the research requirements of my role as a nurse educator.

Organization of Dissertation

The dissertation is organized into five chapters. In chapter one I presented the purpose of the study, the research question, and the background and personal beliefs of the researcher. Additionally, I identified the background to the study, assumptions, key definitions, delimitations and limitations, and significance of the study. In chapter two I examine the literature framed around the following topics: (a) excellence in teaching, (b) scholarship, (c) Boyer Scholarship Model – Teacher-Scholar Model, (d) the scholarship of teaching, (e) pedagogical content knowledge, (f) the qualities of effective educators, (g) formal preparation of post-secondary

educators, (h) PhD requirements, (i) epistemic communities, and (j) the role of mentoring in doctoral programs. In chapter three I describe the research design, the methods of data collection, a brief overview of issues related to qualitative research, and potential ethical considerations. In chapter four I present the data collected from nurse educator participants, and reflections from the field journal, and document analysis. Additionally, I summarize the themes that emerged from the data. In chapter five I present a discussion based on the interpretation of the key findings of the data in relation to the literature, and implications for nursing theory, policy, practice, and future research.

Summary

In this chapter, I presented the background, purpose, and significance of the study. I established my positionality as the researcher. I identified the assumptions, delimitations, and limitations underlying the study, in addition to defining several terms that are important to the understanding of this discussion. I also identified and provided the rationale for choosing a qualitative case study approach as my research design.

In Chapter Two, I examine the literature on scholarship (Boyer Model of Scholarship, the scholarship of teaching, pedagogical content knowledge), teaching excellence, current practices of post-secondary teacher preparation (in higher education), the PhD requirement for nurse educators, epistemic communities in relation to the theory-practice gap, and the mentor-mentee relationship in doctoral programs.

CHAPTER TWO
REVIEW OF RELATED LITERATURE

The purpose of a literature review is to lay the foundation on which a researcher endeavours to advance a discipline's specific body of knowledge through original research. This foundation, or grounding in the literature, includes evidence of the importance of the topic, current "thinking" around the subject matter, strengths and limitations of the current research, implications for practice, and directions for future research (Boote & Beile, 2005; Glesne & Peshkin, 1992; Kilbourn, 2006; Latham, 2004). It is equally important to recognize that a literature review is "an ongoing process that cannot be completed before the data collection and analysis" (Glesne & Peshkin, 1992, p. 17). In this chapter, I drew upon the literature that demonstrated the rationale for my study. I illustrated both the importance of the study and the lack of information on the research problem (Kilbourn, 2006, pp. 555 – 556).

In my review of the literature, I did not find literature specific to my research question. The literature generally focused on the experiences of novice educators and their transition from clinical practice to academe; however, there was a glaring gap in the literature in relation to experienced nurse educators. Because there is increased emphasis on the achievement of scholarship in higher education, it was important to provide a background relative to the areas of scholarship, the scholarship of teaching, the current practices of post-secondary teacher preparation, and factors that impacted the nurse educator's role. I organized this literature review around the following questions: (1) How is excellence in teaching described? (2) What is an effective educator? (3) What is the current practice for the formal preparation of teachers in higher education? and, (4) What conditions influence and/or impact nurse educator preparation for the responsibilities of their roles?

What is an Effective Educator?

Rossetti and Fox (2009) claimed that the literature does not indicate consensus as to what constitutes an effective educator. Rather, the literature was concerned with identifying "characteristics or traits that mark outstanding teachers" (p. 12) as indicators of teaching excellence. For example, successful teachers are described as facilitating students to learn in ways that made "sustained, substantial, and positive influence on how those students, think, act, and feel" (Rossetti & Fox, 2009, p. 12). Excellent teachers understand how to encourage students to grow within and beyond the discipline they are learning (Rossetti & Fox, 2009).

Excellent teachers are those who understand their students, and are "active and accomplished scholars, artists, or scientists who take a strong interest in the broader issues of their disciplines" (Bain, 2004, p. 12). Kreber (2002b) described excellent teachers as those individuals who "know how to motivate their students, how to convey concepts, and how to help their students overcome difficulties in learning" (p. 9). Developing those skills associated with excellence in teaching requires both formal preparation and experience (Rossetti & Fox, 2009). However, Nicholls (2005) noted that the current practice in higher education is to promote ongoing, informal "techniques and tips for teaching" (p. 49) as the pathway to attaining excellence in teaching, rather than acknowledging the necessity for formal teaching preparation either in advanced degrees or orientation in educational institutions.

Based on the realities of current practice, the scholarship of teaching is generally both regarded and ultimately recognized as an end product rather than a process. Teaching effectiveness or success is "inferred from the product that was created" (Kreber & Cranton, 2000, p. 477) or in other words, that the product is the indicator of the achievement of scholarship.

Excellence in teaching is generally identified relative to the teacher's performance and specifically, whether the "performance was perceived as successful or effective by those who had the experience" (Kreber, 2002b, p. 9). The assumption underlying this perspective is that excellent teachers, as identified for example by student ratings or peer reviews, hold extensive knowledge about teaching and learning. However, excellent teachers may or may not be able to articulate what they do in educational theories or terms (Kreber, 2002a). Emphasizing outcomes or products in the form of publication or teaching evaluation may be ignoring the process by which faculty learn about teaching. Awards for teaching excellence are not made on "how much someone knows about teaching" (Kreber, 2002b, p. 9). Similarly, then, can one assess the quality of a nurse educator's teaching effectiveness by virtue of possessing the credential of a PhD?

Kreber (2002b) made an important distinction between "expert" teachers and "excellent or effective" teachers. The difference is that experts are excellent teachers, but excellent teachers are not necessarily experts. Experts are continuously seeking out new learning opportunities that will further develop their understanding of problems through identifying, analyzing and solving at a high level of complexity (Kreber, 2002b). Conversely, Kreber (2002b) indicated

experienced individuals who "carry out only practiced routines no matter how effective" (p. 13) are not considered expert teachers. Teachers' personal knowledge gained from teaching experience is not sufficient in providing a quality education (Norris, 2000). Effective teachers require formal preparation in educational theory from which an understanding of the values of theories as general models that can be adapted to the educator's specific context. McKinney (2006) defined good teaching as teaching that "promotes student learning and other positive student outcomes" (p, 38), in addition to supporting the mission and vision of the institution. Because of the highly contextual nature of post-secondary teaching, "the most effective teachers may be those who constantly reflect not only on their personal teaching experience but, on the extent to which educational theory, explains their experience" (p. 11). Austin and McDaniels (2006) added that effective teaching involved "faculty student engagement that fosters learning in the classroom in which effective teachers engage in scholarly teaching when they undertake assessment and evaluation to promote improvement in their own practice" (p. 53).

The necessity for formal teaching preparation is best summarized by Kreber (2002b): "When expertise in the discipline is effectively combined with knowledge of how to teach, the latter being derived from both educational theory as well as experience, we witness the construction of pedagogical content knowledge" (p. 15). However, most often those who come to the academy are experts in their fields or disciplines but lack pedagogical knowledge.

In their interpretative study, Rossetti and Fox (2009) identified and described four themes that illustrated the practices of effective teachers. These themes included presence; promotion of learning; teachers as learners; and enthusiasm in which recognition of individuality, respect, trust, and caring combined with formal knowledge of teaching practices as being central to the learning experience. While this study was conducted across multiple disciplines, the findings are applicable to the discipline of nursing and to my study because they captured the essence of the foundation of nursing practice. Importantly, these identified practices of effective teachers are contingent on formal knowledge of teaching.

The role of the nurse educator is to "promote the development of character, as well as the technical competence and analytical ability of students who aspire to practice professional nursing" (Rossetti & Fox, 2009, p. 14). According to Rossetti and Fox:

The goal of the teaching process is to enhance content by making it meaningful and

...must be actively engaged in the pursuit of learning, if the content is to come alive...the

mere possession of scientific knowledge without the ability to use it is of limited value in

nursing practice" (Rossetti & Fox, 2009, p. 14).

Therefore, nurse educators need to be "the best in teaching the profession of nursing to the future

generations of nurses" (Bartels, 2007, p. 154). However, while nurse educators are considered

experts in their area of practice, due to their general lack of experience and formal preparation in

teaching, a question arises regarding their teaching effectiveness (Rossetti & Fox, 2009). Ivey

(2007) emphasized that "our students deserve high quality instruction that is based on sound

educational principles, carefully crafted curricula, and valid measurement and evaluation" (p. 2).

In order to provide the high quality instruction that is required for new nurses in meeting health

care demands, nurse educators must have formal pedagogical preparation in teaching.

What is the Current Practice for the Formal Preparation of Post-Secondary Educators?

In today's society, there is an increased public demand of responsibility and

accountability for services provided, and this is especially relevant in professions such as

medicine, law, nursing, and teaching (Hessler & Humphries, 2008; Korthagen, Loughran, &

Lunenberg, 2005; Lindemann, 2000; Martinez, 2008). Consequently, educational institutions are

charged with the responsibility of preparing qualified and competent practitioners (Cochran-

Smith, 2003). The delivery of a high quality education, regardless of discipline, should be the

primary goal of all educators. However, in the literature there is a lack of and need for formal

preparation of teachers (educators) in higher education (Anderson, 2008; Chandramohan &

Fallows, 2009; Diekelmann, 2003; Edwardson, 2004; Nicholls, 2005; Rosetti & Fox, 2009).

Teaching and learning are at the core of academic life (Thompson & Watson, 2001). Despite the

increased focus on the delivery of quality education in relation to the responsibilities and

accountabilities of teachers for education practices, there is currently little emphasis in practice

or policy on post-secondary teacher preparation education (Cochran-Smith, 2003).

Murray (2005) emphasized that "most new academics enter higher education with very

high levels of knowledge in their subjects or disciplines, typically gained through study for a

PhD, but no knowledge or experience of teaching adults...and [they]don't have pedagogical skills

needed to work with adult learners" (p. 69). McKinney (2006) identified that the current focus

on teaching tips, strategies, situations, and assignments needs to be re-focused on learning

including "pedagogical content knowledge and signature pedagogies" (p. 40). In other words,

university instructors have little or no formal pedagogical training for their teaching role and

generally learn on the job. Importantly, research on teaching expertise in higher education is very limited (Kreber, Castledan, Erfani, & Wright, 2005).

Due to institutional climates in which research and publications are recognized as scholarly activities, knowledge of teaching is greatly undervalued (Martinez, 2008; Murray, 2005).   Pre-service training needs are greatly minimized in favour of traditionally recognized scholarly pursuits (Darling-Hammond, Chung, & Frelow, 2002). The current practice of teacher education in higher education is considered a form of "financial aid" (Zeichner, 2005, p. 119) for doctoral students who have little or no formal teaching preparation.   Many doctoral students apply and receive some form of a graduate scholarship throughout their program that is contingent on an undergraduate teaching assignment. Therefore, many doctoral students learn about teaching through their experiences as teaching assistants (TAs), emphasizing the necessity for formal preparation in terms of pedagogical approaches and curriculum development (Appleby, 2006). Graduate teaching experience does not constitute the level of preparation required for doctoral students to become effective teachers (Bass, 2006; Bender, 2006; Bok, 2013; Breslow, 2006; Chan, 2006; Cronon, 2006; Graff, 2006; Kwiram, 2006). Generally, the use of TAs in graduate schools is in response to departmental needs to teach classes, rather than for developing future professors (Austin, 2002a), or mentoring graduate students into university level teaching. Wulff and Austin (2004) identified that there was growing attention to the quality of teaching provided by TAs who work with large numbers of undergraduate classes, due to their lack of pedagogical preparation.

A brief internet search of a number of universities across Canada indicated that most had some configuration of a teaching centre that provided basic teaching courses to graduate students and new faculty. Participation in these activities is voluntary and offerings generally included an orientation program to teaching or workshops on specific topics relative to teaching. Bok (2013) explained, that while university teaching centres assist graduate students in learning to be teaching assistants, "it is far from adequate to prepare aspiring professors for the challenges they are likely to face once they embark upon an academic career" (p. 2). Specific to nursing, CASN offers several on-line teaching preparation courses for nurse educators including a *Nurse Educator Certificate Course* (CASN, 2014a) and a *Scholarship Course* (CASN, 2014b). The *Nurse Educator Certificate Course* is delivered in six 2 hour modules via webinar that aims to "foster excellence in the academic nurse educator". The *Scholarship Course* provides "nurse

educators in non-research intensive academic environments with information, resources, and strategies that will assist in the development of scholarship in Boyer's four domains". As with the courses offered by university teaching centres, the question might be "how will these courses provide nurse educators with the skills and abilities necessary for the delivery of a quality nursing education?"

Due to the current economic climate, many educational institutions have redirected the focus of valuing academic expertise and experience, and are filling nursing faculty positions with advanced practice clinicians (Diekelmann, 2003). These advance practice clinicians are clinical experts who have content expertise but yet, have little or no prior background in adult education (Morris & Faulk, 2012). There is a growing concern that the lack of teacher education for nursing graduate students ill prepares them for a faculty role (Diekelmann, 2003; Johnson-Crowley, 2004). Making the transition from a clinical orientation to an academic one may be challenging for those nurses who proceed to doctoral studies in their fields (Diekelmann, 2003). Preparation for the nurse educator role is deficient, especially with the current practice of hiring clinical experts into an academic role, and the expectation that they possess teaching expertise without formal teacher education (Schreiner, 2007). Bartels (2007) concurred that "an understanding of nursing science and practice alone is an insufficient foundation for good teaching" (p. 156). The goal in delivering effective nursing education is not in the nursing content knowledge itself, but rather with pedagogical knowledge that the students become "engaged, empowered, and informed by that knowledge" (Morris & Faulk, 2012, p. 3).

In the hiring of nurse educators, teaching competency is hardly a priority consideration for the role. Many disciplines including nursing have been "painfully remiss in including in graduate curricula the content and applied experiences necessary to support the critical role of teaching" (Bartels, 2007, p. 157). It is essential that nurse educators new to the academy have the opportunity for formal pedagogical preparation at the university level (Schreiner, 2007; Seldomridge, 2004; Thompson & Watson, 2001).

How is Excellence in Teaching Described?

The achievement of excellence in teaching has been a subject increasingly addressed in the literature due to the emphasis on the pursuit of scholarship in higher education. Valiga (2010) described excellence as "striving to be the very best that you can be in anything you do" (p. 27). Excellence requires ongoing attention and individual investment to venture beyond what

we already know with the aim of providing students with "experiences that are powerful and inspiring" (Valiga, 2010, p. 27). Boyer (1990) described an excellent teacher as a teacher "who is engaged in a well-prepared and intentional, ongoing investigation of the best ways to promote a deep understanding on the part of as many students as possible" (p. 15). Therefore, for the purposes and intents of my study, it was equally important to note that the literature on teaching expertise, the scholarship of teaching, and teaching excellence has been examined only in terms of concepts rather than through experiences (Kreber, Castledon, Erfani, & Wright, 2005). This gap or silence in relation to the experiences of the teaching profession in general, and specifically, the need for further research in addressing the formal preparation needs of teachers in various disciplines was an important theme identified in my review of the literature (Adams, 2011; Benner et al., 2010; Cochran-Smith, 2003; Diekelmann, 2005; Kreber & Cranton, 2000; MacMillan, 2013; Martinez, 2008; Murray, 2005; Paton, 2007; Rossetti & Fox, 2009; Siler & Kleiner, 2001). There is little documented research about understanding educators' experiences relative to how knowledge and practice are developed (Kreber & Cranton, 2000).

There are several topics identified in the literature that have contributed to the discourse on "teaching excellence" that included the defining of scholarship, the scholarship of teaching, pedagogical knowledge, and the characteristics of effective educators. Findings from the literature for each of these topics will be discussed both generally, and specifically within the discipline of nursing.

Scholarship

The basic definition of a scholar is "a learned person" (Agnes, 2003, p. 574), whilst a broad definition of scholarship is "the systematized knowledge of a learned person, exhibiting accuracy, critical ability and thoroughness" (Agnes, 2003, p. 574). However, due to the influence of a major expansion of American higher education in the 1960s and 1970s that resulted in the need for academic professionals, a "narrow" definition of scholarship was born, that still exists in many institutions of higher learning (O'Meara & Rice, 2005). Boyer (1990) elaborated on the narrowness of these definitions in that scholars were identified as "academics who conduct research, publish, and then perhaps convey their knowledge to students or apply what they have learned" (p. 15). He explained that conveying or applying knowledge were not considered part of scholarship, but simply happened. Shulman (2000) explained that a "true scholar" (p. 4) was a well prepared professional and a steward of the discipline that was willing to share his/her

"possessions" (p. 4) with others.

Scholarly work was described in terms of assumptions about the "academic professional" that included the dictum that research was the "central professional endeavor and focus of academic life" (O'Meara & Rice, 2005, p. 19). The general perception in the academy was that the scholarship of discovery offered the best opportunity to generate new funding sources and prestige. The inability to reach consensus in definition has resulted in the lack of standard criteria for the achievement of scholarship generally, and specifically, in teaching (Acorn & Osborne, 2013; Allen & Field, 2005; Austin & McDaniels, 2006; Fincher & Work, 2006; Kalb, O'Connor-Von, Schipper, Watkins, & Yetter, 2012; Kreber, 2002a; 2002b; Kreber & Canton, 2000; McKinney, 2006; Valiga, 2010).

Based on this lack of consensus, McKinney (2013) emphasized the need to clearly distinguish between teaching and scholarship. She defined the scholarship of teaching and learning as the "systematic reflection on teaching and learning made public" (p. 1). McKinney (2006) emphasized the importance of focusing on the learning component of the student experience. For example, assessment tools should be designed "to improve performance, not just monitor it" (p. 163).

Boyer Model of Scholarship – The Teacher-Scholar Model

The debate around the narrow definition and recognition of scholarship in relation to higher education originated in the seminal works of Boyer (1990) and Glassick, Huber, and Maeroff (1997). Boyer's (1990) work challenged the definition of scholarship that was used to evaluate and reward faculty work in higher education. He argued that scholarship existed in all aspects of academic life—discovery, teaching, integration, and application of knowledge, rather than entirely on the merits of research. This elaborated definition described and identified the four categories of scholarship that included the scholarship of discovery, the scholarship of teaching and learning, the scholarship of integration, and the scholarship of the application of knowledge (Gardner, McGowan, & Moeller, 2010; O'Meara & Rice, 2005).

In his model, Boyer (1990) described the scholarship of discovery as research, the value of which was professed as "no tenets in the academy are held in higher regard than the commitment to knowledge for its own sake, to freedom of inquiry and to following, in a disciplined fashion, an investigation wherever it may lead" (p. 17). The emphasis of the scholarship of discovery was on the investigation and publication of original research. The

scholarship of integration was described by Boyer (1990) in terms of a "serious, disciplined work that seeks to interpret, draw together, and bring new insight to bear on original research" (p. 19). The scholarship of integration involved the synthesis of information across disciplines, across topics within a discipline, or across time (Gardner, McGowan, & Moeller, 2010). The scholarships of discovery and integration are closely related in that research is interpreted into "overlapping" (Boyer, 1990, p. 19) disciplines. The scholarship of application of knowledge is described as "engagement" (p. 21) in relation to how research knowledge can be used to solve problems. Boyer (1990) explained that the scholarship of application "must be tied directly to one's special field of knowledge and relate to, and flow directly out of, this professional activity" (p. 22). The scholarship of teaching and learning is described as the approach to teaching informed by inquiry and evidence. However, because teaching is generally viewed as a "routine function...something almost anyone can do" (p. 23), the scholarship of teaching is interpreted in numerous ways. "Teaching, at its best, means not only transmitting knowledge, but transforming and extending it as well" (p. 24). Teaching involves the process of conveying knowledge through the scholarship of discovery, the scholarship of integration and the scholarship of application (Boyer, 1990; Gardiner, McGowan, & Moeller, 2010). The American Council of Learned Societies (2007) best summarized the teacher-scholar as an "individual who is deeply committed to inquiry in his or her disciplinary field and devoted to successful learning through teaching and effective instructional practices" (p. 4).

In summarizing the plight of teaching as a scholarly activity, Boyer (1990) cited physicist Robert Oppenheimer:

> The specialization of science is an inevitable accompaniment of progress; yet it is full of dangers, and is cruelly wasteful, since so much that is beautiful and enlightening is cut off from most of the world. Thus it is proper to the role of the scientist that he not merely find the truth and communicate it to his fellows, but that he teach, that he try to bring the most honest and most intelligible account of new knowledge to all who will try to learn. (p. 24)

Boyer's model of scholarship has been widely accepted and integrated into the academy in addition to professional organizations, with adaptations specific to the discipline. For example, in their position statement on scholarship, CASN (2013) defined scholarship as the "generation, validation, synthesis, and/or application of knowledge to advance science, teaching

and practice" (p. 1). Further, that scholarship could be recognized by the "achievement of excellence, rigorous inquiry, reflective thought, expert knowledge, openness to criticism, peer review, and new ways of viewing phenomena of concern to nursing" (p. 1). These statements expand Boyer's (1990) traditional definition of scholarship that included discovery, teaching, application, and integration.

CASN (2013) described the scholarship of discovery as "inquiry that builds a scientific body of knowledge" (p. 2); the scholarship of teaching as "inquiry that supports the pedagogy of the discipline and a desire to understand how students learn and how teaching influences this process" (p. 2); the scholarship of application as "the advancement of knowledge related to expert practice" (p. 2); and the scholarship of integration as "the development of new insights as a result of integrative, interdisciplinary, and synthesizing work" (p.2). The question for me, related to the scholarship of teaching, is how will nurse educators effectively facilitate the "transfer of knowledge to learners" (2004, p. 1) without having a solid pedagogical foundation themselves?

The scholarship of teaching. The difficulty in providing both a concrete definition for the term "scholarship of teaching" in addition to the identification of criteria from which scholarship is assessed, has been cited throughout the literature by scholars from all disciplines (Chalmers, 2011; Hatch, 2006; Kreber & Canton, 2000; O'Meara & Rice, 2005; Nicholls, 2005; Shulman, 2004; Trigwell, Martin, Benjamin, & Prosser, 2000; Vardi & Quinn, 2011; Williams, 2008). Chalmers (2011) emphasized that, different meanings across disciplines and institutions, "still remains elusive and highly contested" (p. 32). McKinney (2006) elaborated on this thought, explaining that "all activities and processes in our academic world including service, teaching, community engagement, administration, and research, are viewed by some as scholarship and some as scholarly" (p. 41). She elaborated further, adding that disciplinary differences impacted on how academic activities were defined in relation to scholarly activity and scholarship.   In many cases, scholarly activities including scholarly teaching are often considered synonymous with the scholarship of teaching. However, according to CASN's (2013) definition of the scholarship of teaching, in actuality, good teaching or teaching excellence rather than scholarship, are being practiced. Fincher and Work (2006) agreed that "teaching and scholarly teaching are activities that foster learning but they are not scholarship" (p. 294).

Acorn & Osborne (2013) described scholarly teaching as the continuous updating of course materials, incorporation of published research in course content, curriculum development, critical reflection, and the mentorship and guidance of students.   Allen and Field (2005) described scholarly teaching as being focused on "teacher effectiveness or on effective teaching strategies rather than on student learning" (p. 1). Fincher and Work (2006) elaborated on the relationship between teaching, scholarly teaching, and the scholarship of teaching based on a continuum. They described teaching as the design and implementation of activities to promote learning with student learning as the outcome. Scholarly teaching was described as an extension of teaching linking teaching and learning with student learning as the outcome.   The scholarship of teaching extended beyond the classroom and driven by the desire to understand how students learn effectively and how teaching influences this process (Acorn & Osborne, 2013; Allen & Field, 2005; Fincher & Work, 2006). Because of this lack of consensus, there is disagreement both between and within disciplines about accepted standards of scholarship and related activities.

The narrow interpretation of the scholarship of discovery, as defined as research, became the "gold standard" and more importantly, implicated graduate programs that were preparing the faculty who would be responsible for setting the criteria of excellence (O'Meara & Rice, 2005). According to Chalmers (2011), academics value the scholarship of discovery higher than all other forms of scholarship. She explained that this is due to "entrenched reward systems, interests, values, and deeply ingrained ways of understanding research and inquiry" (p. 34). Due to the strong, competitive value system that dominates in the academy, institutional processes and structures are embedded into the broader academic community and culture, ultimately impacting on values and rewards (McKinney, 2006; Austin & McDaniels 2006). As a result, the current practice in higher education has defined the role of a scholar as a researcher (Nicholls, 2005; Sullivan & Rosin, 2009), and there is minimal attention on the scholar's effectiveness as a teacher (Kreber & Cranton, 2000; Kuh, Chen, & Nelson Laird, 2007).

The work of Boyer (1990) and Glassick et al. (1997) emphasized that because scholarship was defined only in terms of discovery rather than considering all aspects of scholarship, it was considered the most valued, and the only means to improve the quality of higher education. This focus on scholarship resulted in a "reward system" defined by the "production and

publication of research" (Hatch, 2006, p. xxi; Meleis, 2001). Trigwell et al. (2000) stated: "If teaching is seen to be a form of scholarship, then the practice of teaching must be seen as giving rise to new knowledge, of which synoptic capacity, pedagogical content knowledge, and what we know about learning are the foundations" (p. 157). Firstly, if research is emphasized in scholarship, then to what extent does doctoral preparation focused on research benefit nurse educators for a role in teaching? Secondly, do such quantifiable indicators translate into excellent teaching in nursing education?

Typically, the scholarship of teaching is considered the indicator of excellence in teaching, maintaining the assumption that excellent teachers possess extensive knowledge about teaching and learning (Kreber & Cranton, 2000). This plight has been taken up my many educational institutions in addressing the relationship between teaching and research (Brew, 2003; Carter & Brockerhoff-MacDonald, 2011; Chalmers, 2011; Meacham, 2002; Vardi & Quinn, 2011). Excellence in teaching has been evaluated in terms of the end product as illustrated by teaching awards, outstanding evaluations, and texts produced (Kreber & Cranton, 2000; Shulman, 2004; Shulman, Golde, Bueschel, & Garabedian, 2006). This product evaluation is apparent in the discipline of nursing as evidenced by the CASN (2013) definition and description of the attainment of the scholarship of teaching [in nursing]. The scholarship of teaching is described as activities that are based on "an ethic of inquiry in which faculty broadly frame and explore questions related to teaching and learning" (CASN, 2013, p. 4). Documented evidence of the scholarship of teaching and learning included peer reviewed grants and awards to support presentations and publications related to teaching and learning; invitational presentations; external program evaluations; and provincial, regional, national or international recognition for expertise in teaching (CASN, 2013). In order to be considered as scholarship, work must be documented, reviewed by peers and disseminated publicly (p. 5).

Pedagogical content knowledge. Pedagogical content knowledge is the knowledge of how people learn and how the learning can be effected (Kreber & Cranton, 2000). Pedagogical content knowledge is essential in learning to teach (Kreber, Castledan, Erfani, & Wright, 2005). The three categories of pedagogical content knowledge that contribute to teacher knowledge are subject matter, pedagogy, and curriculum (Shulman, 2004). Pedagogical content knowledge advances subject matter knowledge "to the dimension of subject matter knowledge for teaching" (p. 203), or in other words, the ability of the teacher to represent and formulate subject matter in

a way that can be comprehended by others. Elaborating on Shulman's (2004) definition, Kreber and Cranton (2004) described pedagogical content knowledge as an "understanding of learning style, cognitive style, the cognitive processes involved in learning and group dynamics...how to teach the content of the discipline...assist students in solving learning tasks...facilitate critical thinking and self-directed learning beyond the discipline" (p.480). This inclusive definition has incorporated subject matter knowledge, pedagogical knowledge, and diagnostic knowledge, and may be described as scholarly and theoretically-based teaching.

Because there is not a single, best method for representation of subject matter, a teacher must have the skills, or knowledge of pedagogical practices, for alternate forms of representation (Shulman, 2004). According to Shulman, pedagogical skills are essential because:

> Teachers are asked to create conditions for learning that they themselves may never have encountered before. Under those conditions, teachers must learn to anticipate the unexpected, because they have created circumstances in which successful students have been given the freedom and encouragement to come up with surprises. (p. 506)

Kreber and Cranton (2000) concurred, adding that the scholarship of teaching included learning about teaching and then demonstrating that knowledge in the teaching environment now described as scholarly teaching. Murray (2005) importantly emphasized that knowledge of the discipline or subject matter and the pedagogical knowledge of how to teach that subject in higher education are "inseparable" (p. 79).

In advancing the argument for formal pedagogical preparation of nurse educators, in relation to the discipline of nursing, Ironside (2005) explained that the "industrialization of health care, the rapid increase in bioscience technologies, globalization, and the worldwide shortage of nurses are mandating changes in how nurses practice, and consequently, how they are taught" (p. 441). Pedagogical knowledge that had previously accomplished the goal of ensuring safe and competent practitioners no longer meets these goals. Consequently, current teaching must inform new pedagogical theory, and vice versa (Bartels, 2007; Benner et al., 2010; Ironside, 2005; Tanner, 2002).

The preparation to teach and conduct pedagogical research has been impacted by the relatively low level of pedagogical literacy among current nursing faculty (Ironside, 2006). This view is supported by the National League for Nursing (NLN, 2002) which identified the lack of focus given to the teaching and pedagogical component of the nurse educator role. In order to

create new pedagogies, as is currently the trend in nursing education (Ironside, 2001), the nurse educator must first have a solid pedagogical foundation. However, pedagogical development of nursing faculty remains "an unmet priority" (p. 159).

In order to respond effectively to the challenges of contemporary teaching and health care environments in delivering quality education, there is a critical need to increase health professionals' pedagogical literacy and teaching skills (Diekelmann, 2003; Ironside, 2006). The academic nursing community's assumptions that individuals are qualified to teach simply because they hold a particular nursing credential, or that they learn to be teachers on the job by trial and error rather than through formal, planned, deliberate preparation, is being challenged by stakeholders impacted by nursing education practices (NLN, 2002). As with effective educators in any discipline, nurse educators require the same formal foundational knowledge in adult education and pedagogical theory in order to become effective nurse educators. It is the basis of this foundational knowledge that enables the educator (regardless of discipline) to apply subject specific knowledge to a particular context.

Bok (2013) emphasized that "most professors are not convinced that teaching is a skill that requires formal preparation" (p. 2). He explained that pedagogy has become a "much more complicated process that has evolved from an art that one can acquire by oneself to a subject requiring formal preparation" (p. 3). It is apparent that the institution and more importantly, the academic community itself must come to a consensus as to the value of teaching.

What Conditions Influence the Nurse Educator Role?

While there are a number of factors that could potentially influence the nurse educator's role, a PhD requirement, the perpetuation of epistemic communities, and the mentorship role of doctoral supervisors in PhD programs were highly influential.

PhD Requirement

The etymological roots of "doctorate" are found in the Latin verb *docere,* "to teach." The foundation of the doctorate was interpreted historically as privileging teaching (Winter, Griffiths, & Green, 2000). Despite etymology, doctoral programs across disciplines are generally designed to be "an apprenticeship into the research practice of an academic" (Bass, 2006, p. 107). Cronon (2006) emphasized that "the weirdest feature of the PhD is the way it has become the gateway to teaching jobs, even though most doctoral programs do precious little to help their students learn the teacher's craft" (p. 336). Clearly, research has taken precedent over teaching.

The demand for greater academic status has been associated with the requirement of a doctoral degree in many professions (Kirkman, Thompson, Watson, & Stewart, 2007). Nurse educators are required to be prepared at the doctoral level in order to both contribute to "the science and practice of the discipline, and to the educational preparation of new generations of nurses" (Bartels, 2007, p. 155). The main purpose of doctoral education is to train scholars who will expand the knowledge base of the discipline and provide opportunities for students to expand their expertise for the purpose of conducting original research and/or carry out scholarly inquiry leading to new knowledge in the field (Wood, Giovanetti, & Ross-Kerr, 2004).

However, new PhDs in academia are being assigned heavy teaching loads. It is estimated that most nurse educators spend approximately 27 hours per week involved in teaching and teaching related activities (NLN, 2007). According to Apold (2008), "the average time that doctorally prepared nurses spend in research is 9.2%, while the majority of time 42.8%, is spent on teaching activities" (p. 104). It should be emphasized that these statistics are not reflective of current Canadian realities; unfortunately, similar data do not currently exist. In my experience, an academic position is generally apportioned to 40% teaching, 40% research, and 20% service. It is interesting to note that the first nurses to earn doctoral degrees did so, in schools of education with the focus of study on teaching (Edwardson, 2004). Bartels (2007) emphasized that "while today's doctoral programs have succeeded in developing graduates for the advanced roles of nurse researcher/scholar and practitioner, few doctoral programs have included a similar emphasis on faculty preparation for the teaching role" (p. 155). Formal preparation in teaching should be an integral part of doctoral training because many doctorally prepared individuals go into jobs with a heavy emphasis on teaching (Chan, 2006; Kwiram, 2006).

Greater academic status for nurse educators is the reason cited for a PhD requirement (Kirkman et al., 2007). While a PhD is acknowledged foremost as a research degree, it is at the same time considered the standard credential for most tenure-track nursing faculty positions in universities (AACN, 2013; Brar, Boschma, & McCuaig, 2010; Loomis, Willard, & Cohen, 2006). However, Fook (2001) identified that "legitimizing professional knowledge" (p. 2) according to patriarchal standards is how a profession attains professional status and power. Therefore, we as nurse educators must examine the reasons that we are requiring a PhD and if there is validity to our rationale, then we need to ensure that those nurse educators preparing at the doctoral level have the requisite knowledge and skills to prepare our nursing students as

future nurses (AACN, 2011; Austin, 2002b; Brightman, 2009; Gormley & Kennerly, 2011; Nyquist, 2002).

A number of factors have been identified as contributing to the current discourse around the requirement of a PhD and the effectiveness of said credential in preparing individuals for the realities of academic life. These factors included the increasing number of graduate programs, the continued tradition of a disciplinary research focus in PhD curricula, the lack of consideration given to actual professional responsibilities, and graduate school socialization to the scholarship of discovery that McDaniels (2006), described as " the heart of the doctoral experience" (p. 54).

A long standing tradition in PhD program curricula has resulted in the preparation of professionals who are focused on making original contributions to academic research (Austin, 2002b; Austin, Connolly, & Colbeck 2008; Benigni, 2007; Campbell, Fuller, & Patrick, 2005; McKinney, 2006; Nyquist, Woodford, & Rogers, 2004). While original research is important to the academy and society, there is an increasing disconnect between doctoral education and the realities of job expectations (Austin, Connolly, & Colbeck, 2008; Bogo, 2010; Campbell, Fuller, & Patrick, 2005; Gaff, 2002; Nyquist, Woodford, & Rogers, 2004). Doctoral programs are being challenged for their overemphasis on research and subsequent lack of mentorship in teaching (Austin, Connolly, & Colbeck, 2008).
Additionally, Allen and Field (2005) identified that because of the increased number of graduate programs and programs of nursing research, teaching has become a secondary activity. If teaching is devalued compared to research in doctoral studies, one may wonder how PhD preparation benefits nurse educators whose primary role responsibility will be teaching?

The AACN (2008) recommended that all doctoral programs should provide courses in educational methods and pedagogies and provide teaching experiences because the ability to conduct research does not guarantee that one can teach effectively. Despite this recommendation, in a task force report (AACN, 2010), PhD preparation is cited as the pathway to a career in research and the scholarship of discovery, yet one of the roles of the PhD graduate is to "educate the next generation of the profession" (AACN, 2010, p. 1). How does preparation for research and the scholarship of discovery equate to effective teaching ability?

A study of Canadian PhDs in Nursing (Wood & Assoc., 2004) noted that in a utopian world, the "perfect PhD in Nursing" (p. 20) would include a formal program in teaching for

graduate students. My research may identify strategies for the consideration of those designing formalized programs for teaching preparation for aspiring nurse educators.

Epistemic Cultures

The wide variation in the interpretation of the scholarship of teaching and related activities is apparent in the practices of most professional communities. Importantly, these practices are implicated in widening the theory-practice divide (Findlow, 2012; Georges, 2003; Knorr Cetina, 2007; Van De Ven & Johnson, 2006). Professional communities are structured by specific disciplinary discourses involving both theoretical knowledge and practices, and reward systems that, by the very nature of their organization, result in an epistemic culture (Cronin, 2003). Mork, Aanestad, Hanseth, and Grisot (2008) explained that discipline specific "networks of practice" (p.14) resulted in barriers that impede the integration of knowledge across practices. Further, they identified that "simply fostering links across professions…may not result in knowledge integration where the organizational and/or institutional context reinforces separation between the practices of these professionals" (p. 21). This statement is significant in relation to the current practices of the nursing profession in seeking collaborative status within an interdisciplinary context.

Knorr Cetina (2007) defined an epistemic culture as "sets of practices, arrangements and mechanisms bound together by necessity, affinity and historical coincidences which, in a given area of professional expertise, make up how we know what we know" (p. 363). For example, groups of practitioners and groups of researchers constitute different epistemic cultures. Knorr Cetina (2007) described the focus of an epistemic culture to be "the construction of the machineries of knowledge construction" (p. 363) rather than knowledge construction itself. Mork et al. (2008) identified that one of the practices of academic epistemic cultures is to "present at conferences to like-minded peers…into hands and minds of those who will use it to shape emerging policies and practices" (p. 11). Cronin (2003) described these practices as "tribal customs" (p. 4). Epistemic communities are both structured and perpetuated around specific cultures, reward systems, and ways of knowing. Within epistemic communities, discipline specific knowledge is both developed and sustained by the community members, thus facilitating isolated and limited interactions both within, and outside of the community (Mork et al., 2008; Van De Ven & Johnson, 2006). Because of the differences in the practice and knowing in the communities of nursing and medicine, epistemic barriers develop and productively sharing

knowledge becomes a challenge (Mork et al., 2008). Epistemic cultures continue to thrive within traditional PhD program curricula, the academic community, and the nursing community, and have had significant impacts on the nurse educator role.

The Role of Mentoring in Doctoral Programs

The body of literature on advising and/or mentoring at the doctoral level is both recent yet rapidly growing. This growth is due to an increasing emphasis on the mentor-mentee relationship as a key element of graduate education. The effectiveness of a mentor-mentee relationship is moving beyond being based simply on completion of the degree. This relationship has a substantial impact on students' perceptions of their graduate education and the importance placed on professional and personal development (Bell-Ellison & Dedrick, 2008; Hall & Burns, 2009; Paglis, Green, & Bauert, 2006; Rose, 2005).

A mentor is defined as a "wise advisor, teacher, or coach" (Merriam Webster, 2011, p. 416). A model is defined as a model, person or thing regarded as a standard of excellence to be imitated" (Merriam Webster, 2011, p. 404). Mentoring perpetuates itself, in that graduates of doctoral programs who experienced positive mentoring relationships have the potential for, and the willingness to mentor others (Noonan, Black, & Ballinger, 2007). Through the psychological mentoring function of role modeling, advisors can demonstrate work habits and attitudes, providing students with examples from which to model their own working styles (Paglis, Green, & Bauert, 2006). Rose (2003) explained that women identified role modeling of particular value to them within the context of mentoring. These women identified providing encouragement and support, instilling confidence, providing opportunities for growth, and opening doors as important attributes of the mentor.

Austin and McDaniels (2006) identified responsibilities attached to modeling that included facilitating informal and formal conversations with doctoral students, initiating formal professional seminars, and supporting the development of the student's professional identity as a scholar and a member of a discipline. Austin (2002b) identified additional responsibilities including advising students, participating as "institutional citizens" (p. 133), evaluating or providing feedback to colleagues, administrative duties, and developing new technology and approaches to teaching.

Barnes and Austin (2008) described mentorship in PhD studies as a "working relationship with a student and seeing them through the doctoral process to completion" (p. 299). Campbell et

al. (2005) described mentoring as both a personal and professional relationship aimed at advancing the educational and personal goals of the individual student. The mentor-mentee relationship included activities around giving advice, sharing experiences, acting as a source of information and support, providing examples of ethical and scientific conduct, and as a networking contact.

However, Barnes and Austin (2008) identified a number of constraints that impacted on mentoring including the policies of granting agencies, teaching and research needs of the institution, increasing pressure to publish, and applying for external funding. They concluded that teaching and its associated activities including advising are not rewarded at research universities as highly as research-oriented activities. Importantly, many doctoral supervisors didn't consider teaching mentorship as a component of their specific responsibilities to their students.

Synthesis of the Literature Review

In this chapter, I examined the literature on scholarship, the scholarship of teaching and learning, pedagogical content knowledge, the current preparation of educators (in higher education), a PhD requirement for nurse educators, epistemic cultures, and the role of mentorship in doctoral education.

Several key themes were identified from my review of the literature. Expectations of nurse educators in that they are expected to deliver a high quality education to nursing students, yet most have no formal preparation. While a PhD is a requirement for a position as a nurse educator in most university schools of nursing, a major portion of a nurse educator's workload is teaching and related activities. However, a PhD is generally research-focused with no formal, organized pedagogical courses or experiences for doctoral students; informally there are experiences by virtue of teaching scholarships as teaching assistants (TAs). There is an inability both across and within disciplines to reach consensus on what constitutes scholarship from which standards for excellence in teaching, scholarly teaching, and the teacher-scholar vary widely. Due to this lack of consensus in interpretation of standards for excellence, interdisciplinary collaboration will continue to struggle. Institutional emphasis and ultimately the reward system, is based on research related productivity, while teaching is perceived to be secondary. Epistemic cultures within the university (academic) community further perpetuated the research versus teaching debate.

In Chapter 3, I describe the methodology used in this case study.

CHAPTER THREE

METHOD OF INQUIRY

In this chapter I present the method of inquiry that I used to investigate nurse educators' perceptions of doctoral (PhD) education as preparation for their educator roles. I describe the research design and specific methodology, as well as the rationale for the selection of this design. I explain the research setting, the sample selection, data collection methods, and the process for data analysis. Issues of trustworthiness, confidentiality, ethics, and the role of the researcher are also explored as criteria for ensuring quality research.

The research problem that this study addressed was the extent to which PhD programs supported nurse educators in their role, as perceived by experienced nurse educators who had completed, or were currently enrolled in a doctoral education program. In order to fully understand the complexity of these experiences, I required an in-depth description and exploration of my research question, including the contextual influences that impacted on nurse educators' experiences. Nurse educators' perceptions of their experiences are important because they provide multiple perspectives, backgrounds, and real life experiences that Mantzoukas (2007) referred to as "the epistemological diversity and plurality of [nursing] practice" (p. 221).

Qualitative Paradigm

Qualitative research is based on the premise that "individuals construct social reality in the form of meanings and interpretations, and that these constructions tend to be transitory and situational" (Gall, Borg, & Gall, 2007, p. 650). Qualitative researchers are concerned with studying participants in their natural setting and interpreting their findings through the perspectives of the participants (Denzin & Lincoln, 2005; Lincoln & Guba, 1985; Merriam, 2009). Therefore, the focus of the qualitative paradigm of inquiry is on understanding experiences from the perspectives of those who have lived them (Creswell, 2007; Denzin & Lincoln, 2005; Lincoln & Guba, 1985; Merriam, 2009). These experiences describe "how meaning is socially constructed within a specific community" (Rudestam & Newton, 2007, p. 35). The qualitative paradigm of inquiry does not assume either "manipulation on the part of the inquirer or a priori units on the outcome" (Lincoln & Guba, 1985, p. 8).

Rosemary Parse (1992), noted nursing theorist and advocate of qualitative nursing research, described nursing as the practice of a "performing art" (p. 221), from which "oral, written or artistic expressions of human experiences" (p. 46) are captured through qualitative

research designs. The qualitative approach is also consistent with the current trends in nursing research, which has been moving towards interpretive designs as a method to describe the experiences of humans as holistic beings (Creswell, 2007; Halcomb & Andrew, 2005; Howell Major & Savin-Baden, 2011; Lincoln & Guba, 1985; MacDonald, 2004; Merriam, 2009; Parse, 1992; Steubert Speziale & Rinaldi Carpenter, 2007). Because I was interested in how nurse educators perceive the role of doctoral (PhD) work as supporting their roles, qualitative data were required for my study. The flexibility of a qualitative research design is a key advantage for this study because it provides a means by which to understand human experiences (Halcomb & Andrew, 2005).

Constructivist Epistemology

According to constructivist thinking, "knowledge is personal and arises out of experiences and interactions that are unique to each individual" (Windschitl, 2002, p. 327). A key tenet of constructivism which was important to this study is that constructivism advances the deconstruction, examination, and reconstruction of previously constructed knowledge (Hausfather, 2001).

Additionally, constructivism uses previously constructed knowledge as a foundation for the future construction of knowledge (Hausfather, 2001). The participants in this study were experienced nurse educators who were teaching in a university nursing education program and were enrolled in, or had completed a PhD program. I believed that this particular group of participants, best suited the research question because they had the foundation (constructed knowledge) from previous educator experiences to understand the role of the educator, and ultimately the value of a PhD in supporting the educator role.

Case Study

Case study research is defined by Gall, Borg, and Gall (2007) as "an in-depth study of one or more instances of a phenomenon in its real life context that reflects the perspectives of the participants involved in the phenomenon" (p. 447). While different methodologists may interpret case study differently (Creswell, 2005; Merriam, 2009; Stake, 2005; Yin, 2009), for the purposes of this study, Stake's (2005) instrumental case study approach is appropriate in order to understand the experiences of nurse educators through exploration of their perspectives, or in other words, "watching people in their own territory and interacting with them in their own language, on their own terms" (Gall, Borg, & Gall, 2007, p. 547). A case is defined by Stake

(2005) as "a specific, unique, bounded system" (p. 445) that is categorized as intrinsic, instrumental, or collective. The choice to study the "case" is defined by the interest that the researcher has in an individual case, rather than by the methods of inquiry used (Stake, 2005). The case under study was nurse educators working in a university setting who had completed, or were currently enrolled in a PhD program.

The purpose of a case study simply is to "understand the meaning of an experience" (Merriam, 2009, p. 13) by providing detailed descriptions and analysis of a "bounded system" (p. 19) or a single unit. The goal of a case study is to learn from a single case rather than attempting to generalize beyond the case (Stake, 2005). The type of case study used is dependent upon the nature of the problem being investigated, and the overall intent of the study (Merriam, 2009). Generally, case studies are chosen for one of the following purposes; to produce detailed descriptions of a phenomenon, to develop possible explanations of it, or to evaluate the phenomenon (Gall, Borg, & Gall, 2007). For this study, I chose a descriptive/interpretative case study that provided a detailed account of nurse educators' experiences with PhD coursework as formal preparation for their educator roles.

The case study approach provides the researcher with the opportunity to obtain "thick descriptions" (Lincoln & Guba, 1985) or, "statements that recreate a situation and as much of its context as possible, accompanied by the meanings and intentions inherent in the situation" (Gall, Borg, & Gall, 2007, p. 451). The case study approach is suitable for my study because of the diversity of nurse educators' experiences, and ultimately, the potential to provide thick description. The case study approach has also been employed in nursing research (MacGuire, 2006; Polit & Tatano Beck, 2004; Yin, 2009; Zucker, 2001) as a "unique and valuable method of eliciting phenomena of interest" (Zucker, 2001, p. 1) in which individual perspectives provide subjective richness and...are central to the process" (p. 1). A qualitative case study design allowed for an in-depth exploration of a complex process involving multiple perspectives that would contribute to a process of continuous refinement and enrichment to the understanding of the experience under study.

Site Selection

Stake (2005) explained that for instrumental and collective case studies, a case or cases must be selected for maximum learning opportunity and ultimately to provide "the greatest understanding of the critical phenomena" (p. 450). Thus, the selection of the site is impacted by

the selection of the case. The researcher must select a site that has the potential to offer sufficient data collection in order to provide rich descriptions of the particular experiences under study and that will contribute new knowledge. Stake (2005) identified several factors that the researcher must consider in assessing the site for appropriateness: logistics, gaining entrance, and available resources.

In order to understand experienced nurse educators' perceptions of doctoral preparation in supporting their educator role, I selected experienced nursing faculty from a university school of nursing that had an employment expectation that nurse educators complete a PhD. In selecting this site, I considered the following criteria for site selection as important to my study, as outlined by Stake (2005). Due to my nurse educator background, there was greater opportunity to gain access to the site. The diverse experiences of the current nurse educators, most of which had completed or were currently enrolled in a PhD program, provided the opportunity for me to gather rich descriptions as a means to ensuring quality research. Because of the diverse cross section of experienced nurse educators located at this site, I considered this to be an "exemplary site" (Glesne & Peshkin, 1992, p. 23) to conduct my research. Specifically, the selected site provided a wealth of diverse knowledge and experience both clinically and educational background including varying doctoral disciplines, providing maximum variation within the sample.

Participant Selection

I included ten experienced nurse educators in this study through the use of purposive sampling. Purposive sampling involves identifying and locating participants who have experienced the phenomenon that is being explored (Lincoln & Guba, 1985). Purposive sampling allows the researcher to select "information rich cases" (Merriam, 2009, p. 61). An advantage of purposive sampling is that it considers local conditions, mutual shaping, and values for possible transferability (Lincoln & Guba, 1985). Purposive sampling also involves the identification of specific criteria in selecting both the participants and the site that reflects the purpose of the study. For these reasons, I selected research participants through purposive sampling. I selected participants from those nurses who were employed as nurse educators in a university school of nursing and who had completed, or were currently enrolled in a PhD program. In requesting permission from the dean of the college to elicit potential participants, I was invited to make a presentation about the study to all nursing faculty. Following the

presentation, I answered questions regarding the study, in addition to providing information for participation, including consent forms. Potential participants were invited to take the letter of invitation, consent form, and a stamped, preaddressed envelope to return to the researcher. This method of invitation allowed for anonymity of participants in relation to others in the faculty. The individuals that met the inclusion criteria and signed the consent were chosen as participants. The focus of my study was to gain an in-depth understanding of nurse educators' perceptions of the role of their PhD work in supporting their educators' roles; therefore, individual interviews constituted my primary data source.

While there is some literature on the experiences of novice nurse educators in relation to their teaching experiences and ultimately, identifying both perceived and actual needs that would prepare them for a teaching role, there is an identified gap in the experiences of experienced educators. The term "novice" denotes an individual who is new to an occupation (Agnes, 2003), or in other words, a beginner. The expectation that a beginner would have the knowledge or experience to articulate the preparatory needs of a new role is neither realistic nor appropriate. Therefore, it was critical to pursue research-based knowledge of teaching experiences through the perspectives of experienced nurse educators who have "lived" educator roles. These experiences provided detailed and invaluable articulations of the formal preparation required for a successful role as an educator. Additionally, because these nurse educators had completed or were currently enrolled in a PhD program, their experiences provided invaluable insight into the role of PhD preparation in meeting the actual needs for the role of nurse educator. To better understand the nature of these experiences, I gained insight into how formal preparation was perceived by these nurse educators as benefiting their teaching, and specifically, how nurse educators perceive doctoral preparation as supporting their educator role. The characteristics of the qualitative paradigm as listed above provided me with an adequate and appropriate opportunity to understand the "human experiences" of nurse educators.

Data Collection Methods

In a qualitative case study design, interviews (individual and focus group), observation (direct and participant), archival records, and documents are most commonly used as methods of data collection (Merriam, 2009; Munhall, 2012; Yin, 2009). In this study, individual interviews, a field journal, and documents were selected as most appropriate to answer the research question. Individual interviews were the primary source of data. The field journal and documents were

sources of supplementary data that supported the primary data source.

Individual Interviews

The interview is the most widely used method of generating data in qualitative social research (Fontana & Frey, 2005; Gubrium & Holstein, 2002; Kvale, 2006; Kvale & Brinkman, 2009; Nunkoosing, 2005). The purpose of the interview is to understand the meaning of individuals' lived experiences by enabling those individuals to narrate their experiences (Fontana & Frey, 2005; Gubrium & Holstein, 2002; Kvale, 2006; Kvale & Brinkman, 2009; Nunkoosing, 2005). The interviewee is recognized as an active participant who contributes to the interaction (Fontana & Frey, 2005; Gubrium & Holstein, 2002; Kvale, 2006). Interviews must be used as one method of data collection in every qualitative case study because without interaction, theories and facts cannot be explained (Lincoln & Guba, 1985).

Specific types of interviews are used for various purposes relative to the research question and data collection; there is not one interview style that is applicable to all contexts (Denzin & Lincoln, 2005; Fontana & Frey, 2005). I used semi-structured interviews to collect data. The purpose of a semi-structured interview is to establish "a human-to-human relation" (Fontana & Frey, 2005, p. 706) for the purpose of understanding the phenomenon under study, rather than explaining it. A semi-structured interview provides the researcher with the opportunity to use both standard (structured), and semi-structured or unstructured questions. In this type of interview, standard questions are considered tools to draw out the participant to reflect on the experience and its implications in his/her life, while further questions allow the researcher to probe deeper and have the interviewee reflect on the meaning of the experience (Rudestam & Newton, 2007). A particular advantage to the use of semi-structured interviews is that this type of interview allows the flexibility and adaptability necessary for gaining in-depth information about an experience. My study employed three, individual, semi structured interviews with each participant. Individual interviews were conducted face to face, lasted 1 to 1 ½ hours in length, totaling approximately 40 hours of interview data in total, and at a location and time convenient for the participant. The interviews were audio-taped with the permission of the participants.

Pilot interviews are critical to assessing whether potential interview questions will elicit data that addresses the research question (Glesne, 2011; Merriam, 2009). Glesne (2011) identified that "ideally, pilot study participants are drawn from your target population" (p. 56). I conducted one pilot interview with an individual from the nursing education field to test the

usefulness of my questions, ensuring that I did not include any potential study participants. While the role of the pilot study participant is to answer the questions that the researcher asks, it is with the intent of offering constructive suggestion as to how the question (s) might be improved in relation to clarity and appropriateness. Therefore, based on the pilot interview, I modified several of the initial interview questions for clarity of understanding in relation to the research question. The questions for the first interview were based on the research question, the literature, and my own experiences as a nurse educator. Questions for the individual interviews are included in Appendix B. In keeping with the emergent nature of qualitative inquiry, and the constructivist paradigm, questions for the second and third interviews were developed from ongoing analysis of participant and interviewer interactions.

Document Analysis

Document analysis is a systematic procedure for reviewing or evaluating documents (Bowen, 2009) that is often used in combination with other qualitative data collection methods as a means of triangulation. The greatest advantage of using public documents is that they provide stability. Documents are an objective source of data (Bowen, 2009; Hatch, 2002; Lincoln & Guba, 1985; Merriam, 2009) because they have been recorded without a researcher's intervention (Bowen, 2009). A particular feature of document analysis is that it can corroborate findings across data sets and thus, reduce the impact of potential biases that can exist in a single study (Bowen, 2009). Document analysis is important to the case study design because documents provide descriptive information and a historical understanding of the case under study (Merriam, 2009), including "things that cannot be observed" (Hatch, 2002, p. 117). Document analysis is especially important to interview data collection because they provide a foundation from which interview questions can be formulated in addition to areas for participant reflection and interpretation (Hatch, 2002). Public documents can ground an investigation in the context of the problem being investigated (Hatch, 2002; Merriam, 2009) because they can provide data on the background and context "within which the participant operates" (Bowen, 2009, p. 29). In addition to "providing contextual (sociocultural, political, and economic) richness, documents were particularly useful for pre and post interviews to check data and vice versa" (Bowen, 2009, p. 36).

I examined a number of foundational documents from the selected university site that included policies, and teaching practices for analysis, as one of my methods of data collection.

These documents were selected for analysis to augment a fuller understanding of the context. The documents were important to my study because they added insight into the understanding and relevance of participants' responses in relation to policy and practice issues within the academy. All relevant documents are identified in Appendix C.

Field Journal

A field journal is a "rich resource of raw data" (DeGraves & Aranda, 2008, p. 294), in which emerging thoughts and understandings, ideas and reactions to the experience are documented for reflection, exploration, and analysis (De Graves & Aranda, 2008; Gillespie, Wallis, & Chaboyer, 2008; Merriam, 2009). The field journal is a "means of accounting for personal biases and feelings" (Hatch, 2002, p. 88), in which the researcher "can openly reflect on what is happening and how they feel about it" (p. 88). Journal reflections are seminal to the interpretation of data and the construction of "the story of the research" (Hatch, 2002, p. 83) because the documentation of perceptions, assumptions, and judgments facilitate a deeper understanding of the issue (DeGraves & Aranda, 2008; Gillespie, Wallis, & Chaboyer, 2008). Because I am an experienced nurse educator currently enrolled in a PhD program, I employed a journal in my study as a means of self-awareness for the potential impact that my opinions, experiences, and values may have on this study. Additionally, my field journal facilitated transparency of the research process by providing a paper trail. Guba & Lincoln (1985) explained that the use of a field journal allowed for "reflexive and introspective notations about the state of the researcher's mind in relation to what is happening in the field" (p. 281). I made entries in my journal immediately following the completion of the individual interviews, during transcription of the interviews, and at any time I needed to clarify or reflect on the data.

Data Analysis and Interpretation

Data analysis is "a systematic search for meaning" (Hatch, 2002, p. 148) in which data collected is categorized, synthesized, searched for patterns, and interpreted (Denzin & Lincoln, 2005; Glesne & Peshkin, 1992; Hatch, 2002). Inductive data analysis is used to analyze qualitative data related to a focus of inquiry, of which relevant variables for data collection are not predetermined and data is not grouped according to predetermined categories (Maykut & Morehouse, 2003). Employing inductive data analysis allows the researcher to "uncover embedded data and make it explicit" (Lincoln & Guba, 1985, pp. 202-203). "What becomes important to analyze, emerges from the data itself, out of the process of inductive reasoning"

(Maykut & Morehouse, 2003, pp. 127-128). Due to the emergent nature of qualitative research, continuous inductive data analysis must begin with the first interview for the purpose of identifying recurring themes or patterns that may need further exploration in subsequent follow-up (Lincoln & Guba, 1985; Ryan & Bernard, 2003). Early inductive analysis will "confirm the answerability of the research question and shape data collection to provide answers" (Hatch, 2002, p. 150). I engaged in early and continuous inductive analysis by keeping notes in my field journal including thoughts, impressions, emerging ideas, and patterns, in addition to reviewing the transcriptions for emerging themes.

Constant Comparative Analysis

Constant Comparative Analysis (Maykut & Morehouse, 2003; Merriam, 2009; Polit & Tatano Beck, 2004) is a method of data analysis that "combines inductive coding with a simultaneous comparison of all units of meaning" (Maykut & Morehouse, 2003, p. 134). The Constant Comparative Analysis method allows the researcher to "stay close to the research participants' feelings, thoughts and actions" (Maykut & Morehouse, 2003, p. 126). A particular advantage in using this method is that it is compatible with all types of qualitative research approaches (Merriam, 2009). The Constant Comparative Analysis method is summarized as a four step process that includes inductive category coding and simultaneous comparing of units of meaning across categories; refinement of categories (writing rules of inclusion and coding data cards to categories); exploration of relationships and patterns across categories (analysis of propositional statements); integration of data yielding an understanding of people and settings being studied (Maykut & Morehouse, 2003).

In the Constant Comparative Analysis method, as each new unit of meaning is selected for analysis, it is compared to all other units of meaning and subsequently grouped (categorized and coded) with similar units of meaning (Maykut & Morehouse, 2003). If no similar units of meaning are found, a new category is formed. Additional advantages of this method include a continuous process for refinement of the data, provisional categories selected can be modified, adapted or deleted, and new categories and relationships can be added (Maykut & Morehouse, 2003). The purpose of categorizing and coding is to develop a set of categories that provide a "reasonable reconstruction" (Maykut & Morehouse, 2003, p. 134) of the data collected.

Given the emergent nature of qualitative data (Lincoln & Guba, 1985), I selected the Constant Comparative Analysis method for this study because it provided me with a flexible, yet

systematic approach for data analysis. I developed a simple coding system based on the use of coloured dots assigned to each interview for example, a pink dot for #1 interview, an orange dot for #2 interview, and a green dot for #3 interview.   This dot coding included index cards, audio tapes, and interview schedule for each participant. I initially coded the data collected for analysis to participant source. Once all of the data has been coded to source, I manually coded the data in which I "unitized" or identified blocks of meaning that were used in "discovery" (Maykut & Morehouse, 2003, p. 132), as a preliminary means of identifying themes.   I listened to each tape after the interview to ensure the interview had been recorded, once on initial transcription, and again to ensure accuracy, in addition to listening to the tape prior to subsequent interviews to identify emergent themes and summarize the interview. I began subsequent interviews with a colour coded summary of the previous interview.   The participant could comment on the accuracy of my understanding of the conversation. As I developed these provisional categories, I further grouped data within these categories according to Guba and Lincoln's (1985) "look/feel-alike criteria" (p. 347). Grouping data according to the above criteria allowed for further refinement in identifying emerging themes and patterns. Due to the time constraints involved with transcribing the data, in addition to the close proximity of the interviews, I used manual coding as a preliminary method of coding. This preliminary coding indicated emerging ideas and themes, in addition to providing areas for questions in interviews two and three.

Computer Assisted Analysis

The utilization of computer assisted qualitative data analysis soft-wear (CAQDAS) in the data analysis process has been deemed to add to the "rigour" (Welsh, 2002, p. 7) of the research, by providing the researcher with a thorough, accurate and transparent picture of the data in addition to an audit of the data analysis process (Davidson & Jacobs, 2008; Welsh, 2002).

NVivo is the current CAQDAS program of choice for many qualitative researchers (Bazaley, 2002; Davidson & Jacobs, 2008; Welsh, 2002) because of its relative simplicity to use in organizing data including coding and colour coding visibility on screen, the writing of onscreen memos and the ability to link these memos to relevant text in other documents (Welsh, 2002). In this study, NVivo 9 was used for the simplest of applications. The Node Summary Report function was selected as the means to arrange and display raw data.   Because interviews were the primary source of data, the Node Summary Report and related Case Node, were used to gather material about people or data that had similar characteristics. The similar data was

subsequently arranged in the theme nodes at which they intersected. The theme nodes allowed for management of the data, assignment of theme names, and organization of these themes and related supporting quotes. The Node Summary Report function facilitated my data analysis in the identification of emergent themes and additionally, provided an audit trail in order to ensure transparency of the research process.

For this study, data analysis was used and structured for the purposes of both process and product evaluation. Analysis as a process began upon initial data collection from the individual interviews. The product data analysis method provided me with the opportunity for an in-depth exploration of the research question, and ultimately, interpretation of the study findings.

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Establishing Trustworthiness

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Quality assurance in qualitative research paradigm is defined by the term trustworthiness, and described by credibility, transferability, dependability and confirmability (Creswell, 2007; Denzin & Lincoln, 2005; Lincoln & Guba, 1985; Lincoln, 1995). Rudestam and Newton (2007) emphasized that "the trustworthiness of a design becomes the standard on which it is judged" (p. 112). Adequacy and appropriateness are also relevant to trustworthiness. I discuss aspects of trustworthiness in the following sections.

Credibility

Credibility is defined in the qualitative research paradigm as interpretive validity (Gall, Borg, & Gall, 2007). Credibility addresses the "fit" between participant views and the researcher's representation of them (Tobin & Begley, 2004; Tracy, 2010). Methods that are used to promote credible data representation include: prolonged engagement with participants (individual follow up and focus group interviews), triangulation, peer debriefing, and member checks (Creswell, 2007; Lincoln & Guba, 1985; Merriam, 2009; Rudestam & Newton, 2007). Because researcher bias influences data analysis both during and after data collection (Miles & Huberman, 1984), researchers must continually be alert to their personal biases (Glesne & Peshkin, 1992). Member checks are identified by Lincoln and Guba (1985) as "the most critical technique for establishing credibility" (p. 314), in which the researcher will return to participants after the data has been collected and analyzed, to present the entire written narrative for confirmation of the intended meaning of both the data and the interpretation. For this study, member checks were achieved through an oral summary and review of the data by the researcher and the study participants, prior to each subsequent interview. The participants were provided

with the opportunity to clarify, modify, add to, and reflect on the preliminary understandings of the researcher. The use of a journal by the researcher provides a venue for critical reflection in identifying potential biases and assumptions, and how they may impact the research process. Triangulation and crystallization were additional means of establishing credibility.

Triangulation is described as the process of gathering data through multiple sources in order to clarify meaning through corroboration of evidence (Creswell, 2007; Lincoln & Guba, 1985; Merriam, 2009; Stake, 2005). Triangulation can be further specified to include theoretical, data (time, space, person), methodological (within-methods, between-methods), investigator (interdisciplinary), multiple, and analysis typologies (Halcomb & Andrew, 2005; McBrien, 2008; Tobin & Begley, 2004). The concept of triangulation emerged from the realist paradigms to address subjective bias and assumes a single reality (Tracy, 2010). However, researchers from interpretative, critical, and post-modern paradigms viewed reality as "multiple, fractured, or socially constructed" (p. 843), and challenged that because all the data converge on the same conclusion, it is not assurance that the specified reality is correct. Because of these opposing views, triangulation is currently being revisited in the literature from a post-modern perspective in favor of the concept of crystallization (Merriam, 2009; Tracy, 2010). Richardson and Adams St. Pierre (2005) argued for the "deconstruction" (p. 963) of triangulation in challenging that "there are more than 3 sides from which to approach the world" (p. 963). Tracy (2010) concurred, adding that the crystallization would provide a more complex and in-depth understanding of an issue. However, Farmer, Robinson, Elliot, and Eyles (2006) emphasized that triangulation provides a "multidimensional understanding of an issue" (p. 378), and cite Flick's (1992) work to illustrate the expanded perspective on triangulation:

> There is no longer one reality against which results can be verified or falsified, but that research is dealing with different versions of the world. Triangulation takes into account, that subjective knowledge and social interactions should be understood as parts of (social, local, institutional) contexts and on the historical backgrounds of those contexts.

Crystallization is described in terms of the characteristics of a crystal that includes symmetry and substance, with an infinite number of shapes, substances, multi-dimensions, and angles of approaches (Richardson & Adams St. Pierre, 2005; Tracy, 2010), and "what we see depends on our angle of repose" (Richardson & Adams St. Pierre, 2005, p. 963).

Triangulation and crystallization are both means of establishing completeness in

qualitative inquiry, rather than confirmation (McBrien, 2008; Tobin & Begley, 2004). In the analysis and presentation of the data in this study, crystallization was reflected through a number of considerations that included the multi-dimensionality of the emerging data, use of self-reflection documented in a field journal, and follow-up interviews.

Transferability

The interpretive researcher is concerned with the applicability of the research to the readers' context or setting. This is known as transferability (Gall, Borg, & Gall, 2007). Lincoln and Guba (1985) emphasized that it is the responsibility of the reader to determine whether the research findings are appropriate to a specific setting or context. Transferability in this study is achieved through detailed descriptions of a purposive sample of diverse participants.

Dependability

Dependability is defined as the stability of data over time and conditions (Polit & Tatano Beck, 2004). In other words, the data should provide similar interpretations under examination by other researchers (Guba & Lincoln, 1985; Merriam, 2009). Lincoln and Guba (1985) described dependability in terms of an "inquiry audit" (p. 317), in which the process and the product of the research are examined for consistency. Dependability is addressed in this study through triangulation/crystallization of data and an audit trail.

Confirmability

In qualitative research, emphasis is placed on the characteristics of the data and whether the data can be confirmed. Research is considered to be confirmable or have value explication (Lincoln & Guba, 1985) if the researcher's inferences and interpretations are logical to others (Merriam, 2009). Confirmability is achieved through transparency. The utilization of several types of data and the maintenance of an audit trail that includes raw data, products of data analysis and reconstruction, and process notes promote transparency (Lincoln & Guba, 1985).

An audit trail involves the keeping of meticulous records throughout the research process so that others can retrace steps and reach the same conclusions. This trail includes not only the raw data but how the data was reduced, analyzed and synthesized, as well as research journal notes that reflect the ongoing thought processes of the researcher (Lincoln & Guba, 1985; Merriam, 2009; Polit & Tatano Beck, 2004). I ensured transparency in this study through an audit trail of the research process including using individual interviews and document analysis as methods of data collection, in addition to keeping a field journal, and using member checks.

Adequacy/Appropriateness

The adequacy and appropriateness of data is also indicative of the trustworthiness of the research study. Adequacy is defined as the amount of data collected to ensure sufficient depth in understanding the focus of inquiry (Polit & Tatano Beck, 2004). Adequacy is achieved when the researcher has obtained enough data so that the previously collected data is confirmed (saturation) and understood (Rudestam & Newton, 2007). Appropriateness means that information has been sampled and chosen purposively rather than randomly to meet the theoretical needs of the study. Multiple sources of data are collected to provide "saturation and confirmation of the emerging model" (Rudestam & Newton, 2007, p. 114). I interviewed 10 experienced nurse educators individually three times, at which point I reached saturation. Saturation addressed adequacy and appropriateness in this study.

Ethical considerations

Throughout this research, the general ethics procedures outlined by the University of Saskatchewan Advisory Committee on Ethics in Behavioural Science Research were followed. These guidelines include the use of participant consent forms, confidentiality procedures, and the release of transcribed data. I sought consent from the Dean of Nursing to attend a faculty meeting to introduce myself and the study, and to invite potential participants. At this meeting, I distributed a letter of invitation/consent (Appendix A) with a self-addressed, stamped envelope. Potential participants were invited to sign the consent form at this meeting, or mail it to me in the envelope provided. In addition, participants were invited to contact me with any questions or concerns requiring further clarification. I informed the potential participants that I would follow up with an email in two weeks to again invite participation or to schedule interviews.

Participants were informed that their participation was voluntary, and they were able to withdraw at any time from the study. Additionally, the participants had the opportunity to review and discuss summaries of their own interviews and provide comments. They were provided with opportunities for feedback during and after the interviews were completed. In the final report, pseudonyms for both the location of the study and participants were used to ensure anonymity. The Ethics Application, Letter of Invitation and Participant Consent, and the Data Transcript Release Form are contained in Appendix A. The Interview Questions for individual interviews one, two, and three are contained in Appendix B.

In obtaining interviewee consent (Appendix A), I informed the interviewees that three

face-to-face interviews would be scheduled at their convenience and would last approximately one hour each. The interviewees were informed that each interview would be audio-taped, transcribed, and a summary of the interview provided to them for review prior to a subsequent interview. Participants were invited to make any changes to ensure that I had captured the intended meaning of the data through the process of member checking. I made notes in my field journal as to emergent themes and issues.

Summary of Chapter Three

This qualitative study was a case study utilizing a constructivist paradigm. Participants were experienced nurse educators teaching in a university nursing program who had completed, or were currently enrolled in a PhD program. Data collection methods included individual interviews, document analysis, and a field journal. The Constant Comparative Method was used for data analysis and assisted by the NVivo 9 computer program. Trustworthiness was established using triangulation and crystallization, member checks, and a field journal.

In Chapter 4, I present the data collected from the individual interviews, documents, and my field journal.

CHAPTER FOUR

DATA PRESENTATION

In this chapter, I provide a review of the research purpose and question, an overview of participant demographics, and a presentation of the themes which emerged from the data. I present the data collected from 30 individual interviews involving 10 participants who shared with me their insights on how their doctoral (PhD) studies impacted their roles as nurse educators. In addition, I draw upon data from document analysis and field journal documentation. Data transformation is the process of taking raw data from organization to meaning (Glesne, 2011). This process involves description, analysis, and interpretation of the data. Glesne (2011) described data transformation as "the prelude to sensitive outcomes that describe, make connections, and contribute to greater understanding, or at least, more informed questioning" (p. 210).

Reviewing the Research Purpose and Question

The current trend in nursing education in North America is the requirement that a nurse educator have a doctoral degree (AACN, 2013; Bartfay & Howse, 2007; Benner et al., 2010; Institute of Medicine, 2011). I was curious about the role of doctoral education for nurses who are responsible, for preparing future nurses to meet the demands of an extremely challenging health care system. I hoped to identify features of doctoral (PhD) work that impacted on the roles of nurse educators in the delivery of nurse education.

The purpose of my study was to document the perceptions of experienced nurse educators, both prepared and in the process of preparing at the doctoral (PhD) level, concerning the extent to which PhD work supported them in their roles as nurse educators.

The steps utilized in the data collection and analysis process were: **Step 1**: Data collection - my primary source of data was individual participant interviews. I interviewed each of 10 participants three times. The questions for the first interview were developed to address the research question. The primary data were supplemented by data collected from foundational policy and teaching related documents of the organization, and my field journal. The additional data collected from the foundational documents and my field journal were managed in the same way as the primary data. **Step 2**: Listening and informal coding - prior to beginning the formal coding process (hand coding), I reviewed the data by listening to the audio-tape from each interview several times, for the purpose of developing preliminary ideas and themes, identifying

issues that needed further exploration, and member checking prior to subsequent interviews. **Step 3**: Elaboration through the interview process - building on preliminary ideas and themes that emerged from the participants' responses in the first interview, I used the second and third interviews for the purpose of elaboration, extension, and clarification. I collected data until saturation had been reached. **Step 4**: Transcription and member checks - I transcribed the data and conducted member checks. **Step 5**: NVivo 9 - following completion of the data collection and transcription of the interview data, I used NVivo 9 to facilitate the structuring and coding of my data, and as a means for clarification and double checking my hand-coded data. Examples of the preliminary codes that emerged were way of thinking, why do a PhD, nurse educator defined, "other" defined, the scholarship of teaching, the ideal nurse educator, PhD preparation, nurse educator preparation, value of teaching, and support for role. **Step 6**: I re-evaluated and re-categorized these codes. I systematically compared groups of data for similarities (repetition) or differences. I examined the data for emerging themes and categorized it according to "like data" (Lincoln & Guba, 1985). **Step 7**: The refinement of these categories and codes into themes was a continuous process that resulted in the thematic representation in this chapter. As illustrated in Chapter 3, I incorporated the constant comparative method of analysis.

Overview of Participant Demographics

In addition to a detailed description of the setting of a study as I outlined in Chapter 2, a description of participants is critical in providing context to the case (Glesne, 2011; Munhall, 2012). There were 10 participants in my study with representation from the three campuses associated with this school of nursing. Participants were assigned a pseudonym to ensure confidentiality of their responses. Participants had diverse clinical nursing experiences that included critical care, labour and delivery, gerontology, rehabilitation, palliative care, public health, home care, and mental health. At the time of the data collection, every participant had more than 26 years of professional practice as a Registered Nurse.

The two inclusion criteria that I identified for my study were that the participants were experienced nurse educators, and had completed, or were currently enrolled in a PhD program. Because the use of purposeful sampling facilitates the potential to glean maximum variation from a sample (Glesne, 2011), I believed this criteria would provide variation in the perceived value of a doctoral education by nurse educators currently working in an academic setting. According to Diekelmann (2003), because of the discipline of nursing's increased focus on advanced practice

and resultant requirement of a doctoral degree, nurses who have undertaken doctoral work have not been facilitated in their transition from a clinically oriented education to an academic orientation. Because these participants were all experienced educators with diverse clinical and educational backgrounds, they could provide valuable insight into the value of doctoral education in supporting their nurse educator role in academic settings.

Table 4.1 provides demographic details of the study participants

Table 4.1

Participant Demographic Details

Participant	Rank	Total # of years of professional RN practice	# of years of clinical practice	# of years as a Nurse Educator	PhD College/Faculty as of
Adele	Associate	35 years	15 years	20 years	Education (in progress)
Barbara	Assistant	37 years	5 years	32 years	Education (2010)
Celeste	Full	31 years	20 years	11 years	Statistics (1995)
Dion	Associate	31 years	20 years	11 years	Education (2004)
Elaine	Associate	32 years	22 years	10 years	Inter Disciplinary (2000)
Faye	Assistant	26 years	23 years	4 years	Nursing (2007)
Gloria	Associate	30 years	21 years	9 years	Education (2008)
Helen	Associate	35 years	18 years	14 years	Education (2010)
Irene	Full	30 years	6 years	24 years	Nursing (in progress)
Jesse	Full	26 years	20 years	11 years	Nursing (2004)
Average		31 years	17 years	15 years	

In a qualitative study, demographic characteristics of the participants are examined for both convergence and divergence in relation to their impact on data. For example, according to the demographic characteristics presented in this data, the following areas are considered as the data

are presented and analyzed: whether the PhD has been completed or is in progress; the discipline of the PhD; the years of professional practice; and the years of nurse educator practice.

Presentation of Themes

Because the aim of my study was to gain insight into experienced nurse educators' perceptions about the role of a PhD in supporting their roles as nurse educators, I asked them directly about this. The PhD experience provided these nurse educators with information, expertise, and research skills that they felt informed their nurse educator role. At this point, I should reiterate that my background and experiences parallel in many ways those of the participants. Therefore, I was constantly aware of this, and there was always the possibility that my experiences and attitudes would influence my interpretation of the data. However, at the same time, this parallel provided me with valuable insight into these interviews.

Four themes identified from the data were: (1) ambiguity in role perception; (2) changed world views; (3) legitimizing status and establishing credibility; and (4) teaching is supposed to be the backbone of our existence. These themes and related sub-themes are explained in the following section.

Theme 1: Ambiguity in Role Perception

One of the areas of discussion was related to participants' expectations and perceptions about their roles as nurse educators. As illustrated in their comments and experiences, a variety of interpretations related to the nature and broad characteristics of these roles were evident. Even though my initial expectation was that there would be much more commonality around terms, for example: nurse educator, scholarship, teaching, and research, it was quite the opposite.

Because I had selected the term *nurse educator* for this study, I felt that it was important to understand how the participants conceptualized the term and whether, and to what extent, this term captured the essence of their role. I asked the following two questions: "How would you describe the term *nurse educator*?" and, "Is there a term other than *nurse educator* that better describes your role?" These conceptualizations and associated terms were important to the data because participants' conceptualizations of their roles would influence their view of doctoral (PhD) studies as related to supporting their roles. For example, if participants perceived their priority role as a researcher, then their perception of the PhD as a research degree could influence their responses.

I selected the term *nurse educator* for my study based on the terminology from several

recent, comprehensive reports on nursing education. All of these reports identified those individuals responsible for providing nursing education to students as either nurse educators or nursing educators. Interestingly, many of the participants in my study did not identify their role as a nurse educator. This was illustrated both in their responses in describing the term *nurse educator* and in identifying a term other than *nurse educator* that best described their roles.

In addition, many of the participants qualified the term they identified in relation to how the public would perceive the *title* that they had selected to best describe their role. Barbara's comment, "in nursing, we are still hung up on names" was apparent in the comments of the participants. Celeste expressed concern that "titles change a person's perception of you," while Gloria noted that "people often don't know the definition of academia or academic."
The participants expressed concern that it was difficult to articulate the meaning of the term *nurse educator,* because it was both "context driven" and "vague" in that it did not specifically identify their role in nursing education. The responses ranged from educating nurses, patients and families, and nursing students, to educating only undergraduate nursing students.

While there was concern from the participants that the term *nurse educator* did not specify nursing education, Faye embraced the diversity offered by the term. She felt that it appropriately represented the multi-faceted discipline of nursing. Faye explained:

> I think it's [the term 'nurse educator'] very broad just like nursing…you could be a nurse educator in a clinical setting or facilitating, or you could be in a position where you are teaching any level of nursing student as well, which is broad in itself, from first year to PhD.

Adele, Irene, Jesse, Elaine, and Celeste expressed concern over the vagueness of the term *nurse educator.* Elaine explained that a nurse educator could have any number of varying roles and responsibilities that were dependent on the area of practice. Celeste concurred, adding that the term *nurse educator* was a positional definition. These roles included the education of both patients and their families, continuing education for nursing staff, or educating undergraduate and graduate nursing students. Elaine added that this term could be describing "a nurse that educates or someone that educates nurses".   Jesse queried, "What does nurse educator really mean?"

From Irene's perspective, a *nurse educator*, "primarily has an educational responsibility" within the discipline of nursing. She described this nurse as one "with more education and

expertise who is teaching other nurses in practice. Irene also emphasized that there are many facets of a nurse educator's role which included direct practice, research, and/or administration. Barbara and Faye added that a *nurse educator* is "someone [a nurse] that was involved in the development of nurses" in relation to competencies and skills.

Jesse, Gloria, and Dion described the term *nurse educator* in the context of nursing education. Gloria stated that a *nurse educator* is a nurse who "teaches nursing to nursing students." Jesse emphasized that within the scope of nursing education, nurse educators have different roles. Jesse explained:

From a nursing education point of view, they [nurse educators] educate people theoretically, and one in relation to clinical; teaching people how to work in clinical practice while drawing upon relevant theories. They [nurse educators] teach people how to be critical thinkers and leaders.

Adele defined the nurse educator's role as:

Teaching nursing students either for beginning practice in an undergraduate program, or facilitating the expansion of knowledge through research in a graduate program; educating patients and their families about living and coping with a particular disease process; developing and implementing harm reduction and health promotion programs; or enhancing practice and introducing new best practices to clinical staff nurses.

Credibility was important to Gloria in describing the role of a *nurse educator*. She emphasized that ideally, a *nurse educator* teaches based on his/her own "extensive clinical experience and education" about nursing practice and theory. Gloria explained:

To me a nurse educator is a nurse that teaches nursing to nursing students and my expectation of that is that they have lots of clinical experience themselves before they teach, but some don't. I think that you need to have been there and worked clinically for a lot of years for that credibility.

Gloria's perspective was reinforced by many of the participants, as illustrated by their responses when asked to describe the "ideal nurse educator". Overwhelmingly they identified "sufficient years of clinical experience" as the priority prerequisite of the ideal *nurse educator*. I noted in my field journal:

Because of the requirement of a PhD to be employed as a nurse educator at this university, I was surprised that this type of statement would be made. I thought the first

thing that everybody would identify in terms of the ideal educator would be the required
PhD. Every one of the participants said "clinical expertise" and one even commented
that "if I had to choose between a PhD prepared person with little clinical experience and
a BSN with a lot of clinical experience, I would choose the BSN. I didn't expect this!
Because undergraduate nursing students have assigned clinical experiences in the program,
participants believed undergraduate clinical education doesn't benefit from doctorally prepared
professors who don't have clinical experience.   In other words, while a PhD prepared person
may have a particular theoretical background, it is not adequate for the clinical setting unless
they have sufficient clinical experience. While clinical experience is definitely important, it is
also important to pursue a higher level of critical thinking. While most of the participants
described the term *nurse educator* from a broad perspective that included both undergraduate and
graduate nursing education, Dion described a *nurse educator* as specific to the delivery of
undergraduate nursing education and was "somebody that teaches in an undergraduate program,
a basic program or a program leading to registration." It was important to Dion that the role of a
clinical educator and a nurse educator be differentiated in that that clinical educators were "more
clinicians than educators because they do teaching at the bedside." Dion emphasized that the
term educator implicated "some background in education" that included formal courses in
classroom management, test construction and course development.

Celeste stated that she was unable to conceptualize the term *nurse educator*. She
explained that every nursing role and its inherent responsibilities have some form of educative
component; however, they are generally not defined as a formal educator role. Therefore, from
these perspectives, a *nurse educator* is not mutually exclusive to the nursing education role.

The participants' doctoral disciplines and their responses in defining *nurse educator*
suggested a connection between discipline and perspectives. On one hand, those participants
with a PhD in Nursing expressed the concern that the term *nurse educator* was too broad. They
explained that "nurse educator" did not identify nursing education as the priority role, and that it
was left open to wide interpretation by others. On the other hand, the participants with a PhD in
Education embraced the flexibility of the term, and were readily willing to adapt their definitions
to fit their roles in nursing education. Because participants' responses overwhelmingly indicated
that the term *nurse educator* did not accurately describe their roles, they were asked to identify
and describe a term that did. Multiple interpretations were evident when the participants were

asked to identify and describe a term that they believed most accurately reflected their role. The participants expressed varying responses which included professor, nursing academic, nurse scientist, and nurse scholar.

The term *professor* was subscribed to by many of the participants. Adele and Helen concurred that a *professor* was recognized as an educator, scholar, and a researcher. Irene described a professor as:

> Someone who is knowledgeable, experienced, has advanced education, that has achieved a certain position is his or her career; somebody who has gone through the peer review process and [has been] evaluated by one's peers; to be achieving the standard which has been set within a particular college or discipline…within the overall university standards.

Dion explained that "I call myself a nursing professor…to me that signifies that you're the expert in the area and I think that's what professors are recognized for." Interestingly, when asked what term best described the role, Dion identified the term "professor" perhaps again indicating the status afforded this designation and further, that graduate education was on a different level than undergraduate education.

The prestige perceived to be associated with the term *professor* was illustrated by the explanations provided by the participants. Dion, Helen, and Adele advanced the idea of status both within and outside of the academy. According to the statements made by Irene, Dion, Helen, and Adele, the term *professor* was perceived to be indicative of an individual with a "certain level of knowledge". Therefore, those individuals called *professors* were recognized and afforded a certain status both within and outside the university community, perhaps indicating the privileging of an academic, rather than practitioner role.

Barbara, Gloria, Elaine, and Irene identified the term *nurse scholar* as a term that more appropriately described their roles. Barbara challenged that the term *professor* was indicative of a passive process, and explained that from her perspective the term *nurse scholar* represented an active process. She emphasized that scholarship is "an active transmission of what you're doing and communicating what you're doing…and that means you're sharing what you're doing". Gloria added that from her perspective, the term *professor* signified only the teaching component of the role. From Elaine's perspective, the term *nurse scholar* embraced both the educational and research components, in addition to a number of service responsibilities that were components of her role. Initially, Gloria identified the term *nurse academic* as an appropriate term to describe her

role, but upon further consideration decided that it was representative of "someone who writes a lot." She indicated that the term *nurse scholar* was an individual whose responsibilities included both writing and teaching. From Irene's perspective, the role of a *nurse scholar* was the pursuit of scholarship. It was apparent from these participants' explanations of the term *nurse scholar* that the dissemination of knowledge was the focus of a nurse scholar's role.

Both Celeste and Faye both identified the term *nurse scientist* as best reflecting their roles. Celeste responded that "highly educated, scientific skills and knowledge" were descriptors that were indicative of the *nurse scientist*. Faye stated that the focus of her role was in developing the science of nursing defined by the "development and dissemination of knowledge." From these comments, it is apparent that the focus of the *nurse scientist* role is that of both the discovery of, and dissemination of knowledge, thus indicating research as the priority. From Dion's perspective, the term *nurse scientist* was entirely indicative of being an established researcher and personally, "was not there yet." Helen challenged that *nurse scientist* represented the "hard sciences" and not the discipline of nursing. Most participants who identified the term *professor* or *nurse scholar* as terms that best described their roles had doctoral backgrounds in education. Participants who identified *nurse scientist* as best describing their role, had doctoral backgrounds in nursing and related sciences.

I noted in my field journal:

Interestingly, despite recent studies on nursing education (Benner et al., IOM; Lancet Commissions), in which nurses employed in an academic setting (university) were referred to as "nurse educators, most participants weren't comfortable with this *title* as their role descriptor. In addition, participants were quite concerned about *titles* in relation to the perception of others as understanding of their roles. Several participants noted that the term *nurse educator* was too broad of a descriptor, yet my understanding of PhD coursework is to broaden "one's perspective", not narrow it. Values and understandings from previous professional experiences appear to have had significant impact on how participants viewed their roles, in addition to the importance they placed on others' (society) perceptions.

Ambiguities were evident in the participants' comments that included a preoccupation with the meaning of *titles* (both within the nursing profession and according to public interpretation), the term was context driven and vague, and didn't accurately represent their roles.

Because of the ambiguities in the interpretation of the term *nurse educator*, participants'
perceptions of their roles in relation to their primary focus of responsibility may influence how
they perceive a PhD in supporting their roles.

A second theme emerged that reflected the participants' perceptions of how their PhD
programs had changed their world views in relation to a different approach to thinking,
mentoring relationships, and graduate education. This perception will be discussed in the
following section.

Theme 2: Changed World Views

When asked to describe how a PhD education has supported their roles as nurse
educators, all participants immediately responded with how their level of thinking and overall
"world view" had changed. They affirmed that this change in thinking ultimately impacted on
the varied components of their roles, which included teaching, research, and service. The
participants described how their doctoral (PhD) program had enhanced their thinking processes
by increasing their knowledge base and providing both a broader perspective and a deeper
understanding from which to examine issues. From participants' perspectives, this enhanced
level of thinking supported their research endeavors and resulted in informed, evidence-based
teaching practices. Additionally, participants identified the mentorship role and graduate
teaching as areas of their role responsibilities that were supported by their enhanced world view.

Different approach to thinking. The ability to examine issues and develop perspectives
from an enhanced way of thinking was paramount to the participants. Adele explained that
because of her PhD, she "operated on a different plane… it's about the way I approach things
and handle things". She described how her learning and way of thinking had really been
"stretched and broadened and deepened…and exposed [her] to more ways of thinking". Adele
identified "chaos theory" from her PhD coursework as particularly beneficial in thinking about
the complexity of the environments in which nurse educators are required to prepare students:

> The chaos theory really works well for me in thinking about the complexity of the
> environments and if we are preparing our students to be leaders in their own part of
> healthcare, as well as to lead an inter-professional team when it is appropriate, then they
> need to be able to deal with all those complex things that are happening. You know
> while I don't have the acute care clinical expertise anymore, I do have the expertise in
> problem solving and because of my PhD I have that extra expansion of knowledge

resource and thinking resource that we did in our program". The whole first year that I was doing my class work, I used to say that my brain was expanding so rapidly that it actually hurt…but I really liked that…I really liked have all these new ideas and different ways of thinking and even old ideas that have been updated or that I can think about in a different way.

Irene also expressed that her PhD program had "broadened and enhanced" her current knowledge base by building on some of the things that she was already doing, while providing "other ways of looking at doing them." Nursing needs leaders. Therefore, it is imperative that nurse educators are able to foster leadership skills that promote the development of nurses through an expanded world view.

Barbara described the experience of her PhD program as follows:

It's life altering quite frankly. My PhD programming exposed me to a way of thinking and forced me to read things that I would never otherwise read, and have discussions at a level that I would never had done otherwise, that I use every other day in terms of understanding what's happening around me and being able to put it into context. PhD programming is not conceptual. It's philosophical and theoretical. It pushes beyond understanding concepts or even generating concepts. It's playing with theories and knowing how they fit into the real world. My PhD education moved me beyond my own discipline to see how my own discipline fits in the world. In the world of science, in the world of health, in the world of education, in the world of social policy – that was the opportunity. And not just at a conceptual level but at a theoretical and a philosophical level – understanding the philosophical underpinnings of your profession and your professional way of being and doing. For me, the PhD was completely foreign to what I had been doing in the past. Reading and language was different. It was a whole new way of looking at the world.

Celeste explained how her PhD program supported the thinking process in relation to her patients. "It allows you to make a difference…it's about how that person's cancer is treated differently now because you've done this, and how you can improve your patients' lives. Elaine explained that her PhD program provided the opportunity "to develop a lot more expertise in terms of research methodologies, and exploring different concepts related to the content area". She added that "a PhD does broaden your horizons and make you more aware of the

complexities of situations, and gives you the opportunity to go more in depth".

Faye emphasized the student role:

It's been huge just to be in the environment of being a student, and I mean there is a lot of research on teaching too, that I've been involved with. And I think just learning more – I don't know if it goes directly with teaching but you're learning more about what's out there for the evidence to teach". Helen also noted the student role aspect of her PhD: "I love the student role. I really enjoyed the learning and the challenges of my PhD program…it puts you in a different place in terms of thinking.

Responses from participants indicated that their PhD education had challenged their ways of thinking and enhanced their abilities to examine issues from wider perspectives, which positively impacted on the student experience.

Mentorship as role modeling. One of the many roles and responsibilities of a PhD prepared nurse educator is graduate student duties. A key aspect of these duties is the ability to initiate and maintain effective relationships between themselves and their graduate students. Participants identified their PhD programs as the foundation for learning in depth about this new responsibility within their roles. The mentorship component of graduate student relationships was highly valued by participants. The relationship between their PhD supervisors and themselves served to model and support role expectations.

Participants spoke glowingly of their own mentored relationships with their doctoral supervisors. Barbara and Helen were emphatic that the essence of an effective PhD program is the mentorship between the supervisor and student. From Barbara's perspective, mentorship was considered to be a large part "of what a PhD program does, or should do, and continue to do." Helen concurred, adding that "I know that I can't say enough about the mentorship that I received and to me, that's the key to a really good PhD program". Adele, Elaine, and Gloria advanced this theme and commented on the value of mentored relationships in their doctoral (PhD) programs. Adele identified that it was evident from her observation of the current relationships of nurse educators and their graduate students that the nurse educators had been well mentored by their doctoral supervisors. From her perspective, she deemed these nurse educator-graduate student relationships to be "very, very effective". Adele added that "I really appreciate the mentorship that we get in my doctoral program - they just amaze me".

Elaine noted that these mentored relationships provided positive role modeling

opportunities that could be used with her own graduate student relationships. Elaine and Gloria also identified the opportunities that presented themselves as a result of a positive mentorship experience that included the opportunity to study with others well recognized in their fields, and to collaborate on research and publications. Role modeling of the mentor-mentee relationship between the doctoral supervisor and graduate student was valuable to participants in relation to developing and maintaining their own graduate student relationships, as a component of their nurse educators' roles. Helen described the value of her mentored experience in supporting her nurse educator role:

> I learned from the role models in my PhD program…I have learned what a supervisory role can, and should look like, and so for myself, I was a novice at that. I didn't have my PhD so I couldn't be a supervisor for anyone doing a PhD. I learned a lot in terms of how to support and what the process is in terms of how you work with students…and what a supervising role can look like…mentorship, support, and encouragement…I had very fine teachers in terms of supervisors and mentors.

The role of mentorship in a doctoral program has a far reaching impact on the roles and responsibilities of nurse educators. By choosing to model characteristics demonstrated by their own doctoral supervisors, participants considered the process to be highly important. It is evident from participants' responses that they experienced positive mentee-mentor relationships that supported their own roles with graduate students.

Graduate student education. While some participants felt that a PhD supported their role in undergraduate education, others were of the opinion that it [PhD] supported roles in graduate education. For example, Adele explained that "clinical teachers are "respected for their current practice expertise and knowledge (skill set) while classroom teachers with PhDs' are respected for their theoretical knowledge."   In current practice, PhD prepared nurse educators are assigned to teach theory classes while non-PhD prepared faculty teach in the clinical/lab settings. A PhD is not necessary for clinical teaching as there is no research component. Elaine reinforced this idea stating that "a PhD doesn't support clinical activities because "one needs clinical expertise versus a generic kind of broad course [like a PhD]. Adele summarized that "we are educating people to prepare them either for beginning practice or we are educating them in the graduate program to expand their knowledge and thinking and their abilities to get them into research." This statement reinforced the perspective that a PhD

facilitates graduate teaching because it is a research degree requiring a higher level of thinking. Adele explained that:

> I just want to make it very clear that I think in order to be a professor you really need to have a PhD because that just gives you familiarity with the literature, the understanding with the literature. It gives you the understanding of the research. I think that I was talking last time about my research methodology and how much using the similar methodology, I was shocked at how much I was learning about it, and that you can put that in and apply it to the knowledge of the literature as well. Just your way of thinking and understanding expands and deepens, and I think that's really, really good and …particularly for the graduate students.

While there were no formal classes in teaching, Irene explained that the PhD program "supported my ability to integrate research further into my teaching…became more aware of knowledge translation in terms of how that might assist students in developing their roles as practicing nurses." Dion was able to "teach from an evidence-based, critical theory perspective" and explained:

> I think for graduate students what we're really trying to do is develop a critical thinking approach to patient care or nursing systems or whatever they're doing. I think the other thing that we're trying to do is provide a basis for either advanced practice or research. I think they are quite different actually.

As did Irene, Dion also identified knowledge translation in that "important nursing aspects which tend to be more qualitative…translate that as not clearly evident to students".

Gloria emphasized that she had taught undergraduate students "for more than 20 years without a PhD." She explained that a PhD plays more of a role in educating graduate students:

> I think it gives you a confidence and credibility but so does clinical background as well. For a graduate student, I would want someone that had a PhD teaching me, not someone that had just finished their Masters' themselves, or only had a Masters'. I would want that because of being in the role model sort of area – I think it's supportive of you and good for you and good for the student.
>
> Helen advanced the credibility issue:
>
> I think we have some really good clinical nurses that don't have a PhD – clinical nurse specialists and nurse practitioners, just nurses with lots of years of experience and I

think they're wonderful in terms of clinical. I think some of those people with Masters' degrees probably do a really good job in the classroom as well. I think though, I think it's a credibility kind of issue. I think in terms of your college or university and even your students, if you have a faculty that are mostly PhD prepared, I think it says a lot about the expectations of your faculty…I think for sure for grad students – I mean the thing is we always say that have to have one degree higher than right, but for sure I think if you're working with graduate students you should probably have a PhD.

Adele explained that while a PhD could be an advantage in the undergraduate nursing program, due to the "level of scholarship, creativity, and critical thinking"; however she cautioned that "once you get more and more into your research and scholarly work that you tend to lose touch with the issues and ways of thinking of the undergraduate students and what's important to them." Jesse elaborated:

I personally have struggled with teaching undergraduate students at certain times because I think you expect more from them because you are expecting a certain level of scholarship and a certain depth of scholarship – of critical thinking in their writing that they're probably not there, so it can be challenging…I have to step back and say to myself that I'm expecting too much. I think that a university teacher has to be a scholar, a researcher, and the expectation is that you do research, so that for me is where doing a PhD is important, and it's probably important for graduate students because teaching graduate students is different than undergraduate students. I think from a graduate perspective, you need to have research because you teach them to be researchers or to be something different…A PhD is about teaching someone to be a researcher – to be a scientist…it gives you the experience of working through the research process.

I noted in my field journal:

Interestingly, and contrary to the current literature identifying the necessity for undergraduate educators to be prepared at the PhD level, it is apparent from many of the participants' comments, that they do not feel this way. Most participants highlighted graduate education, rather than undergraduate education, as being most appropriate to the PhD prepared educator. It appears as if there is a de-valuing of undergraduate education and specifically, clinical education, in relation to the level of

thought processes and lack of "research component" generally associated with graduate education. How does this perception impact on the nurse educator's teaching practice in the academy given that most teach undergraduate nursing classes?

In summary, many participants felt that their doctoral (PhD) program had broadened their perspective on thinking about issues, and thus allowed a deeper level of understanding. This "expanded thinking" benefited their roles as nurse educators because they were able to approach their responsibilities from a broader perspective, which included examining research issues and facilitating students' learning by exposing them to new ways of thinking and doing. However, while participants identified an enhanced ability for complex thinking from which to prepare leaders and critical thinkers as future nurses, the general consensus was that a PhD supported graduate level education.

A third theme that emerged from the data was participants' perceptions that enhanced knowledge was attributed to those holding a PhD, and ultimately, provided opportunity and established professional identity and credibility. This perception will be discussed in the following section.

Theme 3: Legitimizing Status and Establishing Credibility

Because a PhD credential was formally recognized as indicative of a high level of acquired knowledge, professional identity and credibility, it allowed those individuals many opportunities both within and outside of the academic community. Participants identified research credibility, professional identity, professional credibility, and respect as the areas in which acquired knowledge was formally recognized by virtue of their PhD credential.

Research credibility. Accessibility to research opportunities including research funding was identified by participants as an area that was greatly impacted by the PhD credential. They believed that a PhD was the symbol of research credibility. A PhD formally identifies the holder as a research scientist. Jesse explained that "without a PhD, an individual more than likely will be denied funding." While both of the major funding bodies in Canada do not require a Principal Investigator to hold a PhD, Elaine noted that "part of the evaluation process is based on 'who' is on the team." Realistically, without a PhD, it would be very difficult to be a Principal Investigator or even a member of a research team. Therefore, holding a PhD supported nurse educators in their roles as researchers by giving them credibility within the research community.

Jesse emphasized that "some of the funding bodies will not even entertain you without

a PhD." Celeste added that "if you are going for Tri-Council funding and you don't have a PhD, don't bother." Adele emphasized that "if I had a PhD behind my name, I might be likely to get the bigger dollars for the bigger research projects." These comments supported the reality of research funding in terms of funding agencies' protocols for accessing funds. The PhD is recognized by the funding agencies as formal recognition for being credible to do research.

Adele identified that there was a strong emphasis on scholarly work and research and felt that she could not get ahead in the research area without a PhD. She added that "you have to have that symbol at least, of having a research background." Celeste elaborated:

> I was concerned that my knowledge and my brain weren't recognized in the research world unless I had a PhD. It was a limitation in being unable to take my career where I wanted it to go and be valued as a person with knowledge. So, to move to the scientific world, it [the PhD] was a prerequisite.

Irene was emphatic about the privilege associated with the relationship between a PhD and "legitimate" membership on a research team. She stated that, as a member of a research team with a PhD she would be able to "legitimately stand on [her] feet and say why I am on this research team and this is what I have to offer and I have the credential [the PhD] to support that." Irene expressed her "right" to be on the research team strictly because of the status that a PhD holds within the research community.

Barbara elaborated on the importance of the PhD credential in being afforded the opportunity for both input into decision making processes and access to funds in relation to health related research by:

> Being able to influence the agenda…we need to influence the agenda in health care, but we also need to influence the agenda in the university…we need to be able to influence where the research dollars go, so we need to be able to influence how decisions are made and quite frankly, you can't do that unless you play the game.

Again, the PhD credential is critical to be afforded the opportunity to be recognized as a legitimate member of the decision-making process in relation to gaining access to research funds. It is obvious that Barbara's comment about "playing the game" is indicative of the power that a PhD credential holds. The term "playing the game" to me, puts the value of a PhD in question as to whether we are actually using the knowledge, or is it simply a "title"

with corresponding privileges?

Whether identified as being overt or covert, the "status" associated with holding a PhD was pervasive both within and outside of the academic community. Holding a PhD provided opportunities in relation to job advancement, research funding, and inter-professional equality. Elaine expressed concern that:

> I think that there's this whole kind of second class citizen that's going to happen even though you may not want to, I think it's still very easy to fall back into that 'well, you don't have a PhD so you can't really be on my team' and unfortunately, when you look at how CIHR evaluates the team, that's the kind of thing they look for, so you're between a rock and a hard place. You might really want to support somebody but you can't necessarily take them on as co-investigator because that makes the likelihood of your getting funding even less.

According to the term "second class citizen", not holding a PhD has implications for members of a research team in relation to receiving funding. Is the assumption then, that individuals with a PhD are effective researchers? A PhD credential impacts the discipline of nursing in relation to the profession's identity and credibility across other disciplines. Holding a PhD apparently allows "equal standing" on research teams and funding opportunities.

Professional identity and credibility. The need to raise the status of professional nursing knowledge was important to participants given the current trend in inter-professional education for nursing education. Adele cited inter-professional education and inter-professional working relationships as an important reason for having a PhD. She explained that one "needs to be on a level playing field" when working with other health professionals. Gloria's comment that "it's nice to be able to feel equal to your colleagues and not feel a little less" also illustrated this thought. Dion emphasized that "the PhD status is important as a profession because we will finally be viewed as an academic discipline." For the profession of nursing to gain recognition, it needed to achieve a certain number of PhD prepared nurses, because having PhDs "increases our power base and our ability to influence decisions" (Dion). There was a general feeling among the participants that having a PhD defined them as being equal members among both the academic and professional communities. Having a PhD was considered by the participants to put them "on par" with other professions and disciplines. Irene talked about the issue of "equality" with members of other disciplines and professions

garnered by holding a PhD. She stated that having a PhD allowed "nurse faculty to stand shoulder to shoulder with other colleagues from other disciplines, and collaborate with them on equal footing." Jesse insisted that "people that don't have it [a PhD] do feel that they are, for a better word 'second-class'."

Barbara indicated that:

> We are kind of frantic that we maybe aren't good enough so we better make sure that everyone has a PhD in nursing so that we can strut our stuff with the big boys. Well I don't feel that way. I think we can strut our stuff just fine with a broad set of skills. I think we do need the depth but we also need the breadth.

Barbara indicated that "we" as nurse educators, generally believe that a PhD in nursing establishes professional credibility both within and across disciplines. Barbara indicated that while the PhD in nursing provides depth in nursing, other disciplinary doctorates provide a breadth of perspective.

The formal recognition of knowledge was also evident in other avenues of the nurse educator's role, as for example, at professional conferences. It was a general assumption that if a speaker had a PhD and an area of research interest, their knowledge was accepted without question. Helen herself revealed that when she has attended professional conferences, she "only chose sessions that were given by a speaker with a PhD…because those were the people we could learn from." The comment by Helen illustrated the assumption that holding a PhD is indicative of being knowledgeable, and from that knowledge, comes power and status.

Status. Several participants elaborated on other ways in which knowledge is formally recognized. Helen, Faye, and Gloria identified that, by holding a PhD, knowledge is formally recognized and rewarded by the academy, for example, being assigned to teach graduate students and included as a member of graduate student committees. Gloria identified that holding a PhD supported teaching in relation to "what you could teach or were allowed to teach." Helen expressed that being allowed to teach and mentor or supervise graduate students demonstrated the "recognition of what you can't do without a PhD."

In addition to the credibility and ultimately the accessibility to membership on research teams and external funding, participants stated that a PhD commanded respect from members of the public, students, and other professionals and academics. Jesse, Gloria, Elaine, and Helen all expressed that having a PhD definitely commanded respect, especially from the students. Gloria

stated that having a PhD "gave me the confidence that I needed…makes it easier for the teacher because you are not trying to convince the student that you know what you are talking about." Helen added that "students recognize the fact that you have a PhD and that you know." It is assumed that an individual with a PhD has a higher level of knowledge, and that knowledge is not to be questioned.

Elaine, Gloria, and Helen reflected on how they were acutely aware of not having a PhD; however, once they did receive their PhD, it was no longer an issue. Gloria elaborated:

You can't go for tenure unless you have a PhD…that's the biggest privilege and…do it's kind of like a unique club that once you have your PhD, you kind of don't think about it anymore.

Firstly, enhanced, individual knowledge is formally validated and recognized by members of other disciplines and professions. This aspect is important given the current trend in inter-disciplinary collaboration and education. Secondly, legitimacy to being a member of a research team and the potential for successfully securing research funds is facilitated by holding the credential of a PhD. Thirdly, having a PhD is regarded as "position of status". The PhD is symbolic of knowledge and ultimately prestige, both within and outside of the academic community.

However, while a PhD supported research, professional identity and credibility, and status, the participants identified that the "pedagogical component" of their role was not supported by their doctoral (PhD) work. This lack of support will be explained in the section below.

Theme 4: Teaching is supposed to be the Backbone of our Existence

Three ideas emerged from participants' responses that included the disparity between PhD programs and job realities, the value inequity between teaching and research, and a marked variance in the interpretation of the scholarship of teaching. It was evident from participants' responses that their PhD programs did not support their roles as educators, in relation to providing formal pedagogical preparation. In addition, there was a general consensus among the participants that teaching was not valued equally to research by the institution, which ultimately impacted on their responsibilities. If an educational institution espouses innovation and excellence in teaching, then should these qualities not be rewarded? Finally, participants' interpretations of the scholarship of teaching varied widely, which impacted on the perception of, and ultimately enactment of their nurse educator roles.

Relation of PhD programs to teaching. While teaching can be broadly defined in terms of clinical experiences, non-clinical experiences, course development, mentorship, graduate teaching, and graduate advisement, participants identified the fundamental components of teaching, specifically pedagogical techniques, as not supported by their PhD program, regardless of discipline.

Elaine and Gloria were emphatic that "a PhD isn't for teaching." Gloria explained that the PhD:

Is for philosophy and thinking so…maybe a PhD in Education is for teaching; however, I don't think that every PhD program should include teaching…and I think that in a PhD in Education, they assume that you already know how to teach.

Celeste furthered this thought:

I don't think the desire to be an outstanding teacher is what motivates most people to go back for their PhD in nursing. I haven't heard anyone say "I'm going to get my PhD to go to the university to teach…I'm going to get my PhD to go to the university to have a research career and get research grants, and develop a program of research and a track record.

When asked about the scholarship of teaching, Elaine commented "I guess the scholarship of teaching is the study of sort of proven and innovative ways to educate students and…I don't know if I actually have to do that."

When asked about how the scholarship of teaching and the recognition of teaching fit within the university, Elaine elaborated:

First of all, I don't think it's possible to do all those things. I think there are people whose work is in the scholarship of teaching and learning and those are the people that study different techniques of teaching. Maybe they do different kinds of testing, they work directly with students, but I do just a little bit of that, but that's not my primary area of scholarship. So, I think for some people that [teaching] is their primary area of scholarship and that's good, but it's not mine.

I wrote in my research journal:

I am disheartened that an individual in the academy would feel that within the framework of the scholarship of nursing, they do not feel that the scholarship of teaching is an area of scholarship for her and that she "doesn't do it". I must be cognizant of the fact that

this is based on my assumption of the foundation of nursing practice, and the importance of teaching [to me] and that everyone has their own perspective. However, the framework for the university schools of nursing is based on Boyer's work which integrates discovery, teaching, application, and integration. This comment illustrates the disparity between teaching and research.

Based on the apparent disparity between role expectations and the PhD program of study, I first wanted to understand from participants whether they thought that a PhD program should prepare them for the responsibilities of their role. I asked the question "considering that most individuals [nurse educators in the academy] with a PhD have responsibilities for teaching, some to a lesser degree than others, should a PhD program 'teach one how to teach'?" Barbara expressed concern for the current practice at universities in which PhD students who hold scholarships or fellowships are required to teach. It is generally the expectation in most doctoral programs that one of the roles of a PhD student is to be a teaching assistant. Because of this practice, Barbara believed that a PhD program:

> Actually should [teach one how to teach] and it's something that universities are very, very bad at…they're very bad at teaching graduate students how to teach, and they're very bad at having teachers who can teach, so yes, I think there should be a requirement in PhD programs for people to take basic educational techniques in terms of teaching. I don't know if it has to be for credit, but it should be a required course. If you are involved at a high level in terms of doing research, that's advancing the understanding of your discipline and developing scholarly work in your discipline. It is also incumbent upon you to be able to teach. It'd not just enough to do it; it's not just enough to write about it; you have to be able to teach it. How do you advance the discipline? How do you advance knowledge? This is what universities are all about, so for me, that's an important aspect of what teaching at university should be all about. I mean there are very few people in a university setting who are pure research scientists, very few, and certainly not in disciplines like nursing. I mean that just doesn't happen, so I think that a valuable asset would be to have more preparation in education.

Celeste emphasized that in her PhD program, she was never given the opportunity to teach classes with her supervisor because he wasn't a teacher. He was a "scientist." Celeste described the focus of current PhD in Nursing Programs:

In the PhD in Nursing, they don't teach you to be a professor or a teacher…we are still teaching to be a scientist…the value in the university is the research; the discovery of the knowledge; it's the grants that are brought in. Celeste emphatically stated that "if they're going to come into the academy, they had better want to be a researcher or what are they going to do?"

Celeste's thoughts are reflected in both the *Nursing PhD Document* and the *Strategic Planning Document*. *The Nursing PhD Document* identified the preparation of nurse scientists as the goal of the PhD program. Neither of the outlined objectives or the required courses addressed any academic component in relation to teaching responsibilities. Because the focus of a PhD is to prepare "scientists" or researchers, the emphasis in these programs is on research experience, rather than on formalized teaching preparation and experience. Consequently, doctoral students who might be interested in garnering formal pedagogical experience in anticipation of a position in the academy would have either the entirety or the majority of their studies focused on research. The *Nursing PhD Program* document identified the nurse scientist as a scholar, further perpetuating the linking of scholarship and research in isolation, rather than inclusive of teaching practices.

Because many of the participants were currently enrolled in, or had completed doctoral (PhD) work in Education, it was prudent to examine the *Education PhD Program Document*. This document in contrast to the *Nursing PhD Program Document* identified the development of educational practitioners and scholars, recognizing that the majority of the PhD graduates pursued academic positions.

Helen provided an important insight regarding the lack of formal teaching in a PhD program of study:

If I had never taught before and I went into the PhD program, I might have learned in terms of doing my presentations, teaching to fellow students…I might have learned some teaching/learning things there, but I think I was already using the knowledge that I had.

The participants were divided in their thoughts about inclusion of formal teaching classes within a doctoral (PhD) program. While they recognized that teaching was a major component of their nurse educator role, and that it was important for the nurse educator to have teaching skills generally, the PhD program was not considered the venue, nor did the participants intend, to learn about teaching. Many individuals who have a PhD work within the academy. Currently,

for nurses with PhDs, the academy is one of the few options for employment. Celeste emphasized:

> If you want to work in the academy you have to teach…so we need to invest in that part…and I think our assumption is that you are all smart people or you wouldn't get through the PhD program, so you'll figure it out, or you can get up and tell them what you know…however, it's not that simple.

The Strategic Planning Document outlines individual, non-departmentalized college and departmental goals in relation to how each are positioned to meet the overarching goals of a research-intensive institution.   In summarizing their current progress towards these goals, this institution's nursing college identified that of the approximately 13 tenure track positions filled approximately half of the incumbents had no teaching experience. However, the plan identified for these new faculty included one to one mentorship in grant writing, managing a funded research project, and creating programs of research. Almost as an afterthought, it was identified that these individuals would need to learn how to manage a classroom. The emphasis on research-related activities and lack thereof on teaching-related activities in the academy is illustrated further in the following section.

The participants identified an incongruity between the focus of a PhD program and a role in the academy. The majority of the participants stated that they had no formal pedagogical preparation for their nurse educator roles. Irene recalled this very experience in learning how to teach. When asked about formal preparation for her role as a nurse educator, Irene emphatically stated:

> Sink or swim…pretty much that's really how it was for me…most of what I did was based probably on how I was taught and how the teachers that I appreciated the most in my recollection, from my own undergraduate program, and so I would try and take those bits and pieces from there and try to use that information in teaching what I was doing. So, in terms of preparing how to be a university teacher, I don't think I really had any formal preparation…I learned by trial and error.

However, due to increasing expectations and accountability placed on educational institutions in relation to delivering quality education, Celeste emphasized that "it is no longer appropriate to sink or swim." The *Core Principles of Learning Document* outlines both teacher and student responsibilities for the teaching learning process. Some of the teacher responsibilities included

effective teaching, content proficiency, and pedagogical effectiveness. This document additionally identified that in cases where graduate teaching assistants are involved with the delivery of a course or courses, it is the responsibility of the teacher to provide instruction for effective teaching. While teacher responsibilities are outlined in the *Core Principles of Learning Document*, participant responses emphasized that from their experiences, this was not the practice. It was important to Celeste that, if the university considered teaching and research to be equivalent, as indicated in the institution's foundational documents, that there be equal value placed on both.

The value of teaching. Throughout my interviews with participants, there was a constant and, almost unanimous perception that teaching was not valued at the university. However, foundational policy and teaching related documents from this research study site suggested that teaching and research are equally valued within the institution. The *Teaching Learning Survey Document* articulated the need for a positive relationship between teaching and research rather than being two separate entities in competition with the other. This document acknowledged that research and scholarship have been heavily promoted, while teaching and learning are lacking that same attention. While the university administration postulates the importance of teaching, and the recognition of teaching, the focus is actually on research intensiveness.
The *Teaching Learning Survey Document* is a compilation of student and faculty perspectives on the teaching-learning experience at this institution. From the students' perspectives, the student-teacher relationship experience, either positive or negative, was the most significant aspect of their learning experience. While the students recognized the value of the professor holding a PhD, they felt that the PhD credential and knowing how to teach were not synonymous. They identified the need for professors to have the skills and abilities to be a teacher.

Faculty members identified the value in providing an optimum student learning experience and were cognizant of the fact that most were not expert teachers that required help to teach. However, there was an overwhelming perception of the imbalance in the reward system which favored research and scholarly work over teaching. They felt that good teaching was not rewarded while on the other hand, research was rewarded from the onset of a new faculty hire. Many participants talked about research always winning out over teaching.

Helen explained that by establishing the teacher-scholar model, the university was attempting to recognize teaching:

I mean they talk about the teacher-scholar model a lot and I think it's a wonderful model. I think it gets a lot of lip service, but I think when it comes right down to it, we don't really support that and you know, saying that our students come first, which is a new sort of plan. I think they should, but really I'm not sure. I don't think the emphasis is on teaching and student experience, because if we look at student experience, we look at teaching. That is what they talk about…and what students really talk about in terms of their experience, is their professor. They're here to learn and they really appreciate someone who they label as a good prof. The students say 'you know so and so is an expert in their field but they don't know how to let us in on it…we need to learn better how to help someone understand something and I think that can be part of a Doctor of Philosophy Program, is that we help people understand what we are doing.

The intention of the *Scholarly Teaching Document* was to provide an understanding and basis for developing and maintaining a relationship between scholarship and teaching. While this relationship is highly encouraged by the institution, the document identified issues that have, and will continue to impact on the potential success of this endeavor. Because of the multi-disciplinary nature and resultant epistemic communities within the institution, there is not a consensus as to the descriptors detailing the scholarship of teaching. While the institution's commitment to the plight of the scholarship of teaching is described as "unwavering", the question of value is raised regarding professional practice and research.

The *Faculty Planning Document* describes the academic community as a community of engaged scholars spanning a continuum of experiences and activities dedicated to lifelong learning and knowledge discovery. Specifically, this document outlines the *categories* of faculty within the academic institution that includes faculty in training, teaching faculty, clinical faculty, teacher-scholars, researchers, guest lecturers and adjunct professors. How do *categories* of faculty contribute to the ongoing discourse and ultimately the divide between teaching and research?

The *Faculty Expectations Document* describes the roles and responsibilities for both tenure-track and tenured faculty. In describing these responsibilities, there is a stated commitment to increased research intensiveness. Teaching is identified as a natural complement to the pursuit of knowledge in which graduate students are introduced to the essential skills of discovery, interpretation, and dissemination. In conjunction with the *Scholarly Teaching*

Document, this document also identifies the challenges associated with establishing a relationship with scholarship and teaching, however, simultaneously giving high priority to research and the creation (sustaining) of a successful research culture. In particular, it was identified that "obstacles that hinder full participation of faculty in the research culture must be identified and removed. While there is difficulty in articulating identifying descriptors that might unite scholarship and teaching, there is apparently no difficulty in identifying criteria and measures of productivity related to research.

Celeste explained:

> Our standards are changing to be, to put more pressure on those who want to go the professional practice route. Professional practice isn't in isolation of knowledge translation and that's one of the tensions I think in a professional school is, how do we bring the two together? That's one of the challenges we have and our education should be preparing us to do that, but as long as we are all over the place, I'm not sure that it does.

There is a continual push to bring in Tri- Council Funding. Merit is generally awarded on research funding, and the individual needs a truly unique and innovation teaching strategy to even be considered for merit. While there are some teaching awards, they do not have the same merit or prestige as research grants. Irene explained that teaching loses out to research because "research brings in money to the university and unless we bring in money through teaching scholarship or research, that's where it loses out."

Helen added:

> If teaching was valued differently, then we would have things in place that support teaching…we really value research on this campus and there are all kinds of things in place to mentor new researchers…if teaching was valued, we would be learning more about teaching methodologies and pedagogy, and things like that.

> Adele emphasized that in the university "the onus is on each individual to develop our teaching skills and I think that's where the issue lies in that it's an expectation…you don't get credit for it." She explained:

> I would say that you are more likely to get notice and congratulations if you get a big research grant or you can put yourself forward as having these really neat or interesting or significant research findings, but you see that a lot less with having a really creative ways to teach unless you're in that circle – that specific circle of the teaching learning

centre or the group of people that support that, and have taken education as their

professional practice. On the whole, while people say that they value teaching, the

overt valuing is not there.

Elaine concurred with Adele that there is no incentive to inspire good teaching.

According to Elaine and Adele, good teaching was simply the expectation. Elaine elaborated:

Unless you get an award, that's really the only situation that, or if you have done

something unusual with teaching for example, developed a new course or a new strategy

or something, that you are recognized for merit. But if you teach your courses, get

reasonable evaluation - that's just the expectation.

Gloria best summarized a number of participants' thoughts regarding the "value inequity"
between teaching and research. She explained:

It is supposed to be what the backbone of our existence is all about the teaching, but

universities often are, it's the research that kind of supports it financially so, and lots of

people have said that for years that teaching isn't valued, so they try to put more teaching

awards in, things like that. I don't know what else the university can do when there's just

so many more perks to the research, to having a program of research. You know, release

time, plus putting in the conferences that you can go to so, why wouldn't you try for

those grants if you can get them because, financially they are so much more rewarding.

I noted in my field journal:

It is evident from the majority of participants' comments that teaching was not perceived to

be valued at this institution. More importantly, and more concerning to me is that because

value is attached to a reward system, participants openly expressed that they would not "go

beyond the expected" which they described as fair to good teaching evaluations.   How

does this perception that ultimately directs practice, impact on student-centred learning?

On the contrary, Jesse argued that teaching was both acknowledged and valued at the university,
and emphasized that the question of "value" was perpetuated from within the ranks of academics
whose focus was either research or teaching. Jesse elaborated:

I think it's probably true that research is valued more because of some of the big dollars it

does bring in, but I do think that the university does try to really value its teaching. There

are some prestigious teaching awards given at the university; there are expert teachers that

are acknowledged at convocation. I think the university tries really hard to acknowledge

teaching. I'm not sure it's valued and acknowledged as much as some people who don't focus as much on research would want it to be. I think it is highly valued and I think what is more highly valued is the teacher scholar. The teacher-scholar means different things in different colleges because in some it is research and some it is writing a book, or writing a monograph; whatever scholarship is most important for that college. To me scholarship is not just about research, it's about the publications that you do; it's your conferences and presentations; it's the things you do in the community. It's about engaged scholarship I think with the community that you work in. That I think is more highly valued but I think they do try to highlight those people but research is put forward because it brings the big dollars in.

Despite the fact that there were institutional documents identifying teaching as a priority, research was perceived by the participants as the focus of the university. Public statements by institutional leaders about the importance of teaching are contradicted by the institutional policies and faculty behaviours emphasizing research. The question to consider is why research is rewarded more than teaching if teaching is considered equally as important?

Conflicting views on the scholarship of teaching. The scholarship of teaching is directly related to the teacher-scholar model. How the scholarship of teaching was defined by that individual, could ultimately impact on that individual's perceptions related to the roles and responsibilities of their role as a nurse educator. Therefore, I asked each of the participants to define and describe the scholarship of teaching.

The "practical" perspective. A number of participants identified the scholarship of teaching in terms of "hands on" application that included currency of theoretical knowledge, practical knowledge, and teaching strategies.

Adele identified the scholarship of teaching from an "application" perspective:
Being very well prepared, knowing your stuff, knowing your theories, knowing the practical things, knowing the strategies – the teaching learning strategies, and if we are talking about scholarship, also, writing about – publishing about teaching strategies. And if you are a real scholar in teaching then you could, and that's your focus, then you would also be getting research in that area published as well. For me, as someone where teaching is not my focus – my professional focus or my research focus, to me being very well prepared and up to date, so that what you're telling students – what you are teaching

students, is going to be useful to them.

According to Adele's description of the scholarship of teaching, the emphasis is on the application of teaching and learning strategies. Jesse's definition of the scholarship of teaching was similar to Adele's in terms of the focus on teacher preparation, specifically currency of knowledge. Jesse explained:

> To me personally, I don't research teaching. I would like to think that my research impacts on what I teach. I think the scholarship of whatever you teach – you need to be up to date with the relevant knowledge and theory of what you're teaching. To me, it would be what you are teaching is what you are researching.

Both Adele and Jesse were emphatic that they did not "research teaching." Adele explained that the scholarship of teaching was not the focus of her professional practice or a research interest.

Gloria's articulation of the scholarship of teaching was similar to that of Adele and Jesse in relation to the preparatory aspect of teaching. From her perspective, the scholarship of teaching meant that "you are prepared academically, that professionally you are qualified to be there and psychologically, you want to be there and, that you have your own philosophy of teaching." Gloria clearly indicated that the scholarship of teaching and having a philosophy of teaching were very different. She explained that a teaching philosophy is "a statement articulating your personal approach to teaching and, that provides the rationale for what you believe are the important components defining effective teaching and learning in your discipline."

Helen elaborated on the discussion in relation to the application of theoretical knowledge to practice. In her description of the scholarship of teaching, Helen identified the application and integration of this knowledge as the cornerstone to teaching:

> I think about the obvious one in terms of knowledge, the discourse, the understanding – that whole piece…but with that is the application or integration piece which is really important in teaching. It is one thing for students to understand concepts but it's another thing to be able to explain to them how to actually do it so I think that application to practice is a really big part of the scholarship of teaching. I think that judgment is really huge – insight, judgment, intuition. I think those things are so important in the scholarship of teaching because I guess it's like Benner's model, Stages of Expertise. You have to be at that level of expert to truly be a really effective teacher so that you

need the knowledge, skills, and judgment. You need the intuition to be able to sort of sense what's going on with the student and also sometimes we just know that the student is really not going to cut it as a nurse and so where does that come from? Expertise, intuition, judgment, all of those and I think there has to be a certain degree of wisdom really for the scholarship of teaching. I mean there's a lot to expect and we can't be all of those things every single day to every one of our students, but I think that if we were to say this is the scholarship of teaching and this is what we all need to strive for, I think those things are there.

The "scholarly" perspective. While Adele, Gloria, Jesse, and Helen identified the practical aspects related to the scholarship of teaching, several of the participants identified critical reflection as an important component. For example, Dion explained that the scholarship of teaching is:

When you've actually done more than just go and prepare a lecture for the classroom. You've sat down and thought a little bit about your role as a teacher and that you can take that dialogue and transform it into something that will improve your teaching…so, I think it's when you do some inquiry into the way that you teach.

Faye concurred, adding that "you look at your teaching practice and reflect on it and maybe do some research with it to maybe improve what you do, and why you do it."

Irene elaborated on the comments made by Dion and Faye, including both critical reflection and the inquiry process in her definition. She described the scholarship of teaching as the ability:

To look at the pedagogical foundations as part of that teaching role, to be able to critically reflect on teaching, to do research in relation to teaching, to maybe in relation to a particular aspect of your teaching or a particular approach that you're using, to be able to look more in depth at the theory, at the research, at the practice, and how those three combine in relation to teaching.

Many of the participants defined the scholarship of teaching in terms of teacher preparation that included knowledge of teaching strategies and currency of knowledge, in addition to critical reflection and inquiry. Additionally, two of these participants, Adele and Jesse, emphatically stated that they did not research teaching. However, Barbara emphasized that the scholarship of teaching is broader than many people interpret it. She explained:

I know that in my past when people were challenged to talk about the scholarship of

teaching they would say 'well I teach every day and I'm constantly revising my lectures and I make sure that I am up to date' and all that kind of thing. I disagree with that because I think the key to scholarship is that you're advancing the discipline. So, you're advancing the nursing through scholarly work. So, it's not enough to just do it, you have to write about it; you have to present it; you have to be involved in mentoring new students and new teachers; you have to be involved in organizing educational programs around it; so, it's not just simply enough to do it, you have to convey the messages of what you do, to the discipline – to people in the discipline. You need to get out there and present at conferences; you need to write and we're very bad at that in nursing. So from my perspective, the scholarship of teaching not only involves doing all those creative and wonderful, brilliant things that we're doing as teachers, it's telling others about it and telling them about it in a way that other people can use it to advance what the discipline does.

According to Barbara, the scholarship of teaching included pedagogical knowledge, the application of theory to practice, and dissemination of that knowledge through scholarly work. However, while Barbara recognized the importance of the practical components, she highlighted the "scholarly" component that included presentations and publications, as being critical to achieving scholarship in teaching. Celeste conceptualized the scholarship of teaching from a less traditional stance. She explained that:

When we talk about scholarship, in our heads we tend to flip right away to publications, research grants and so, the scholarship of teaching for me would be capacity building; it's respect; it's the principles that we've said, or the principles within which we will behave when we go into another community. It's the economic opportunity for an area; it's the social capital – there has to be an investment in becoming part of whatever that is where the learning is going to occur.

From Celeste's perspective, the scholarship of teaching is the ability to build social capacity in partnership with community teaching opportunities.

I noted in my field journal:

Based on the diversity of participants' understandings of the scholarship of teaching, I question "what are the implications for participants' teaching practices and student learning?" I find it disconcerting that there can be such a difference in the understanding

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of scholarship and obviously, its' related practices, in a relatively small group of educators. Is this related to the individual importance they place on research versus teaching activities?

Based on the participants' comments, there was a marked variation in their perceptions of the scholarship of teaching. The range of descriptions included practical applications of teaching for example, currency in theoretical knowledge and teaching strategies, critical reflection, and "scholarly" output, demonstrated through presentations and publications.

Chapter Summary

Throughout this chapter, four thematic issues arose when analyzing the perceptions of experienced nurse educators' as to how a doctoral (PhD) program supported their roles. The first theme identified the ambiguities associated with participants' interpretations of the term "*nurse educator*." The second theme identified that a PhD education facilitated an increased breadth and depth of knowledge base and approach to thinking, and specifically supported the mentorship role and the education of graduate students. The third theme identified that a PhD symbolized formal recognition of enhanced knowledge in relation to research credibility, professional identity, and status. The fourth theme identified several pedagogical implications, despite the fact that many PhD recipients are employed in the academy, and when teaching often occupies the greater portion of their workload; the perception that teaching was not valued at the institution; and a marked variation on the interpretation of the scholarship of teaching.

In the final chapter, I provide a discussion of the data findings in relation to the literature. Implications for practice and policy, and directions for future research will be discussed. The chapter concludes with self-reflection on my growth as a researcher.

CHAPTER FIVE

DISCUSSION AND IMPLICATIONS

In this chapter, I provide a discussion of the findings of this study in relation to my interpretations of the data and the literature. I provide the participants' responses to my research question and identify themes within them. I identify implications for theory, research and practice, in addition to future directions for research. The chapter concludes with reflections on the research journey.

Response to the Research Question

The primary research question that guided my study was "what are experienced nurse educators' perceptions of the role of a PhD program in supporting their educator responsibilities?" Four themes were identified from the data in response to my research question. The identified themes were: (1) ambiguity in role perception; (2) changed world views; (3) legitimizing status and establishing credibility; and (4) teaching is supposed to be the backbone of our existence. The findings of my study have contributed new knowledge to the discipline of nursing twofold. First, my study identified those conditions and factors that influenced or impacted nurse educators' roles in nursing education. Second, by identifying those strategies that may promote consideration for formalized teaching preparation, this study has provided an evidence-based foundation for the development of a formal teaching course that could be integrated into current doctoral (PhD) curricula.

Discussion

In this section, I examine the connections between the findings and the literature, and discuss the findings in relation to theoretical and practical applications. I organized this section according to the broad categories of policy and practice, and the theory-practice gap.

Policy and Practice

Numerous reports (AACN, 2011; Benner et al., 2010; Carnegie Foundation, 2010; CASN, 2010; MacMillan, 2013; IOM, 2011; Lancet Commissions, 2010) recommended that in order for future nurses to meet the demands of a complex health care system, nursing education programs must be completely restructured. A priority focus for this restructuring was the formal preparation of nurse educators in relation to their ability to prepare nurses who are leaders, critical thinkers, problem solvers, and expert clinicians. While a PhD is acknowledged foremost as a research degree, it is at the same time considered the standard credential for tenure-track

nursing faculty positions (Brar, Boschma & McCuaig, 2010; Loomis, Willard, & Cohen, 2006). Within the discipline of nursing, many consider the priority role of doctorally prepared nursing faculty in academia to "conduct nursing research and disseminate knowledge" (Gormley & Kennerly, 2011, p. 190). While this notion may be ideal in theory, in practice most nurses who are PhD prepared are employed by the academy. In most traditional academic institutions, teaching is not supported; however faculty members are expected to be engaged in teaching, research, and service. Brightman (2009) emphasized the lack of systematic effort in relation to teacher training in most PhD programs. Because the typical academic reward system overvalues research and scholarship, and undervalues teaching, the focus of graduate schools is on research. Brightman (2009) challenged that all doctoral students should "be prepared to teach from Day 1" (p. 9). Prior teaching preparation would allow new faculty to spend less time on learning how to teach, at a time when they are merely attempting to stay afloat of their many role responsibilities. Brightman (2009) explained:

> It has been said that college teaching is the only profession where there is no professional training, and it is commonly argued that this is because our graduate schools train scholars and scientists rather than teachers. We are concerned more with the discovery of knowledge than with its dissemination. (p. 1)

Brightman's concern was supported by the findings in this study. Participants overwhelmingly identified research as taking priority over teaching. They explained that generally, research was always recognized and rewarded, while teaching was only recognized and rewarded when it was considered exceptional. Because of the current focus on the delivery of nursing education and the requisite PhD for those responsible for the delivery of this education, educational institutions need to rethink the purpose of a PhD (Austin, 2002b; Nyquist, 2002; Walker, Golde, Jones, Conklin Bueschel, & Hutchings, 2008). The expectations of doctoral programs are escalating and those responsible for these programs are increasingly held accountable for their purpose, vision, quality, and delivery. As Nyquist (2002) explained, educational institutions must:

> Continuously re-examine what it is we are doing and adjust our programs to ensure that the doctoral degree retains its unique ability to contribute robustly to a changing society's extensive requirement for knowledge workers …and to ensure that recipients [PhD] continue to make the kinds of contributions that are necessary…(p. 13).

The role of a nurse educator in the academy is multi-faceted, including educator, grant writer, researcher, role model, and scholar (Gormley & Kennerly, 2011). While participants in my study identified that a PhD was a research degree that supported their research credibility, they also emphasized that research was only one of several areas that comprised their nurse educator role. The academy needs to recognize teaching as a priority of the nurse educator role, and not as a secondary consideration.

Austin (2002b) described the modern academic workplace as being characterized by student diversity, new technologies, changing societal expectations, and the shift on emphasis towards the learner. The lack of inclusion of formalized pedagogical preparation in PhD programs has been continuously identified as a deficit, yet there is continued emphasis on research. The expectation of the nursing professoriate is that they have doctoral preparation and further, "doctoral graduates who will be involved in an academic role will have preparation in educational methods and pedagogies" (AACN, 2008, p. 1). Brightman (2009) noted that, while there is much to be learned from observing a good teacher, there is "a limit to how much can be learned from observation …observation doesn't always reveal why good instructors do what they do" (p. 6). The Education Scholar (2014), an online advanced teaching course, identified that most faculty learn to teach by observing others and then choosing what they consider to be best practices, demonstrated by these role models.

Campbell, Fuller and Patrick (2005) suggested that "while research is, and will continue to be the basis of the PhD program, doctoral education has become too focused on this one aspect" (p. 159). They emphasized however, that the inclusion of formal pedagogical preparation in a doctoral program, does not have to be "at odds" (p. 158) with research. However, Ashton and McDaniels (2006) identified the barriers to integrating teaching courses into the doctoral program that included the increased length of time for degree completion; faculty knowledge and ability to guide students, and probably the most influential, "long standing traditions within disciplines about the appropriate focus of graduate study" (p. 63).

Many participants in my study stated that from their perspective, it was not necessary to have a PhD to teach undergraduate students. Graduate student education was where the value of a PhD lies. This thinking is in contrast to the current literature in which PhD preparation is considered necessary for any educators in higher education, especially those educators responsible for the delivery of undergraduate education (Bok, 2013).

Theory-practice gap

Epistemic diversity is defined as equal consideration for all ways of knowing (Georges, 2003). The discipline of nursing must examine its current practices, and how nursing has contributed to sustaining an epistemic community. If nursing as a discipline is committed to both advocating and advancing interdisciplinary education that includes the co-creation of knowledge, and ultimately application of that knowledge, how do we bridge the theory-practice gap? This study has contributed to the body of knowledge on the theory-practice gap by elaborating on the nature and applicability of the teacher-scholar model, and the concept of epistemic communities.

According to Van De Ven and Johnson (2006), the problem underscoring the theory-practice gap is associated with the process of transferring knowledge or, simply, the ability to apply theory to practice. It is the unfortunate assumption and interpretation of many members of professional communities that knowledge of theory and knowledge of practice involves a "literal transfer or translation of one into the other" (Van De Ven & Johnson, 2006, p. 808). Consequently, the individual merit of scientific or scholarly knowledge and practical knowledge tend to become lost in the translation. As a result, successful implementation of the teacher-scholar model within the academic community is directly impacted by the theory-practice gap.

The term "academic researcher" suggests that the priority of academics is the discovery of knowledge (research). Van De Ven and Johnson (2006) acknowledged that there is an assumption that academic researchers have "a monopoly on knowledge creation" (p. 805) and have been criticized for their lack of attention in the transfer of produced knowledge. The theory-practice gap is perpetuated by a wide variation on the interpretation of the "teacher-scholar", and other related terms including: scholar, academic, practitioner, and teacher. For the purposes of this discussion, I used commonsensical definitions because participants, in conceptualizing their roles and ultimately, providing a term to describe these roles, were concerned about whether the public would understand the meaning of the terminology. It appeared that participants' primary concern was whether others understood their roles (according to title) in contrast to other health professionals. For example, scholar is defined as "a learned person" (Merriam Webster, 2011, p. 374), while an academic is defined as "merely theoretical" (Agnes, 2003, p. 4). A practitioner is defined as "one who practices a profession" (Agnes, 2003, p. 506), and a teacher is defined as "a person who passes on information" (Merriam Webster,

2011, p. 438).   The implications of these interpretations of the term "teacher-scholar" are discussed in the following section.

There is a disconnection between the theoretical concept and the actual practice of the teacher-scholar model. While in theory, the teacher-scholar model advances the notion that a teacher and a scholar are one-in-the-same, in practice one is either a teacher or a scholar. Because scholarship, or scholarly activity, was defined solely as research, Boyer (1996) emphasized that universities have an obligation to broaden the scope of scholarship.

Meleis (2001) identified that in the US, grants awarded by the National Institutes of Health (NIH) are considered the gold standard by which research universities measure their success. She emphasized that nursing scholars "cannot afford to value one source as the epitome of success or to convey to those who do not have that source, that their work is any less valuable" (p. 104). Cronin (2003) supported this argument, adding that "greater emphasis should be placed on the quality rather than the quantity of an individual's work, including consideration of alternate forms of scholarly expression" (p.10). The findings of this study overwhelmingly identified that research was perceived to be of much greater value than teaching. In addition, it was identified that particular sources of funding were considered to be more valuable than others; as for example, Tri-Council funding. Therefore, while the institution has attempted to integrate the teacher-scholar model, the focus on "research intensiveness" and its associated reward system has contributed to the theory-practice divide. Effective integration of the teacher-scholar model could greatly benefit individuals, students, learners, and institutions, and ultimately the greater society.

Implications for Practice, Theory and Future Research

The findings of this study have implications for practice, for research, and for theory. In the following sections, I explore these implications. First, I examine the implications for policy and practice, and then I examine the implications for theory, and future research.

Implications for policy and practice

Because the discipline of nursing is a practice based profession, policy impacts directly on professional practice. Registered Nurses are self-regulated health care professionals. In addition to the professional regulatory body, there are broader implications for the discipline of nursing, including professional nursing associations and educational institutions that provide nursing education to students in addition to the employment of nurse educators. Specifically,

from the findings of this study, there are two areas within an educational context that need to be addressed in relation to potential policy and practice changes: re-examining the purpose of a PhD in meeting societal expectations and re-visiting the relationship between teaching and research.

The themes that emerged from the data have framed my recommendations for re-examining policy and practice in relation to formal pedagogical preparation for those individuals in pursuit of doctoral degrees that are required for academic positions. Three of the themes highlighted the positive aspects of PhD preparation. Enhanced complex thought processes, preparing future researchers through the mentorship of graduate students, and research credibility were perceived by nurse educators in supporting their roles. However, a fourth theme identified a significant lack of support for formal pedagogical preparation in a role that is generally "heavy" in terms of teaching responsibilities. In addition to requiring a PhD for those entering the academy, the expectation among policy makers is for the integration of new and innovative teaching strategies to meet the educational needs of future students. How is this expectation realistic from the perspective of a newly recruited PhD faculty member who has no formal pedagogical preparation? I would suggest that educational institutions examine the PhD curricula in relation to the purpose of the education and how the particular program would meet the expectations and recommendations of the recent nursing education studies. From a practice perspective, there is a *disconnection* between reality and that which is endorsed by policy. If the observer does not have previous pedagogical preparation, for example foundational principles of adult education, how do they know if what they are observing is appropriate and/or effective for the particular context? The practice of observing other teachers for the purposes of learning how to teach is evident in this study. A number of participants identified that this was the way in which they "learned to teach" despite having no previous formal teaching experience.

It is the general practice, and validated by this study, that current PhD programs do not support formal pedagogical preparation despite the fact that a majority of individuals with a PhD work in the academy. Why do PhD programs not incorporate opportunities for individuals to have formalized teaching preparation? Can an individual be both an excellent teacher and researcher? What does the individual excel at? If it is research, why do we mandate them to teach? Could PhD programs consider "streams" of learning? Students come to a university to learn. They are the reason that universities exist and we, as faculty members, have the responsibility to provide a positive and successful learning experience. Therefore, a suggested

policy change would be that educational institutions look at the individual student's purpose of undertaking PhD study as a component of the admission process. This approach would allow individuals to choose a program of study based on their interests and address the reality of the workplace. In addition, perhaps a strategy to address this proposed policy change would be to incorporate a cross-disciplinary approach, rather than having discipline specific PhD programs. Would there be an advantage to incorporating discipline related courses into the curriculums? Would this not be useful to the disciplines that work together, for example, medicine, nursing, social work, pharmacy, and therapies, to examine problems from multiple perspectives?

The second area that I identified was to re-visit the relationship between research and teaching. This relationship, or lack thereof, has influenced the value that graduate schools at academic institutions place on teaching. The integration of the teacher-scholar model and resultant varying interpretations, has implicated a theory-practice divide between the application of theoretical and practical knowledge. Because of the current focus on interdisciplinary education and ultimately practice, both the teacher-scholar model and the theory practice gap, is of particular relevance to the profession of nursing.

Based on my research question, "what are nurse educators' perceptions of a PhD in supporting their nurse educator roles?" I have examined the "value" of a PhD education in meeting the roles and responsibilities of a nurse educator in an academic setting. From the findings of my study, it was apparent that a PhD education supported several of nurse educators' roles that included enhanced complexity of thinking, graduate student mentorship, and professional and research credibility.

In a recent institutional program review at this institution, the existence of the university teaching centre was called into question. What is the institution saying? What message is the institution sending to those individuals that may be working to effectively integrate both areas of their scholarly practice? This message perpetuates the views held by many researchers that teaching is not an important entity, and thus widening the theory-practice gap. The theory-practice gap is ultimately the ongoing discourse between teaching and research. Additionally, the ongoing struggle between teaching and research implicates doctoral students and the role of their supervisors. For example, if the supervisor's priority focus is research, what does the doctoral student learn about the responsibilities of delivering education to undergraduate students?

From a nursing policy maker/nursing administrative perspective, PhD preparation was identified as the necessary education for nurse educators in preparing future nurses to meet increasingly complex health care needs. However, it was evident from this study's findings that the perceived value between research and teaching was highly problematic for nurse educators in enacting their roles. Both the perception and practice of these nurse educators in relation to the difficulties encountered in attempting to meet the expectations of both research and teaching commitments, have directed the following questions for further discussion and/or research:

1. The literature has identified individuals employed as academics in educational institutions as *academic researchers*. What is the definition of an *academic researcher*? How does the concept of *academic researcher* impact on the advancement of the teacher-scholar model?

The assumption of monopolizing knowledge supports the perception of "value" between research and teaching, in which the scholarship of discovery (research) potentially offers the best opportunity for obtaining funding, in addition to prestige. According to the mandate of the institution in this study, the emphasis on "research intensiveness" appears to be in direct opposition to the integration of the teacher-scholar model into the academic community. Institutional documents on teaching and defining the teacher-scholar model are vague, allowing for individual interpretation on the enactment of the role of the teacher-scholar. A priority question to be addressed is, "what is an academic researcher?" How many academics employed in the university setting would describe their roles as academic researchers? Is this role description realistic given the findings of this study, in which teaching and related responsibilities occupy a greater amount of the educator's role than that of research endeavors? Traditionally, teaching and scholarly pursuits have been, and continue to be, independent pursuits. How do we make them inter-dependent activities? Nursing is a professional practice and one of our professional organizations, the Canadian Association of Schools of Nursing (CASN), identifies us as "academic nurse educators" Are we not both?

2. Knowledge can be defined and described according to distinct types. For the purposes of this discussion, scientific (scholarly) knowledge and practical knowledge will be referenced. If the goal of research is to achieve both fundamental understanding and applied use of both scientific and practical knowledge, how can these concepts be integrated rather than

isolated? Why is scientific knowledge described as scholarly, while practical knowledge is not?

The purpose of scientific (scholarly) knowledge is described as knowing how to see specific situations as instances of a more general case that can be used to explain how what is done works, or can be understood.   The purpose of practical knowledge is described as knowing how to deal with specific situations encountered in a particular case (Van De Ven & Johnson, 2006). The concern is that it would be difficult to apply theoretical concepts to practice when there is little or no understanding of the concepts themselves. The implication here is that there are two individuals, each possessing a distinct type of knowledge. The theorist has scientific (scholarly) knowledge and the practitioner has practical knowledge. Complicating the process of knowledge transfer is the delineation between distinct forms of knowledge, and the production of knowledge. Because of the underlying assumption that research is considered to be the sole indicator of scholarship including the monopolization of research by academic researchers, how does one promote the teacher-scholar model? In exploring the theory-practice gap and the teacher-scholar model, it would be important to consider those assumptions are made in relation to the knowledge of both scientists (theorists) and professionals (practitioners). If the goal is to co-produce knowledge that is, one informing the other, is there a difference in the knowledge thus constructed and used in terms of value? For example, how does the academic researcher think, learn, and theorize in contrast to the practitioner? Why is the knowledge not valued equally? I would argue that in the discipline of nursing, for professional Registered Nurses supervising students in a clinical setting providing care to patients, the consequences that could potentially result from a lack of either theoretical or practical knowledge are dire.

3. Engaged scholarship is defined as a collaborative form of inquiry in which academics and practitioners lend their specific perspectives and competencies to co-produce knowledge.   If the goals of engaged scholarship are to advance theory and practice in a given domain, how do we facilitate cultures of engaged scholarship within nursing?

As Van De Ven and Johnson (2006) identified, one method of engaged scholarship is when "researchers and practitioners co-produce knowledge in a given domain that can advance theory and practice" (p. 803). Can researchers and practitioners be one in the same? Are we currently practicing engaged scholarship within the discipline of nursing? Professional communities consist of individuals who share a common body of knowledge or expertise, and in

which knowledge is developed and sustained within that discipline's community. Within the professional nursing community, there are varied interests among the nurse educators in relation to research, teaching, and practice. However, there are those nurse educators who "tip" the research-teaching balance, through receipt of large amounts of research funding and ultimately, may obtain teaching releases. It is not the question of being both a teacher and a scholar, but rather the question of being a teacher or a scholar, in which the scholar is strictly a researcher. Based on the findings of this study in which participants were asked to define the scholarship of teaching, and supported by the literature, it would be prudent to re-examine the assumptions about scholarship, and the role of the researcher.

4. Given the epistemological differences both within the discipline of nursing, and across disciplines, how might the theory-practice gap be addressed?

There are several issues that have impacted the theory-practice gap including the nature of epistemic communities, and the "position" of nursing across disciplinary communities. Within epistemic communities, the problem is situated in different epistemologies and new knowledge that challenges practices in individual communities is more likely to become marginalized. Significant to the discipline of nursing in both advocating for, and advancing inter-disciplinary relationships Mork et al. (2008) identified that "nursing education is practice-oriented to a greater degree than medical training, and the institutions of nursing science have not achieved a position that is comparable to the institutions of medical science, neither within hospitals nor in the academic world" (p. 19). This was reinforced by participants in their responses on the necessity of holding a PhD to achieve professional identity and status. The discipline of nursing is greatly concerned with the theory-practice gap because of the emphasis on the generalizable results of traditional, scientific research in contrast to the individual, patient-centred care of practice. Because of the perceived need to legitimize professional knowledge by making it more scientifically generalizable and less practically applicable (Fook, 2001), there will be a significant impact on professional disciplines such as nursing and medicine. While generalizability is not a parameter of the qualitative research paradigm, I would argue that from a qualitative research perspective, an in-depth understanding of a phenomenon can be adapted and applied to any number of contexts.

Because the term "academic researcher" has implied that the role of an academic is simply a research role, it is unlikely that the theory-practice gap issue is resolved or the teacher-

scholar model readily accepted by academics. The interpretation of the role of academic researchers goes "hand in hand" with the university's focus on "research intensiveness" rather than on a concerted effort to integrate the teacher-scholar model within the academic community. The teacher-scholar model is less likely to be successful, and the theory-practice gap less likely to decrease, unless there is an increased effort by learning organizations and communities of knowledge, to recognize that thinking, research, and practice are not separate entities.

Reflections on the Research Journey

Having completed this study, I reflected on the process and I identified the strengths of the research. The identified strengths include my personal experience as a nurse educator, currently enrolled in a doctoral (PhD) program, my advanced formal preparation in teaching, the research methodology, the number of interviews conducted, personal transcription of the interviews, and the utilization of a constructivist framework. In addition, the selected participants were experienced nurse educators with a strong professional identity in nursing. Because of their extensive backgrounds in both nursing and education, they brought a perspective to my study that addressed a gap in the literature relative to experiences of the "experienced".

Because the aim of my study was to collect and interpret the perceptions of individual participants, the collection of data through individual interviews was an appropriate method for collection. The use of semi-structured interviews provided me the opportunity to elicit not only baseline but deeper information within the context of the case, by building on previous participant responses. I conducted three in-depth interviews with each individual participant for a total of 30 interviews. Themes were identified from the data collected that included interviews, policy documents, and field journal self-reflections. Transcribing the interviews allowed me as the researcher, to become familiar with, and immersed in the data.   Additionally, because I was the "sole instrument" of data collection, transcribing the data allowed me the opportunity to reflect on the conversation, ultimately bringing a deeper understanding to the case under study. The issue of confidentiality was important – I used pseudonyms throughout (see Appendix C) when naming the university sites, the participants, and the relevant documents. Additionally, I paraphrased information from the documents rather than directly quoting the documents themselves.

Walker et al. (2008) explained that because of the lack of processes in evaluating

graduate education, there is a resultant lack of information on what needs to be improved. Austin (2002a) added that the literature regarding the evaluation of quality of the PhD experience is generally limited to quantitative, descriptive studies rather than qualitative studies "exploring the voices of graduate students" (p.96). My research study provided valuable insight and contributed to the gap in the literature on the effectiveness of graduate education, specifically a PhD, in relation to supporting the roles of nurse educators in the academy. The findings overwhelmingly indicated that doctoral (PhD) education enhanced the breadth and depth of knowledge necessary in both the teaching and research components of the nurse educators' roles. High quality mentor-mentee relationships that the participants shared with their doctoral supervisors provided role modeling experiences that were the foundation for developing their own supervisor-student relationships. In addition to enhancing breadth and depth of knowledge to the research process, doctoral (PhD) education provided credibility and thus, opportunity for pursuing research funding. While doctoral (PhD) education supported many aspects of the nurse educators' roles, lack of formal pedagogical preparation within the doctoral curriculum was identified as a key area that required further discussion.

In addition to identifying the strengths of the study, critical reflection involved posing the question "what would I do differently?" To respond to this question, I returned to the parameters of the study, specifically the delimitations and limitations. Because delimitations are self-imposed while limitations are generally out of the researcher's control, I looked first to the delimitations that I as the researcher had identified to structure and direct my study. The three delimitations that I identified were: (1) that the nurse educator must have completed, or be currently enrolled in a PhD program; (2) that the nurse educator was "experienced"; and 3) only participants' professional and academic experience, qualifications, and professional rank were considered as demographic characteristics. In retrospect, I wondered whether the term "experienced" was too broad, and ultimately eliminated potential participants. It may be important to provide potential participants with clarification of "experienced" in the Invitation to Participate, rather than leave the term open to individual interpretation.

A second consideration in relation to the delimitations of my study would be to include other doctoral education, for example, a Doctorate of Education (EdD) in the mix for potential participants. The assumption is that the EdD is a practice degree and the PhD is a research degree, yet a PhD in academia carries a substantial teaching component in their assigned duties.

Could and does an EdD carry comparable research responsibilities? This could potentially provide further data for a comparison of the two doctoral degrees and whether one would support the nurse educator's role more than the other given the current organizational structures of universities. Why is a PhD the "preferred" doctoral degree in the academy, or is this preference "discipline specific"? Is there a potential for integrating components of the PhD and EdD curriculums that are specific to those entering the academy?

A case study approach documented the perceptions of experienced nurse educators in relation to how doctoral (PhD) education supported their nurse educator roles. As a single case study approach, this research could be expanded to a multiple case study approach (Stake, 2005), in which a cross-discipline examination in addition to an inter-discipline approach is employed. A cross discipline approach could be especially beneficial because of the emphasis on inter-professional education and its relevance to the nursing education program. For example, in addition to examining other university nursing programs across Canada, examining other health science disciplines including social work, medicine, and physical therapy might contribute further understanding and direction to a cross-disciplinary approach to education. If the expectation is that an outcome of inter-professional education is to foster effective working relationships within the health care system, then it would be relevant to examine the doctoral education curriculums.

In reflecting on my doctoral experience in relation to my role as a researcher, I have gained invaluable knowledge, experience, and insight that provided a foundation from which I will continue to build and develop my research program. As both a tenure track faculty member and a novice researcher, I have gained confidence in my ability to conduct research. Because individual interviews were my primary source of data, I became more proficient with interviewing. In preparation for conducting these interviews, I worked as a Research Assistant on two separate research projects in which my responsibilities included conducting both individual and focus group interviews. This opportunity provided me with "hands on" experience of conducting interviews, and specifically, in eliciting the type of data that would best answer the research question(s) or focus of the particular study.

Glesne and Peshkin (1992) explained that, it is the goal of the researcher to choose an "exemplary" research site for conducting research. In selecting the research site in a case study approach, it is important to consider the circumstances and purpose of the research. This

particular research site was exemplary because it provided maximum variation from which to answer the research question. Because the site that I had identified as "exemplary" for my research study was considered "backyard" research, it was important to evaluate both the strengths and challenges associated with this selection.

According to McEvoy (2001), the definition of an "insider" or an "outsider" researcher is not straightforward, and there will always be "certain facts of self" (p. 51) that connect with the people under study. Importantly, it is possible to be considered an insider "by virtue of one's education…and previous biographical experiences" (p. 51). Because I was a nurse educator who was currently enrolled in a doctoral (PhD) program, I considered myself an "insider" in relation to the case that was under study.

There are a number of limitations identified in relation to the insider's perspective including taking common experiences for granted, limited perspective due to lack of distance, group membership expectations of not challenging the status quo, and the inability to discuss a potentially controversial issue with members of the social group (McEvoy, 2001). However, the argument for "insider" research can be made on the basis that the researcher may have greater insight into that particular environment because of their social membership. Additionally, because of this membership, "shared experience may act as a catalyst that helps to develop the depth of an inquiry" (p. 57). However, it is critical that the researcher be continuously cognizant of the manner in which colleagues may position themselves, and that he/she [researcher] is prepared to "question self-evident truths" (p. 57).

The definition of assumption is "to take for granted" (Agnes, 2003, p. 39). I became aware of the significance of the impact that "assumptions" have played in both academic and professional roles. This impact was evident from the data in relation to how participants viewed themselves and how they perceived themselves to be viewed by others, by virtue of holding a PhD. I found that the value of a PhD was identified by the data both as an "actual value" and a "perceived value" in relation to professional and academic identity.

In my role as an assistant professor, and because I have the title of professor, it is the assumption that I have a PhD. Much of the correspondence that I receive is addressed to "Dr.", including the grant that I was recently awarded and media releases from within my own department. In a media launch prior to being interviewed by several reporters, they verified that I was a professor because they only wanted to talk to a professor. This illustrated to me the

prestige associated to the term professor by the public.

The term "second class" was repeated in relation to not holding a PhD. This finding raises the question, are we as a profession, determining the value of an individual's contributions based on whether they have a PhD? Currently, being an Assistant Professor and PhD candidate, I am acutely aware of not holding a PhD. Because I am an Assistant Professor, the general assumption within the university community is that I have a PhD. I was told at a meeting in front of other colleagues that I "wasn't invited" to be a member of the College of Graduate Studies because I didn't have a PhD – one does feel second class.

Finally, I would like to reflect on how the "PhD journey" has shaped both my professional and personal identities. The definition of transform is "to change" (Agnes, 2003, p. 685). In order to demonstrate a change in behavior, it is the "mindset" or way of thinking/knowledge/different perspective that allows one to function intellectually in a different manner. As I progressed through the required PhD coursework, we were encouraged and challenged to think at a different level. We were exposed to multiple realities that facilitated a greater depth of understanding and perspective of global issues. Being supported and encouraged to share our thoughts and ideas, I developed an increased level of confidence and the ability to examine issues differently than I had done in the past. My ideas and thoughts were validated within the cohort through discussion and debate, and then in collaboration with my assigned supervisor. I recall a particular example with a nursing student that I was supervising in the clinical area, who commented about how I examined a problem from a perspective seen as indicative of thinking at the PhD level. Building on coursework, the ability to plan, to develop, and to defend a research study proposal, in addition to conducting, and evaluating the study, really solidified my "change" in identity. I would describe the "change" in my identity as the confidence that I gained in my ability to approach the intellectual component in particular, of my role as a nurse educator. If I were to describe the transformation of myself in terms of professional and academic identity, I would like to think that I have progressed from a teacher to a teacher-scholar.

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APPENDIX A

Ethics Application - Invitation

and

Consent to Participate

Invitation and Consent Form

Dear Colleague:

I would like to invite you to participate in a research study that I am conducting as part of my doctoral (PhD) studies in Educational Administration in the College of Education at the University of Saskatchewan. The title of my study is: **Experienced Nurse Educators' Perceptions of Doctoral (PhD) Preparation in Supporting their Nurse Educator Roles**. The study will focus on the teaching experiences of proficient nurse educators that have completed or currently enrolled in a PhD program. I believe that in order to provide quality nursing education to a diverse student population, and ultimately, complex health care, we need to understand the experiences of seasoned nurse educators that are responsible for nursing education. This study will contribute to the literature on nursing education, nurse educator preparation, and general education in relation to the role of PhD preparation for teaching responsibilities. I invite you to participate in the study if you:

- are an experienced nurse educator
- have completed, or are enrolled in, a PhD program

For this research I am inviting you to do the following:

- Participate in three semi-structured interviews that will last approximately one to one half hours, at times/locations that are mutually agreeable. These interviews are tentatively scheduled to begin in September 2010

As a participant, you should be aware that:

- All research information provided by you will be used for academic purposes only
- Your name and institution will be disguised to maintain confidentiality
- You have the right to refuse to answer a question during any of the interviews
- You have the right to withdraw your participation from the research study at any time, without explanation and without penalty
- You will be given the opportunity to review the transcribed data and that you may

revise, delete, or add information prior to signing the release form

- With your permission, interviews will be audio-taped

I will use three sources of data; individual interviews, document analysis, and a field journal. After the first interview, and prior to subsequent interviews, I will provide you with a summary of the data collected and ask you to comment on any aspects of our conversation. The taped interviews will then be transcribed verbatim. You will be asked to sign a transcript release form when you are satisfied with the transcript. Data resulting from the interviews will be examined for themes and coded according to the identified themes. Direct quotations from the interviews may also be used.

The resulting research will be used as partial requirement of my PhD, for presentations at conferences, professional venues, and scholarly and professional publications. Your cooperation in this study would be greatly appreciated. If you agree to participate, please read and sign the attached consent form.

This research project was reviewed and approved on ethical grounds by the University of Saskatchewan Advisory Committee on Ethics in Behavioural Science Research on October 21, 2010 [BEH# 10-243].

Any questions regarding your rights as a participant may be addressed through the Office of Research Services (306-966-2084).

Within the next several weeks, I will contact you by telephone to see if you have any questions about the study or are interested in participating in the study. If you would like more information before that time, please contact me at (978-0550) or by email at (carol.bullin@usask.ca).

Sincerely,

Carol Bullin, R.N. PhD (c)

Department of Educational Administration

College of Education

University of Saskatchewan

Supervisor

Dr. Patrick Renihan

Department of Educational Administration

College of Education

University of Saskatchewan (306) 966 -7620

Consent to

Participate

Having read and understood the above information, I, the undersigned, agree to participate in this research study:

_____

Name   Signature

Date

I further consent to having the interviews audio taped._____ (initials)

Data/Transcript Release Form - Personal Interviews

I, _____, have reviewed all of the transcribed data of my personal interview(s) in this study, and acknowledge that the transcribed data reflects what I have said in my personal interview(s) with the researcher, Carol Bullin. I hereby authorize the release of this transcribed data to Carol Bullin to be used in the manner described in the letter of invitation and the consent form. I have received a copy of this Data/Transcript Release Form for my records.

Participant_____

Researcher_____

Date_____

APPENDIX B

Interview Questions

First Interview Questions

What is your current position? How long have you been in this position? What is your educational background?

Prior to coming to this position, and aside from your role as an educator, what was your professional experience?

What experiences, if any, have you had as an educator? How would you define the term "nurse educator"?

How would you describe formal preparation for the nurse educator role?

What preparation either formal or informal or both, have you had for your role as a nurse educator?

Can you recall your first position as a nurse educator? Did you feel prepared for this role?

From your experience as a nurse educator, what preparation do you feel is necessary for this role?

Can you recall when it occurred to you when you thought doing a PhD became something that you thought you should do, and why?

Describe how your doctoral (PhD) education has supported your role as a nurse educator?

Second Interview Questions

The role of a nurse educator is comprised of a number of roles and responsibilities. How has your PhD supported these roles?

Comment on the statement that "nurse educators" should be required to have a teaching certificate". How important is having formal pedagogical knowledge?

Considering that most individuals with a PhD [in the university setting] have some degree of teaching responsibility within their role, should a PhD program "teach one how to teach"?

Describe the "ideal" PhD program"

How does your PhD education support your role in teaching undergraduate nursing students? Graduate nursing students? Is it necessary to have a PhD to teach undergraduate nursing students?

Because nursing is a practice based discipline, there is a high importance placed on the clinical component of the nursing education program, however clinical teachers are not required to be prepared at the PhD level. How is the role of a clinical teacher different from the role of a classroom teacher?

CASN's definition of the scholarship of nursing includes the scholarships of discovery, teaching, application, integration, and service. How would you define the scholarship of teaching?

Describe the "ideal" nurse educator

Is there a term other than "nurse educator" that you feel more accurately describes your role?

Interview Three Questions

When did it become a priority for you to do a PhD? What factors impacted on your decision?

Tell me about the privilege associated with a PhD in relation to your role as a nurse educator?

If you could ask for anything at all to make you a better nurse educator, what would you ask for?

If you were responsible for hiring a new faculty member, what would you be looking for in a candidate?

If you were the dean of a college of nursing, what policies might you consider putting in place regarding the requirements for nurse educators?

Considering the research question, is there anything else that you would like to add?

APPENDIX C

Pseudonyms,

Documents

and

Abbreviations

Pseudonymns for Participants

Adele

Barbara

Celeste

Dion

Elaine

Faye

Gloria

Helen

Irene

Jesse

Documents Examined

Nursing PhD Program Document

Education PhD Program Document

Strategic Planning Document

Scholarly Teaching Document

Teaching Learning Survey Document

Core Principles of Learning Document

Faculty Planning Document

Faculty Expectations Document

List of Abbreviations

AACN American Association of Colleges of Nursing

CASN Canadian Association of Schools of Nursing

CIHI Canadian Institute of Health Informatics

CNA Canadian Nurses Association

IOM Institute of Medicine

NLN National League for Nursing