Crafting a National Agenda for Nursing Education Research

This is a critical juncture in our profession’s history. Increasing public recognition of nursing’s significant role in shaping the future of health care, demands for more doctorally prepared nurses (Institute of Medicine, 2011), and calls for the transformation of how nurses are educated (Benner, Sutphen, Leonard, & Day, 2010; National League for Nursing, 2005) make it imperative that the discipline responds with a serious plan for building the knowledge base upon which teachers can draw to develop “high quality, relevant, and cost effective models of nursing education” (Broome, 2009, p. 178). A national agenda for nursing education research is needed to align the resources within and outside the discipline, to create this knowledge base, and to prepare the future generations of researchers who will advance it.

Although progress has been noted in some grant programs (Duffy, Frenn, & Patterson, 2011), other analyses indicate that the research currently being conducted in nursing education is not as substantive and rigorous as it needs to be (Oermann, 2007; Shultz, 2009; Yonge et al., 2005). Study sample sizes typically are small, studies often are completed at a single institution and sometimes even in a single course, measurement instruments are not always valid or reliable, and little replication is done. Educational advances in other health professions and disciplines across the academy (e.g., cognitive science, informatics, economics, safety) are rarely tested in the context of nursing education. In addition, most of the nursing education literature focuses on students in prelicensure programs, suggesting—inappropriately, we would assert—that our approaches to master’s and doctoral education need no attention.

Further, the outcomes that are measured in many nursing education studies often remain narrowly conceptualized. With the paucity of funding, many studies focus on evaluating a specific teaching–learning strategy in terms of easy-to-measure outcomes (e.g., satisfaction or self-reported confidence) with little theoretical or practical support for such outcomes or consideration of the conditions under which they occur (e.g., are there times when confidence increases to the point that students are too confident and thus risk failing to recognize important signs of patient demise?). Rarely do research designs attend to how outcomes are transferable from academic to practice situations, and rarely do nursing education scholars test the amount of an intervention (strategy) needed to produce an effect or the duration of the observed effect resulting from that intervention. Finally, the measures used to indicate “quality,” “success,” or “effectiveness” often are limited to NCLEX-RN® pass rates or performance on predictive or standardized content mastery tests (e.g., those developed by Health Education Systems, Inc. [HESI], or Assessment Technologies Institute [ATI]), despite the lack of evidence that correlates these test scores with the quality and safety of the care provided by graduates in complex clinical situations.

Yet, creating a national agenda for research in nursing education isn’t only about improving the sophistication of the studies being designed and conducted or the metric used as outcomes. Equally important is how we simultaneously build our disciplinary capacity for such research. Few faculty have strong, active programs of research in nursing education that allow them—and the doctoral students, postdoctoral colleagues, junior faculty colleagues, and protégés who work with them—to design research studies that investigate complex pedagogical questions across sites (schools) and settings (classrooms, laboratories, practice sites) and over time. Although doctoral programs are increasingly supporting the development of students interested in nursing education research, few faculty across the country have established research trajectories to guide this research training. Therefore, part of the national agenda must be to consider how to leverage resources to support mid-level nursing education researchers as they develop active programs of research so that the research training provided to doctoral students is as robust and current as possible. In addition, national attention must focus on strategies to provide the type of research training needed by future pedagogical researchers. An important step forward would be to provide a widespread and systematic approach to providing research training for doctoral students, similar to the T-32 training program available through the National Institute for Nursing Research (2011) for clinical scientists.

The Jonas Center for Nursing Excellence (2011), partnering with the National League for Nursing and the American Association of Colleges of Nursing, has also begun supporting doctoral students...
studying nursing education. In addition, the Josiah Macy Jr. Foundation’s faculty scholars program (2011) supports nursing and medical faculty to develop and test educational innovations and, through mentorship, become leaders in nursing and medical education reform. More programs like these could provide support for students and faculty to study pressing pedagogical questions in nursing, mentoring for students by researchers with both content and methodological expertise, and networking among students and researchers within nursing and other disciplines (Broome, 2009).

Part of the national agenda must also include the development and testing of models for translating research into teaching practice. Such activities will create fertile ground for continued inquiry and involvement of all nursing faculty in the transformation of nursing education. Moving our research agenda forward and advancing the science of nursing education will require that we become involved in building the science, even those of us who do not see ourselves as researchers. This can be done by being willing to make changes in our courses, let researchers come into our face-to-face or online courses to observe, or even free up some lecture time or clinical time for students to complete research instruments, participate in simulations, or engage in other outcome measurement activities.

It is critical that the nursing education community move rapidly and deliberately toward developing the science of nursing education, first by building capacity and then by focusing on questions that are substantive and will lead to transformation. We simply cannot afford to prepare future nurses for practice without a science to inform our decisions, and that science will not be available without the preparation of scholars to create it. We are honored to be part of the growing efforts to advance the science of nursing education and we urge you to join in this important work!

References


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