

## ORIGINAL RESEARCH

# The impact of nursing faculty practice on education, scholarship, and service

Kelly Gonzales\*<sup>1</sup>, Rebecca Swanson<sup>1</sup>, Douglass Haas<sup>2</sup>, LeAnn Holmes<sup>3</sup>

<sup>1</sup> University of Nebraska Medical Center College of Nursing, Omaha, Nebraska, United States

<sup>2</sup> University of Nebraska Medical Center College of Nursing, Kearney, Nebraska, United States

<sup>3</sup> University of Nebraska Medical Center College of Nursing, Lincoln, Nebraska, United States

**Received:** July 2, 2024

**Accepted:** July 30, 2024

**Online Published:** August 22, 2024

**DOI:** 10.5430/jnep.v14n12p20

**URL:** <https://doi.org/10.5430/jnep.v14n12p20>

## ABSTRACT

**Objective:** There is a gap in the literature on nursing faculty practice outcome metrics. The purpose is to describe education, scholarship, and service outcomes achieved through faculty practice at a Midwest university.

**Methods:** A descriptive study using a survey to collect data on faculty practice over a six-month period.

**Results:** Faculty who engage in practice are ideally positioned to further the tripartite mission of academic nursing and extend beyond the service of patient care, bringing cutting-edge knowledge to education, and translating research into practice.

**Conclusions:** A synergistic relationship exists between the tripartite missions when a faculty engages in practice.

**Key Words:** Academic nursing, Tripartite mission, Faculty practice outcomes, Faculty practice evaluation

## 1. INTRODUCTION

The American Association of Colleges of Nursing (AACN) defines faculty practice as any nursing intervention that influences healthcare outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and healthcare organizations, and the development and implementation of health policy.<sup>[1]</sup> Practice includes multiple roles and may include direct and indirect provision of nursing/clinical services, research, education, consultation, administration, and other collaborative agreements. Both the AACN and the National Organization for Nurse Practitioner Faculties (NONPF) support that nurse educators engage in practice.<sup>[1-4]</sup>

Unique to academic nurses who engage in faculty practice is the commitment to scholarship, and a responsibility to

demonstrate the impact of faculty practice through research and outcomes.<sup>[1]</sup> It has been previously reported that there is an inherent tension that exists between faculty practice and the tripartite missions of academic nursing.<sup>[5]</sup> The AACN Practice Leadership Network Toolkit<sup>[1]</sup> serves as a framework, highlighting the importance of documenting faculty practice's impact on education, scholarship, and service.

In the literature, faculty practice has demonstrated educational benefits to both didactic and clinical education,<sup>[6,7]</sup> and can be one means of meeting the new AACN Essentials<sup>[8]</sup> and NONPF Competencies.<sup>[9]</sup> Faculty practice also offers non-educational benefits, including scholarship and research benefits, community relationships and partnerships, financial benefits to nursing programs, recruitment and retention of faculty, advancing the profession of nursing, advancing nurse-led models of care, and promoting health eq-

\***Correspondence:** Kelly Gonzales; Email: [kelly.gonzales@unmc.edu](mailto:kelly.gonzales@unmc.edu); Address: University of Nebraska Medical Center College of Nursing, Omaha, Nebraska, United States.

uity.<sup>[10]</sup> The authors of the AACN Toolkit attempted to make evidence-based recommendations, however a dearth of data to support the impact of faculty practice caused them to urge more study and scholarship on the impact of faculty practice.<sup>[11]</sup>

Academic nurses are integral to advancing nursing scholarship, yet one area overlooked is that academic nurses must be equally willing to be the subject of nursing scholarship. As the AACN Academic Nursing Task Force noted, the academic nurse's roles must be reevaluated to include scholarship, teaching, practice, and service as essential components.<sup>[11]</sup> Nursing scholarship is the generation, synthesis, translation, application, and dissemination of knowledge that aims to improve health and transform health care. Scholarship is the communication of knowledge generated through multiple forms of inquiry that inform clinical practice, nursing education, policy, and healthcare delivery. The hallmark attribute of scholarship is the cumulative impact of the scholar's work on the field of nursing and health care.<sup>[11]</sup>

While much of nursing practice is rooted in being evidence-based, there is room for improvement when it comes to ensuring academic nursing is evidence-based and has demonstrated its impact, specifically with the impact of faculty practice. The AACN toolkit<sup>[11]</sup> recommends explicitly reviewing and revising academic strategic plans to include faculty practice and outcome metrics for faculty practice impact, noting there is a gap in the literature on this topic. This paper aims to describe education, scholarship, and service outcomes achieved through faculty practice from one Midwest college of nursing (CON) over a six-month period from January through June 2023.

## 2. METHODS

### 2.1 Design, setting, and sample

A descriptive study using a survey was employed at a Midwest CON which includes five campuses. The CON uses a faculty practice model that includes external contracts with 28 practice partners across all five campuses administered through the Center of Faculty Practice (Center). The Center represents the business side of faculty practice and is not a brick-and-mortar structure but offers an integrated model for faculty practice across all five campuses. At the CON, faculty practice is also overseen by the Faculty Practice Committee, representing the faculty governance.

The CON includes approximately 123 full-time faculty, 31 part-time faculty, and one adjunct faculty. Thirty faculty members engage in faculty practice through the Center. Additionally, the CON has faculty who engage in independent practice, where they practice outside of their university con-

tract and workload. The exact number of faculty engaged in independent practice is unknown to the authors. However, faculty must disclose outside employment annually to the university, and this information is shared with the CON dean. All CON faculty were requested to complete the survey to ensure no practicing faculty were erroneously excluded.

### 2.2 Instrument

A survey was developed by the CON Faculty Practice Committee to collect data on the tripartite mission outcomes achieved through faculty practice (see the Appendix). Faculty practice included practice through the Center and independent practice, based upon models of faculty practice described and supported by NONPF<sup>[4]</sup> and AACN.<sup>[11]</sup> Faculty practice was defined in the survey as any professional nursing service to individuals, families, populations, or systems wherein the faculty member was ultimately responsible for outcomes and demonstrated a commitment to scholarly activity. The survey was developed based on expertise, as committee members are nationally recognized faculty practice experts and have published widely on this topic, as well as a review of the literature, including the AACN and NONPF faculty practice toolkits.<sup>[1,4]</sup>

The survey specified data was based upon faculty activities from January through June 2023 and divided into three main sections: education, scholarship, and service. The survey contained 35 questions, took an average of 10 minutes to complete, and utilized branching logic, so not everyone received all questions. Questions were yes/no, multiple choice, and open-ended. The survey was administered online using Microsoft Forms, and respondents' names were not collected.

### 2.3 Procedure & data analysis

The Midwest university Internal Review Board (IRB) Office of Regulatory Affairs decision tool determined that the study was not considered human subject research and did not require IRB review. All CON faculty were sent an explanatory email about the survey purpose that included a link to the survey three times during July and August 2023. Survey results were analyzed using descriptive statistics, including percentages, frequencies, and means.

## 3. RESULTS

The participation rate was 60% (93/155); of those, 41/93 (44.1%) indicated they engaged in either independent or faculty practice through the Center. No additional demographic information was obtained on survey respondents. As previously stated, all data included in the results reflect the activities from January through June 2023.

### 3.1 Education

As shown in Figure 1, 18/41 (43.9%) indicated they had precepted students at their practice site, including 13 nurse practitioner students, one physician assistant student, zero medical students, three undergraduate nursing students, and one other interprofessional health student. Nine faculty were

aware of student scholarly projects that were affiliated with their practice site that involved either undergraduate or graduate students (9/41, 22.0%). Fourteen faculty indicated they had developed student educational material and/or teaching strategies for classroom or clinical because of their practice (14/41, 34.1%).

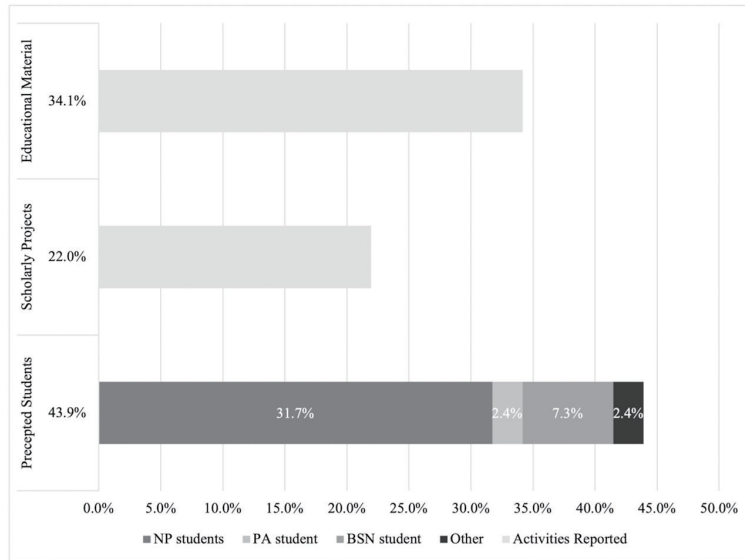


Figure 1. Education outcomes

### 3.2 Scholarship

As shown in Figure 2, 8/41 (19.5%) submitted an abstract or were invited to present related to their practice at a local, regional, national, or international conference. Seventeen stated they had submitted or published written forms of dissemination (17/41, 41.5%), and 2/41 (4.9%) had other forms of dissemination that included podcasts and video blogs.

Seven indicated they had submitted or received a grant (7/41, 17.0%), and two had completed an evidence-based practice or quality improvement project related to their practice (2/41, 0.05%). Of the scholarly activities they had engaged in related to their practice, 12/41 (29.3%) indicated this had involved team members from other professions.

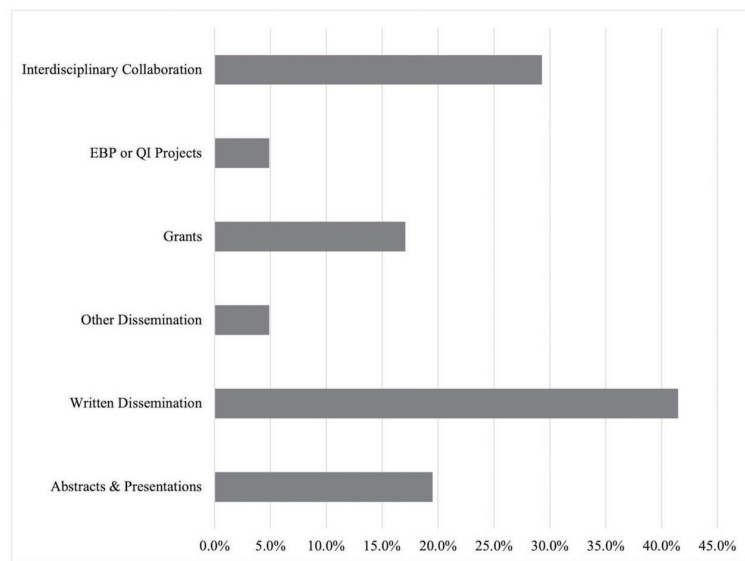


Figure 2. Scholarship outcomes

### 3.3 Service

As shown in Figure 3, 21/41 (51.2%) indicated they had served on a committee or task force at their practice site. Examples of committees and task forces include quality improvement committees, advanced practice provider councils, and disease-specific committees. Of those committees and task forces, faculty identified that two were nursing-focused, ten were interprofessional, and nine were nursing-focused and interprofessional. Fifteen faculty identified that they had oriented or mentored providers at their practice site (15/41,

36.6%). Ten faculty identified they had been involved in creating new service lines at their practice site (10/41, 24.4%). New service lines included telehealth, new procedures, and various disease-specific protocols. Thirteen faculty had been involved in updating or creating new policies or procedures at their practice site (13/41, 31.7%). Ten faculty provided continuing education or presentations at their practice site (10/41, 24.4%), and nine faculty provided presentations to patients, stakeholders, or the local community through their practice site (9/41, 22.0%).

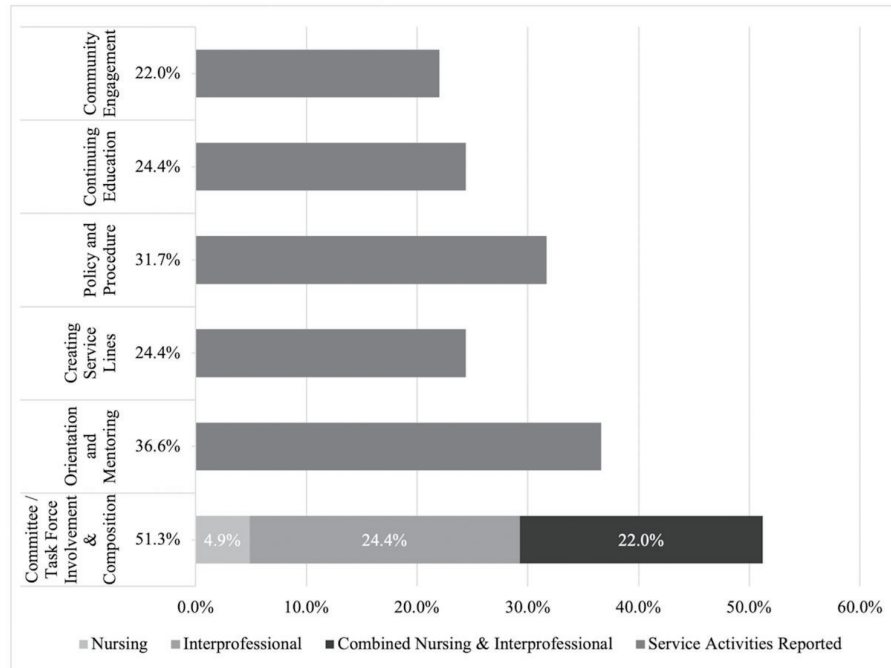


Figure 3. Service outcomes

## 4. DISCUSSION

This report provides additional information on education, scholarship, and service outcomes achieved through nursing faculty practice over a six-month period from one Midwest university. Results demonstrate that faculty who engage in practice are ideally positioned to further the tripartite mission of academic nursing and extend beyond the service of patient care, bringing cutting-edge knowledge to the classroom and nursing education, and translating research into practice.

Regarding education, our findings demonstrate that faculty practice nurses serve as preceptors for nursing students' clinical education, and their practice informs the development of both teaching strategies and educational materials. It is noted that the AACN Toolkit<sup>[1]</sup> classifies faculty serving as preceptors as part of service, but the authors have decided to discuss this as part of education given its direct impact on clinical education through the provision of a clinical site

and preceptor. Additionally, we found that faculty practice sites often provide a site for student's scholarly projects. Our findings echo the literature that faculty practice directly provides clinical education for students and informs didactic education, the clinical partnerships developed extend further to facilitate students' scholarly projects, another integral component of the nursing curriculum.<sup>[1,4,6,7]</sup>

Regarding scholarship, faculty who practice disseminate. They present at conferences, publish manuscripts, and engage in innovative forms of dissemination, including podcasts and video blogs. Additionally, faculty who practice submit for and receive grants, often with interprofessional teams. Results from the present study defined scholarship broadly and went beyond traditional research and related publications as evidence of dissemination, as recommended by Becker and colleagues.<sup>[5]</sup> No literature was found on scholarship output standards or ranges for practicing faculty,

or for non-practicing faculty. Although scholarship is clearly a component of academic nursing, no specifics were found for comparing our findings. Anecdotally, our practice faculty and teaching-intensive faculty tend to submit for workforce development grants and training programs as compared to our research-intensive faculty, which increases the nursing workforce in specific areas and fields.

Regarding service, we found academic nurses are part of interprofessional teams, and part of their role includes representing the nursing profession. Additionally, academic nurses orient/mentor others to the practice site and are involved in creating or updating practice-related policies and procedures. Lastly, academic nurses provide a variety of presentations to fellow clinicians, patients, stakeholders, and the community through their practice involvement, thus being an integral part of internal continuing education, and represent the practice site through outreach efforts. These findings speak volumes to the value of faculty practice and that organizations that partner with academic nurses get more than just a competent clinician. Faculty who practice also provide service and education for the practice site and their constituents, thus offering a tremendous return on investment for the practice site.

Within the literature, nothing was found regarding providing service to a faculty's practice site. The AACN faculty practice toolkit service section on how to best engage in and describe the impact of services related to faculty practice did not include any examples of providing service to the practice site.<sup>[1]</sup> Service was broadly defined as the act of supporting through effort to the university community, the broader society, and a faculty member's chosen academic profession beyond the scope of that faculty member's official teaching and/or scholarship expectations. Service examples included providing service to underserved, vulnerable communities, addressing health disparities in clinical practice, participating in academic services such as committees or national organizations, attending and supporting activities, serving as an advisor, providing student learning activities, and volunteering to serve in areas related to or involving diversity, gender, or health disparities. Service recommendations include community outreach activities that engage with the community or institutions within the community to build capacity to improve population health outcomes, serving the profession, and serving the academic institution.<sup>[1]</sup> Lastly, the service section of the AACN Faculty Practice Toolkit ends with a call to action urging nursing faculty to advocate for differentiating faculty practice from service as a specific subsection within annual evaluations, and to encourage additional scholarship on capturing service activities, such as when practicing faculty serve as preceptors. Nothing was

found in the literature on non-academic clinician's involvement in service, education, or scholarship that is done on behalf of the clinical organization.

#### 4.1 Limitations

Limitations to this study include the small sample size and not all eligible faculty participated. As previously described, all faculty were invited to complete the survey as at least the first question was applicable to all faculty, and this question was used to verify inclusion and exclusion criteria. Other limitations include that findings may not be generalizable to other types of faculty practices in other colleges of nursing.

#### 4.2 Implications

This is the first step towards systematically tracking data on tripartite mission outcomes achieved through faculty practice at one university. Implications for the local university are to continue to refine survey questions and continue to collect data. Additional local implications are to continue to better incorporate outcomes achieved through faculty practice into the faculty's annual evaluation and promotion criteria. The broad definitions of dissemination and data on service activities provided at practice sites collected by this survey will be used for a portion of the annual evaluation of practicing faculty beginning with the next academic year at the CON. Though still not part of promotion, acknowledgement of these faculty practice outcomes in the evaluation is meaningful and an initial step, as there is constant effort to ensure the evaluation and promotion are aligned.

Implications for other academic settings is to encourage data collection and dissemination on the impact of faculty practice on education, scholarship, and service if not currently being done. Encouraging dissemination of faculty practice data collection measures and outcomes is invaluable to academic nursing, given the limited literature findings on this topic and the recommendations from the AACN toolkit.<sup>[1]</sup> It is acknowledged that most nursing programs participate in benchmarking to compare their performance against an external standard. Without widespread dissemination of faculty practice outcomes, it is nearly impossible to determine a standard, let alone elevate faculty practice.

### 5. CONCLUSION

A synergy exists between all the tripartite missions when a faculty engages in practice. This demonstrates that faculty practice does not take away from the other missions due to the time spent engaged in practice, but rather practice involvement strengthens the faculty's output and contributions to the other missions.

## ACKNOWLEDGEMENTS

We greatly appreciate the valuable contributions of the University of Nebraska Medical Center College of Nursing (UNMC CON) Faculty Practice Committee with creating the survey. We would also like to thank UNMC CON faculty who took the time to complete the survey.

## AUTHORS CONTRIBUTIONS

All authors were responsible for study design and revising. Drs. Kelly Gonzales and Rebecca Swanson developed the survey and Dr. LeAnn Holmes provided critical edits. Dr. Kelly Gonzales was responsible for data collection and Dr. Rebecca Swanson was responsible for data analysis. Dr. Douglass Haas was responsible for creating all figures. Dr. Kelly Gonzales drafted the manuscript, and Drs. Rebecca Swanson, Douglass Haas, and LeAnn Holmes revised it. All authors read and approved the final manuscript.

## FUNDING

The research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

## CONFLICTS OF INTEREST DISCLOSURE

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## INFORMED CONSENT

Obtained.

## ETHICS APPROVAL

The Publication Ethics Committee of the Sciedu Press. The journal's policies adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

## PROVENANCE AND PEER REVIEW

Not commissioned; externally double-blind peer reviewed.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

## DATA SHARING STATEMENT

No additional data are available.

## OPEN ACCESS

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).

## COPYRIGHTS

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

## REFERENCES

- [1] American Association of Colleges of Nursing. Practice Leadership Network 2022 Tool Kit: A Framework for Faculty Practice. [Online]. Available from: <https://www.aacnnursing.org/Leadership-Networks/PLN>
- [2] American Association of Colleges of Nursing. Advancing Healthcare Transformation: A New Era for Academic Nursing. Mar. 2016. Available from: <https://www.aacnnursing.org/Portals/42/Publications/AACN-New-Era-Report.pdf>
- [3] National Organization of Nurse Practitioner Faculties. Benefits of faculty practice partnerships. 2024. [Online]. Available from: <https://cdn.ymaws.com/sites/nonpf.site-ym.com/resource/resmgr/docs/benefitsoffacultypracticefin.pdf>
- [4] National Organization of Nurse Practitioner Faculties. Faculty Practice Toolkit, 2nd edition. 2023. [Online]. Available from: [www.nonpf.org/resource/resmgr/publications\\_/faculty\\_practice\\_toolkit\\_202.pdf](http://www.nonpf.org/resource/resmgr/publications_/faculty_practice_toolkit_202.pdf)
- [5] Becker KL, et al. An evaluation framework for faculty practice. *Nurs. Outlook*. 2007; 55(1): 44–54. PMID:17289467 <https://doi.org/10.1016/j.outlook.2006.10.001>
- [6] Gonzales K, et al. Perceived impact of faculty practice on nurse practitioner education. *J. Prof. Nurs. Off. J. Am. Assoc. Coll. Nurs.* 2020; 36(4): 181–188. PMID:32819542 <https://doi.org/10.1016/j.profnurs.2019.12.004>
- [7] Gonzales K, Holmes L, Klein A, et al. Faculty Practice as an Educational Strategy: Student, Faculty, and Administrator Perspectives. *Nurse Educ.* 2023; 48(4): 214–219. PMID:36727986 <https://doi.org/10.1097/NNE.0000000000001367>
- [8] American Association of Colleges of Nursing, “THE ESSENTIALS: CORE COMPETENCIES FOR PROFESSIONAL NURSING EDUCATION,” vol. 2021, no. December 16, 2021. [Online]. Available from: <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>
- [9] National Organization of Nurse Practitioner Faculties, “NONPF NP Role Core Competencies - National Organization of Nurse Practitioner Faculties (NONPF).” Accessed: May 05, 2024. [Online]. Available: [https://www.nonpf.org/general/custom.asp?page=NP\\_Role\\_Core\\_Competencies](https://www.nonpf.org/general/custom.asp?page=NP_Role_Core_Competencies)
- [10] Gonzales K, Holmes L, Klein A, et al. Academic Nursing and Faculty Practice. *Nurse Educ.* 2023; 48(2): E53–E58. PMID:36137235 <https://doi.org/10.1097/NNE.0000000000001305>
- [11] American Association of Colleges of Nursing, “Defining scholarship for academic nursing: Task Force Consensus Position Statement.” Accessed: May 01, 2024. [Online]. Available from: <https://www.aacnnursing.org/Portals/42/News/Position-Statements/Defining-Scholarship.pdf>