

## Faculty Practice: A Concept Analysis

Simba Gwariro, Tafara Dzimiri, Francis Ncube, Mary Musvipa, Rachel Longwe, Dorothy Kanyamura, Belitha Ncube, Augustine Ndaimani, Maxwell Mhlanga, Mathilda Zvinavashe, Clara Haruzivishe

University of Zimbabwe, College of Health Sciences, Department of Nursing Science

Corresponding Author: Augustine Ndaimani

Received: 20/12/2016

Revised: 06/01/2017

Accepted: 31/01/2017

### ABSTRACT

**Objectives:** A clear model and definition of faculty practice remains obscure. Nursing faculties are engaged in challenging, innovative and scholarly practices throughout the world, yet the definition, models, and infrastructure of faculty practice vary at each institution. Positive patient outcomes in patient care and improved clinical skills in both faculty members and students are considered in evaluating faculty practice. Measuring and evaluating faculty practice includes sufficient in number to accomplish the mission, goals and expected programme outcomes in academically and experientially prepared and taught areas. The major focus of this paper is to clarify, explain and define the concept of faculty practice.

**Methods:** A concept analysis of faculty practice was done using the eight steps Walker and Avant method. Initially thirteen articles were reviewed from 1995 to 2016. Ten articles were finally reviewed to deduce the definition of faculty practice.

**Results:** The main antecedents of faculty practice identified include organizational commitment, academic expertise and skill from faculty, students and clinical members. Strong interpersonal relationship between faculty and clinical members, adequate clinical time allocation and recognition of clinical competences by accreditation boards are some of the antecedents. Other authors point adequate resources adaptable and creative clinical areas as antecedents to faculty practice. Attributes of faculty practice includes scholarship of teaching, scholarship of integration, scholarship of discovery and scholarship of practice. The resultant consequences of faculty practice identified were improved clinical knowledge, improved quality of patient care and improved interpersonal relationships between faculty and clinical members. Empirical referents which are fundamental to faculty practice for future nursing research methodology in faculty practice and its enhancement include high quality of life patient scores, good scores on Standard II-D instrument and reduced health care costs.

**Conclusion:** The results and discussion from the analysis of this concept can be utilized as a foundation for developing models, tools and theories for measuring and evaluating faculty practice in nursing education. Despite the complexity of the concept the definition of faculty practice may facilitate a clear understanding and standardization of methods and tools of measuring and evaluating the concept of faculty practice. A wider range of factors that encompass a broad dimension of faculty practice need to be addressed when implementing faculty practice.

**Key words:** Concept analysis, Faculty, Practice, Walker and Avant.

### INTRODUCTION

Traditional nurse education was ward based and more like apprenticeship or mentorship. The nurse in charge was

responsible for teaching clinical skills and other related theories (Pohl, Duderstadt, Tolve-Schoeneberger, Uphold, & Hartig, 2012). The nurse in charge modelled the

correct nursing attitude, skills and knowledge application. The term faculty practice has been frequently used in nursing education, but there is no consensus about its meaning (Fenton, Rounds, & Wise, 2012; Pohl et al., 2012). A clear model of faculty practice remains obscure. Nursing faculty are engaged in challenging, innovative and scholarly practices throughout the world, yet the definitions, models and infrastructure of these practices vary at each nursing school. However, value of these practices does not show variations (Becker et al., 2007; Pohl et al., 2012). Faculty practice provides opportunities for faculty to practice nursing directly with patients. Theory and practice inform each other (Adams, 2013; Pohl et al., 2012). The National Organization of Nurse Practitioners (NONPF, 2015) stated that faculty that faculty practice is a professional requirement for maintaining clinical competence and relevance for nurse practitioner educators involved in clinical education of nurse practitioner students. According to Campbell (2013) faculty practice is the provision of the delivery of nursing care through advanced behaviors of research, mentoring, leadership, collaboration and direct patient care with outcomes of scholarship and student learning. However faculty practice has a wider range of definitions and characteristics, ranging from joint arrangement to health centers ran by nursing faculties (Martin, 1995; Pohl et al., 2012). Analysis of the concept of faculty practice will help to close the gap between varied definitions. This will provide a mutual understanding between the practice and teaching of nursing students. Regardless of the type of practice, there tends to be a common goal which is to master, improve and maintain clinical knowledge and improved quality of nursing care.

#### ***Significance and uses of the concept***

The concept of faculty practice is frequently used and implemented in teaching practice in different fields like nursing, medicine, pharmacy, rehabilitation

and laboratory sciences and law. Practice brings reality to the classroom and connects theory and application to practice (Blair, 2005; Pohl et al., 2012). The concept of faculty practice is used to advance the science of the practice of active research and scholarship (Beck, Budo, & Gonzales, 1999). Faculty practice promotes opportunities for the demonstration of clinical expertise at the same time serving as role models for professional nursing students (Adams, 2013). Faculty practice helps the faculty better understands student clinical experiences (Bosold & Darnell, 2012). Faculty practice creates opportunities for inter-professional collaboration and education (Campbell & Taylor, 2000).

#### **METHODS**

Walker and Avant's eight step concept analysis method was used. These steps involve concept selection, determination of the aim or purpose of analysis, identification of concept uses, determining the defining attributes, constructing a model case, constructing additional, identifying antecedents and consequences and finally defining empirical referents (Walker and Avant, 2005).

A search of literature was done to review the varying definitions of faculty practice. Literature was sought from dictionaries, PubMed and Google scholar. Phrases that include faculty, practice and faculty practice were used to search for relevant literature. PubMed and Medline international databases were used to identify papers with related articles. Papers from 1994 to 2016 were reviewed. We chose papers from 1994 in order to capture some historical aspects of faculty practice. The papers that were considered were as follows: English language, nursing and other health related fields were identified and reviewed. Initially thirteen papers were considered. These were screened by their relevance to the concept down to ten. Three papers were dropped because they were mainly focusing on principles for good practice in undergraduate education.

**RESULTS**

Ten articles were chosen for concept analysis. The papers, summarized in table 1

below, were for the period between 1995 and 2015.

**Table 1: Reviewed Articles**

Number	Author	Year	Sample size	Population
1	National Organization of Nurse Practitioners Faculties (NONPF)	2015	Email based survey	Universities, Colleges and Schools in Michigan
2	Buchholz, S.W, Bloch, J.R & Westrin D	2015	344 Advanced practitioner nurses with either a masters or PhD	NONPF Michigan
3	Adams, J	2013	21 practice teachers	Practice teachers in University of Huddersfield
4	Beck and Ruth Sahd	2013	Not applicable	Not applicable
5	Bosold, C & Darnell, M	2012	Not applicable	Not applicable
6	Premji, S. S, Lalani, N, Ajani, K & Lakhani, A	2011	Not applicable	Not applicable
7	Lindgrain, B & Athlin, E	2010	60 supervision sessions	Nurse lecturers at a university in Sweden
8	Pettus, S, Reifschneider, E & Burrus, N	2009	Not applicable	Not applicable
9	Pohl, J.M, Duderstadt, K & Uphold, C.R	2002	Not applicable	Survey
10	Martin, L. M	1995	Not applicable	Not applicable

**Definitions**

In defining faculty practice there is no consensus regarding its definition, even though there has been many discussions in the literature on the subject (Budden, 1994). According to the English Oxford dictionary the term faculty means teaching staff of a college or university, or one of its division and departments viewed as a body. In other words it refers to a particular profession like nursing considered collectively. Definition of practice in English Oxford dictionary means the really application or use of methods, ideas, beliefs as opposed to theories about such application or use. According to Webster dictionary practice means the carrying out or exercise of a profession especially that of a doctor or lawyer. Nursing is the science that is greatly in practice and is deeply rooted in fundamental commitment from the faculty to meet the health needs of patients regardless of their life situations (Edwards, 2002). We manage to define practice as the provision of direct or indirect nursing care with the aim of integrating the four missions i.e. service, research, practice and teaching of the school of nursing. Interventions such as services for individuals, families, communities, groups and systems are the direct modalities. Mentoring, collaboration and consultation serve as indirect modalities.

**Defining attributes**

Attributes according to Walker and Avant (2005), are those traits or characteristics of a concept that are closely linked with it and will assist in differentiating a particular concept from any related concept. Attributes identified in literature include scholarship of discovery, scholarship of integration, scholarship of application and scholarship of teaching (Pettus, Reifschneider, & Burrus, 2009). Scholarship refers to the academic study or achievement through learning at a higher level. Other attributes identified include direct patient care and mentoring (Campbell, 2013). Lindgren (2010) identified major attributes of faculty practice as the structure of nursing service and nursing education. We managed to define faculty practice as the provision of direct and indirect nursing care with the aim of integrating service, research, practice and teaching.

**Scholarship of discovery**

This involves identifying, developing, implementing and expanding programs of scholarships for the faculty (Pettus et al., 2009). Application of research outcomes into nursing practice enhances the scholarship of discovery. Finally, also dissemination of the acquired new knowledge to other professionals incorporate new practice knowledge (Premji et al., 2011).

**Scholarship of application/practice**

As defined by Boyer, the scholarship of application is one that both applies and contributes to human knowledge. As a faculty member there is need to be a role model to students and other health care professionals. Faculty members act as mentors to students and other junior faculty members. This enables us to expand the nursing practice into unique settings and partnerships (Adams, 2013; Premji et al., 2011).

**Scholarship of integration**

Collaborations/integrations promote strong interpersonal relationships in faculty practice (Beck et al., 1999; Premji et al., 2011). Combined thoughts help to develop innovative models (Lindgren & Athlin, 2010).

**Scholarship of teaching**

The scholarship of teaching helps to maintain clinically relevant curriculum and enhance student nurse learning. Martin (1995) supports that the attribute of teaching in faculty practice maintains clinical expertise and advanced practice certification.

**Antecedents**

Antecedents are events and circumstances which occur prior to the occurrence of the concept and often associated with the occurrence of the same concept. Through literature review it has been found that organizational commitment and administrative support, good academic knowledge, clinical expertise or skill, strong interpersonal relationship are the major antecedents of faculty practice (Buchholz, Bloch, Westrin, & Fogg, 2015). Other antecedents consistently addressed in

literature involves adequate time allocation, adequate resources including human resources and pleasing remuneration (Bosold & Darnell, 2012). Recognition of clinical competency in promotion and tenure was identified by Martin (1995) as another antecedent factor in faculty practice. For faculty practice to occur it has been argued that clinical needs to be more a matter of individual intent, adaptable and creative (Arthur & Usher, 1994). If there is adequate administrative support faculty members will have great motivation to implement faculty practice in nursing education. Advanced academic knowledge and skill enhances proper linkage of theory and practice in nursing field. Faculty members and clinical departments must maintain a good interdepartmental relationship to foster faculty practice. Adequate time gives the nurse student to engage and have strong interest to practice what has been taught in class.

**Consequences**

Consequences are those events or incident that occurs as a result of occurrence (Walker and Avant, 2005). Consequences that result in faculty practice include improved and mastery of clinical knowledge by both faculty members and students (Bosold & Darnell, 2012). Another consequence identified in literature is improved quality of care to patients (Martin, 1995). Potential benefits of faculty practice includes keeping in touch with clinical practice, maintenance of clinical skills, improved relationship with trained staff and opportunity to use knowledge and skills in practice (Lindgren & Athlin, 2010).

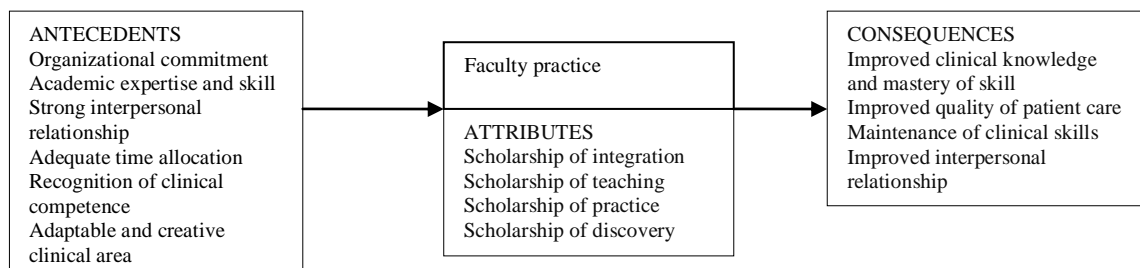


Figure 1: Relationship between antecedents, attributes and consequences of faculty practice

## DISCUSSION

### Model case

Logics University has enrolled Masters of Science students majoring in three specialty areas that include medical-surgical nursing, maternal child health and psychiatry. The nursing science department at Logics University has strong inter-departmental links with Teaching Hospital after six months of theoretical input. The students were working in these units and were interacting with senior nurse managers. Further skills and knowledge were obtained in these interactions. Supervision by lecturers from the department of Nursing Science was done in the wards. Students were also encouraged to go in the clinical area to link clinical theory and practice to enhance their clinical skills. The students were actively involved in academic research and data collection was done in their respective clinical areas with supervision from hospital consultants.

### Analysis

Logics University implemented all the characteristics or attributes of faculty practice. The component of collaboration, research, practice and teaching were extensively involved in the eighteen month learning period.

### Contrary case

College X is a newly established institution which trains nurses in Advanced Cardiac Life Support. The course spans for three month and is taught by visiting lecturers. At the end of the course, the nurses are presented with certificates in Advanced Cardiac Life Support; however they have no links with any clinical hospital or emergence department. They use dummies to practice aspects of cardiac life support in their college. The visiting lecturers hardly get time to go to the real emergency department with the students to liaise any possible attachment to any emergency department.

### Analysis

A contrary case does not include any of the attributes of the concept. College X

should have made links with emergency departments to provide its students with real clinical situations to promote faculty practice for both its students and lecturers. The nurses are not involved in any research and clinical practice. No collaboration or integration is implemented during the training of the nurses. This clearly shows that college X does not promote faculty practice.

### Empirical referents

Empirical referents of a concept are classes or categories of actual phenomena that by their existence demonstrate the occurrence of the concept (Walker and Avant, 1995). High quality of life of patient scores and decreased health care service costs are some of the empirical referents of faculty practice identified in literature (Pettus et al., 2009). Future instrument development should take consideration of such referents for evaluation of faculty practice. Good scores on Standard II-D is good empirical referent for faculty practice (NONPF, 2015).

## CONCLUSION

The definition of faculty practice provided in this concept analysis will facilitate proper interpretation of faculty practice and standardization of tools used to measure or evaluates faculty practice. It is imperative to utilize the definition to improve clarity in reporting and evaluating faculty practice. Faculty practice purports to positively affect outcomes of patients, students, faculty and nursing care delivery system.

## REFERENCES

1. Adams, K. (2013). Practice teaching: professional identity and recognition. *Community Pract.*, 86, 20-23.
2. Arthur, D. & Usher, K. (1994). An application of nursing faculty practice: clinical camps. *J.Adv.Nurs.*, 19, 680-684.
3. Beck, C. L., Budo, M. L., & Gonzales, R. M. (1999). [The concept of quality of life in a group of nursing teachers--

- elements for reflection]. *Rev.Esc Enferm.USP.*, 33, 348-354.
4. Becker, K. L., Dang, D., Jordan, E., Kub, J., Welch, A., Smith, C. A. et al. (2007). An evaluation framework for faculty practice. *Nurs.Outlook*, 55, 44-54.
  5. Blair, K. (2005). Does faculty practice validate the NP educator role? *Nurse Pract.*, 30 Suppl Sourcebook, 9-10.
  6. Bosold, C. & Darnell, M. (2012). Faculty practice: is it scholarly activity? *J.Prof.Nurs.*, 28, 90-95.
  7. Buchholz, S. W., Bloch, J. R., Westrin, D., & Fogg, L. (2015). Nurse practitioner faculty research: Results from the 2012 National Organization of Nurse Practitioner Faculties Survey. *J.Am.Assoc.Nurse Pract.*, 27, 664-670.
  8. Budden, L. (1994). Nursing faculty practice: benefits vs costs. *J.Adv.Nurs.*, 19, 1241-1246.
  9. Campbell, M. & Taylor, J. R. (2000). Academic and clinical collaboration. *Contemp.Nurse*, 9, 211-219.
  10. Edwards, J. B. (2002). Faculty practice and health policy: implications for leaders in nursing education. *Nurs.Adm Q.*, 26, 62-71.
  11. Fenton, M. V., Rounds, L., & Wise, D. (1988). Strategies for faculty practice. *Nurse Pract.*, 13, 54, 57-58, 60.
  12. Lindgren, B. & Athlin, E. (2010). Nurse lecturers' perceptions of what baccalaureate nursing students could gain from clinical group supervision. *Nurse Educ.Today*, 30, 360-364.
  13. Martin, L. M. (1995). Nursing faculty practice: challenges for the future. *J.Adv.Nurs.*, 21, 743-747.
  14. Nurse Practitioner Faculty Practice. (2015). Email based survey, Michigan
  15. Pettus, S., Reifschneider, E., & Burruss, N. (2009). Faculty achievement tracking tool. *J.Nurs.Educ.*, 48, 161-164.
  16. Pohl, J. M., Duderstadt, K., Tolve-Schoeneberger, C., Uphold, C. R., & Hartig, M. T. (2012). Faculty practice: what do the data show? Findings from the NONPF Faculty Practice Survey. 2002. *Nurs.Outlook*, 60, 250-258.
  17. Premji, S. S., Lalani, N., Ajani, K., Lakhani, A., Moez, S., & Dias, J. M. (2011). Faculty practice in a private teaching institution in a developing country: embracing the possibilities. *J.Adv.Nurs.*, 67, 876-883.
  18. Walker, L. O., & Avant, K. C. (2005). *Strategies for Theory Construction in Nursing* (3rd ed.). Norwalk, CT: Appleton & Lang.
  19. Webster's New World College Dictionary (2nd ed.). (1997). New York: Macmillan Company.

How to cite this article: Gwariro S, Dzimiri T, Ncube F et al. Faculty practice: a concept analysis. *Int J Health Sci Res.* 2017; 7(2):304-309.

\*\*\*\*\*