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# International Journal of Nursing Sciences

journal homepage: <http://www.elsevier.com/journals/international-journal-of-nursing-sciences/2352-0132>



## Editorial

# Transforming education: Developing a practice-ready workforce



The well-known question, why do people keep doing the same thing but expect a different result, applies to nursing education. Healthcare delivery systems are in constant evolution yet much of nursing education operates with traditional teaching approaches expecting to produce graduates suitable for rapidly changing healthcare delivery systems. Nursing is a practice-based discipline with its own body of knowledge situated within the context of dynamic nursing practice. It is the responsibility of nursing academia to prepare graduates suitable for practice. If we are to change practice, we must rethink education. The impact and interruptions of the global COVID-19 pandemic gave rise to questions on best practices to guide nursing education into the future.

## 1. A paradigm shift in nursing education

The push for developing evidence-based nursing decades ago to establish a professional basis and recognition of the profession drove nursing education to focus on knowledge acquisition, that is, teaching for content. The concentration on content laden, lecture-based classroom teaching and immersion into the academic environment helped create a wedge between didactic and workplace learning amid many debates on the ratio of the two. For education to remain relevant to real world practice, the two environments must operate as mirrors of one to the other rather than independent silos. Partnerships between healthcare delivery systems and academia are essential to constantly inform nurse educators of constantly evolving healthcare delivery in response to market demands, societal expectations, new technologies, and continual knowledge development.

Historically nursing education concentrated on delivering decontextualized content with the goal of learners' knowledge acquisition and critical thinking. Increasing demands on nurses' knowledge and skill in caring for more complex patients demonstrated the imperative for higher levels of education, transitioning nursing programs into higher education. The emphasis on the science of nursing often left clinical and classroom learning as separate although related entities. Benner et al. [1] called for a new paradigm that situates learning in real world scenarios by placing knowledge in a practice or user context; knowledge acquisition was positioned together with opportunities for learners to apply what they know (knowledge application).

Integrating clinical and classroom learning fosters clinical reasoning and professional identity formation [2]. Clinically focused education embeds competency development through

unfolding cases and scenarios both in classrooms and high-fidelity simulation labs. Using real-world case studies requires both knowledge acquisition (content) and knowledge application (skill use) to analyze and work through clinical learning situations by examining rationale for actions based on evidence, planning responses to the situation, and reflecting to make sense and document future responses to similar situations, thus, situated teaching for context.

## 2. Reimagining nursing education

Many nurse educators teach the way they were taught. In fact, nursing is one of the few disciplines that requires its educators to study education theory and the art of teaching. Bugg and Dewey [3] made the point that if we teach today's students as we taught the students of yesterday, we prevent them from being relevant tomorrow because we will have prepared them for a healthcare delivery system that has already changed.

The social disruption of the pandemic positions the profession with an ideal time to reframe, redesign, and reconceptualize nursing education. The seismic changes throughout healthcare and academia opened possibilities for innovation and transformation to reimagine, recreate, repurpose, regenerate, and revitalize the profession.

Re-examining educational paradigms opens possibilities for a paradigm shift through new learning models for guiding nurse educators in preparing graduates relevant to practice. As a practice-based discipline, nursing requires integration of both classroom and work-place learning. Transforming nursing education can prepare a qualified workforce with a spirit of inquiry that integrates both knowledge acquisition and knowledge application [4].

The global pandemic demonstrated the need for academic and practice partnerships. Students were barred from clinical settings for safety reasons while agencies adjusted to the rapidly shifting demands on operations and patient care overload. The rapid flow of information meant daily changes in clinical operations and nurse responsibilities with no time to precept students. Nurse educators quickly pivoted to virtual educational delivery to maintain learner progression and found innovative ways to achieve some clinical hours to maintain student progression. Regulatory agencies offered strategies for addressing clinical requirements given the sudden changes. With the crisis abated, now is a time to evaluate lessons learned to reimagine and reformulate managing the tension between knowledge acquisition and knowledge application to align new graduate competencies with practice expectations for a qualified workforce.

This is a summary based on an invited lecture at the Belt and Road International Nursing Congress 2023.

### 2.1. Transformative learning: A new model to guide nursing

How we teach is as important as what we teach [2]. Transformative learning theories open possibilities for interactive learning strategies that engage learners in using what they know. Learning is more than what happens in the classroom; learning also happens outside conventional classrooms, moving into the real world creating diverse opportunities for workplace learning enabling students to practice what they know and know how to do. Transformative learning engages students in real-world situations which matches the goals of workplace learning in academic nursing. Learners are challenged to reassess beliefs about themselves, others, and how they work using both cognitive and affective domains that stimulate independent critical thinking, that is, how one works. As a complex metatheory about change, transformative learning helps students question existing frames of reference, reassess habits, mindsets, and prejudices by learning from reflecting on experience in the light of what they know [5].

The context for transformative learning illuminates previously hidden assumptions that drive choices. Experiences are reinterpreted through systematic reflections that challenge prevailing world views. Mezirow's Transformative Learning Theory [6] encompasses both instrumental (task) learning and communicative learning (being able to share thoughts, needs, and responses). Learners engage in reflective practices that transforms their understanding and interpretation of experience. The process of introspection through critical reflection enlightens to reformulate new ways of thinking creating a deep structural shift in how one is and how one acts in their environment.

### 2.2. Integrating classroom and workplace learning

In preparing for a practice-based discipline, pedagogy of place is important for learning immersion inside and outside classroom walls [5]. Workplace learning involves active placement in four spheres of care across the lifespan, with diverse patient populations to account for disease prevention/promotion of health and well-being, chronic disease care, regenerative or restorative care, and hospice/palliative/supportive care [7]. Regardless of the place, the merging of learning across classroom and clinical environments allows learners to both acquire and apply knowledge for practice. The spirit of inquiry is foundational for nursing practice built on tacit knowledge (learned from experience) and constantly asking questions to guide responses.

Educating for a practice-based discipline prepares graduates who base their work on questions that assess the knowledge, analysis, application, and assessment needed for practice:

- 1) What do I need to know? (Content);
- 2) What does it mean? (Analysis);
- 3) How do I use it? (Application); and
- 4) What else do I need to know? (Assessment and evaluation).

### 2.3. Reflective practice: integrating theory and practice

Reflective practices examine an issue of concern or experience to critically consider how we work, think, and respond [8]. Asking questions about an experience brings forth what we know versus what we assume to be true, helps clarify the context of the experience to move towards sense-making, and develops new understandings to guide future responses.

Reflective practices instill a spirit of inquiry. Reflective practice involves learning by reflecting on experience. Reflective practice can be incorporated into pre-planning activities before clinical

interactions, after actions during debriefings, pausing while in action to huddle and reassess actions, and engaging in reflective writing such as journals or in response to prompts [9].

Developing reflective practices helps learners ground practice in social emotional competencies consistent with Mezirow and Taylor's communicative learning [6] mentioned earlier. Developing social emotional awareness is consistent with the domains of emotional intelligence but encompass a broader application for working within teams as well as self-management of one's career development across the lifespan: self-awareness, self-management, responsible decision-making, social awareness, and relationship skills. These skills are essential for developing caring-healing relationships that honor personal dignity and choice while attending to what is most important: one's own well-being, meaning and purpose in work, and the joy derived from a satisfying work environment.

### 2.4. Competency-based education

Competencies are expectations for meeting the standards required for a practice-based discipline. Competency-based Education (CBE) focuses on real-world applications to create lasting learning and behavior changes by connecting knowledge with actions in caring for patients. In curricula guided by CBE learners master the knowledge, skills, and attitudes defining each competency essential for nursing practice, integrating knowledge acquisition with knowledge application. Developed in conjunction with practice partners to produce practice-ready graduates, competency expectations increase in complexity across the curriculum and are measured using real-time assessments. CBE aligns with workplace learning for producing practice ready graduates for a practice-based discipline [1] shown in Table 1.

To better align nursing education outcomes with expectations for the workplace, the American Association for Colleges of Nursing (AACN) [7] in the United States redesigned nursing curricula guidelines using a competency-based approach. AACN further challenges nurse educators with rethinking pedagogical strategies for preparing practice-ready graduates with interactive teaching grounded in transformative learning. AACN defined ten competency domains redefining what nurses need to know, need to be able to do, and need for shaping professional identity.

- Knowledge for Nursing Practice
- Person-Centered Care
- Population Health
- Scholarship for Nursing Practice
- Quality and Safety
- Interprofessional Partnerships
- Systems-Based Practice
- Information and Health Care Technologies
- Professionalism
- Personal, Professional, and Leadership Development

## 3. Rethinking the role of educator

Reconceptualizing nursing education and practice leads nurse educators to reposition their role from transferring classroom content to that of facilitator, guide, and coach [2]. Educators become part of the learning process recognizing it is not possible to be able to convey all knowledge needed for nursing practice to learners. Reconceptualizing nurse educators as facilitators of learning moves into a role of guiding learners to self-discover what they need to know and be able to do for patients in their care. A solid foundation in general education in institutions of higher education prepares learners to use their curiosity to ignite

**Table 1**  
Preparing Practice Ready Graduates

| Competency Based Learning  | Practice Based Discipline                        |
|--|--|
| Knowledge: What we need to know                                  | Acquiring and using knowledge                    |
| Skill: What we need to be able to do                             | Applying clinical reasoning and skilled know how |
| Attitude: State of mind that guides our actions, beliefs, values | Acting with ethical comportment                  |

their imagination to solve the challenges faced by those in their care. No one can capture all the knowledge, but everyone ask these critical questions: What do I need to know? What do I need to be able to do? What attitudes, values, and beliefs guide my choices?

As facilitator and coach, nurse educators may create interactive classrooms using strategies consistent with transformative learning. Pedagogies that engage and inspire learners are limitless but primary examples include problem-based learning, team-based learning, simulation, narrative pedagogy, case-based learning, flipped classrooms, and endless combinations of these. Interactive approaches build from questions for learners to explore often using a set of Socratic questions to guide learners in analyzing and interpreting real world scenarios, case studies, and stories that clarify thinking, challenge assumptions, provide evidence, offer alternative views, consider consequences, and examine why the question is asked [10].

Questions to guide educators in designing specific models and lessons:

- What is the objective of the lesson?
- What is the learner to accomplish in this learning session?
- What delivery mode fits the objectives, teaching strategies, and desired outcomes?
- What are safety and quality concerns?
- What pre-class assignments help learners prepare to participate in interactive teaching in any delivery method?

#### 4. Summary

Nursing is a universal profession found in every country. Every educator seeks educational best practices in preparing practice-ready graduates filling the demands of a qualified workforce. The COVID-19 global pandemic demanded pivots in both nursing education and practice providing an opportunity to reconsider traditional approaches. Reconsidering pedagogies in nursing education offers innovative opportunities to match new graduate competencies with healthcare delivery expectations. Working together across borders, we can propel nursing forward while also improving patient care outcomes.

#### Declaration of competing interest

The author declared no conflict of interest or any potential competing interest.

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26 February 2024  
Available online 5 March 2024