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Sessional teachers in a BN program: bridging the divide or widening the gap?

Sharon Andrew

University of Western Sydney

Elizabeth J. Halcomb

University of Western Sydney, ehalcomb@uow.edu.au

Debra Jackson

University of Western Sydney

Kath Peters

University of Western Sydney

Yenna Salamonson

University of Western Sydney

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Abstract

Casualisation of the academic workforce has resulted in an increase in the employment of sessional teachers in Bachelor of Nursing (BN) programs. Many of these teachers are drawn from specialty clinical areas and continue to work clinically while teaching part-time. The aim of this study was to explore the perceptions of sessional teachers about their perceived contribution to an undergraduate Bachelor of Nursing program in a single Australian university. Twelve sessional teachers participated in semi-structured interviews as part of a larger mixed method study exploring the issues related to sessional teaching in the Bachelor of Nursing program. Three themes emerged from the data; (1) "Bringing 'reality' to the classroom", (2) "Privileging experiential knowledge", and (3) "Establishing boundaries with students". Underpinning the narratives was a strong subtext related to the theory-practice gap. Proactive strategies to facilitate the potential of sessional staff are articulated in the paper.

Keywords

widening, divide, bridging, gap, program, sessional, bn, teachers

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SESSIONAL TEACHERS IN A BN PROGRAM: BRIDGING THE DIVIDE OR WIDENING THE GAP?

Abstract

Casualisation of the academic workforce has resulted in an increase in the employment of sessional teachers in Bachelor of Nursing (BN) programs. Many of these teachers are drawn from specialty clinical areas and may continue to work clinically while teaching part time in the BN program. The aim of this study was to explore the perceptions of sessional teachers about their perceived contribution to an undergraduate Bachelor of Nursing program in a single Australian university. Twelve sessional teachers participated in face-to-face interviews as part of a larger mixed method study exploring the issues related to sessional teachers in the Bachelor of Nursing program. Three themes emerged from the data; (1) “Bringing ‘reality’ to the classroom”, (2) “Privileging experiential knowledge”, and (3) “Establishing boundaries with students”. Underpinning the narratives was a strong subtext related to the theory-practice gap. Proactive strategies to facilitate the potential of sessional staff are articulated in the paper.

Key Words: sessional teacher, education, nurse, workforce

Introduction

In the contemporary higher education environment, schools of nursing, like many other schools, are employing increasing numbers of sessional teaching staff (Bauder 2006; Herbert Hannam & Chalmers 2002; Smith & Coombe 2006). Sessional teachers are often considered to be industry experts and may be simultaneously engaged in teaching and clinical practice (Gappa & Leslie 1993). It is often assumed that sessional teachers are clinically current nurses, who will bring a contemporary clinical perspective to the classroom. However, these individuals employed on a sessional basis often do not have teaching expertise or qualifications in adult education (Coombe & Clancy 2002; Duffy Stuart & Smith 2008). Additionally, the contemporary sessional role generally offers individuals limited input into curriculum development or implementation. This paper explores the perceptions of sessional teachers in the Bachelor of Nursing (BN) program at a single Australian university. For the purpose of this paper, sessional teachers are defined as individuals employed on an hourly basis or short-term contract, of less than twelve months duration, to provide face-to-face classroom and clinical laboratory teaching in the BN program (Herbert et al. 2002; Percy et al. 2008).

Background

Internationally, approximately half of all teaching in higher education is reportedly being undertaken by sessional teachers (Bauder, 2006; Coombe & Clancy, 2002; Kimber, 2003; Percy et al., 2008). The literature describes sessional staff as being categorised into a number of groups, including those who aspire to become a permanent academic since completing a research higher degree, those who are industry experts who have a desire to teach those coming into their profession, those who are at the end or near the end of their career and are looking for a gradual move into retirement and finally, those who are employed in a number of part-time or casual roles (Gappa & Leslie 1993; Kimber 2003). Whilst not mutually exclusive or exhaustive, these groups demonstrate the diversity of the backgrounds of those comprising the sessional workforce (Gappa & Leslie 1993; Kimber 2003).

Nursing has long been concerned with possible disjunction between the ‘thinking’ (theory) and the ‘doing’ (practice) of nursing and this tension is referred to as the theory-practice gap (Haigh 2009; Walker 1997). Over the years, nursing has reflected on this so-called gap, and has implemented strategies to try to minimise any negative-effects.

Haigh (2009) argues that the theory-practice gap is perpetuated by a lack of collaboration between academics and clinicians. She asserts that all too often academics blame clinicians for failing to adopt changes in practice and clinicians argue that academics are too far removed from the reality of the clinical setting. Despite the tension between the two sectors, both sectors are challenged to explore innovative ways of bringing the theoretical and practical issues of nursing together, so that students can get the best possible educational experiences. In nursing, the employment of clinical nurses (with current clinical practice knowledge) as sessional academics has been presented as one way of addressing the theory-practice gap (Carson & Carnwell 2007).

Although there is a growing body of literature about sessional academics, much of the literature to date explores the generic workforce and teaching issues (e.g. marking) across disciplines (Coombe & Clancy 2002; Moore & Trahan 1998; Percy et al. 2008; Smith & Coombe 2006). Despite the potential differences within disciplines, there has been limited discipline-specific examination of the role of sessional staff in undergraduate education (McArthur 1999). There is no literature that explores how sessional teachers see themselves in relation to permanent academic staff in terms of their specific contribution to student learning.

This paper was drawn from a larger study that aimed to explore the issues related to sessional academics in the BN program at a single Australian university. This current paper draws on qualitative data to explore sessional staff perceptions of their contributions to the BN program, and how they position themselves in relation to tenured academic staff and undergraduate students.

Study context

The School of Nursing in this study has approximately 60 full-time equivalent tenured (FTE) academic staff. The BN program is conducted across multiple university campuses. During spring semester 2008 (March-June), when this study was conducted, 30 sessional staff were engaged to provide face-to-face teaching across the BN curricula. These staff primarily taught in tutorials and science and clinical laboratory sessions. Few presented the lectures associated with a particular unit.

Methods

During spring semester 2008, sessional staff were invited to participate in face-to-face interviews as part of a larger study. Sessional teachers were contacted by group email and internal mail flyer inviting them to participate in the study. This email and flyer provided contact details for the research assistant who oversaw the consent process and undertook the data collection. All interviews were digitally recorded to facilitate subsequent analysis.

To protect the anonymity of participants, audio-data were transcribed verbatim by an independent transcription service and de-identified before being given to the researchers for analysis. The researchers then used a process of thematic analysis to identify key themes.

Ethical issues

Participation in the study was voluntary, with informed consent being sought by the research assistant prior to data collection. Approval to conduct this study was obtained from the University Human Research Ethics Committee prior to the commencement of the study. As the researchers conducting the study were employed within the same School of Nursing, to avoid perceptions of coercion or other ethical conflict, all recruitment and participant interviews were undertaken by an independent research assistant not employed in an academic position.

Findings

Participants

A total of twelve sessional teachers agreed to participate in the study. Three teachers were aged between 24-30 years, four 31-40 and two 41+ years. Three declined to give their age. Three of the

participants were male. Participants included individuals who had previously been employed as sessional staff at this and other institutions, as well as some who had limited experience as a sessional teacher. Interviews lasted between 15 and 77 minutes in duration.

Themes

Findings revealed a strong perception that the primary value of sessional teachers was their clinical currency, and their knowledge of contemporary workplace issues in nursing. A strong subtext, that positioned experiential knowledge as being of greater value than theoretical knowledge, was apparent in the narratives. Along with this, was a general disparagement of some curriculum content that was seen as being overly theoretical and irrelevant and unnecessary for contemporary nursing practice. It was clearly evident in the narratives that this belief was disclosed when teaching and interacting with students both in and out of the classroom. Further, narratives indicated that sessional staff in this study identified more closely with students than with faculty. These findings are elucidated in three themes identified in the study: “Bringing ‘reality’ into the classroom”; “Privileging experiential knowledge” and “Establishing boundaries with students”

Theme 1: Bringing reality to the classroom

The pivotal concept of this theme is the perception that participants bring the reality of the clinical practice to the classroom, which they view as a key strength in their contribution to teaching. Under the umbrella “bringing reality to the classroom” are the subthemes: “currency of practice”, the use of ‘practical examples’ and teaching students what ‘the real world of nursing’ is about.

Participants view themselves as bringing ‘currency of practice’ to the BN and their teaching:

Well I guess one of the major things (I bring to my teaching) is clinical currency. I’ve been a... nurse for XX years and I’ve held various positions within the health service So I’m able to reflect on my experiences and relay them back to the students within that subject matter that we’re discussing at the time. (P1)

Participants perceived that their currency of practice enabled them to use “practical examples” derived from their practice in their teaching. These examples were retold in the classroom by participants who used them to illustrate their teaching:

So I bring a lot of clinical experience and a lot of stories to tell... (P1)

I constantly try to – whatever we’ve brought in class – try to find an example of something that’s happened to me, or I’ve seen, or a presentation. So, something that’s just not on paper, they can actually, sort of, relate it to someone that they’ve experienced. (P3)

Participants viewed their clinical practice as the ‘real world’ and believed a central part of their role is to educate students of the reality of the ‘real world’. By telling stories and giving examples derived from their clinical practice participants perceived that they were bringing the ‘real world’ into the classroom.

What I particularly bring to the students is that I still work in what I call the real world.
(P10)

I also still work full time clinically. So, having the constant, I’m able to relate what we’re actually learning in class to real life sort of circumstances in nursing practice. So, that’s what I feel is the major thing is that I’m still current, clinically. (P3)

Theme 2: Privileging experiential knowledge

This theme was concerned with the privileging of participants’ experiential knowledge in relation to theoretical knowledge. This theme included the participants’ perceptions of the content of the BN program, of the gap between theory and practice, and their perceived role in bridging this gap.

The privileging of experiential knowledge was present in the views of nursing and nurses that some participants held, in which nursing was essentially viewed as a practical discipline. In this worldview a nurse was seen as someone who works clinically, and so there was a sense that some of the theoretical content in the curriculum was irrelevant to the work of a nurse:

I still have – that a few difficulties get in the way of some of the subjects are taught that I think are too theoretical and the students cannot relate it to what they see, they cannot put it together because it's this too frameworks and things like that that maybe they can be taught in a different way – apply into what they do. Because we are practical people. Nurses – most people are practical. (P2)

... Like, a nurse is still someone whose patient care and duty care is to patients....
(P3)

This viewpoint is alluding to the theory-practice gap that participants felt existed between the clinical and academic (university) environment:

University is quite academic and the hospitals are quite clinical based and there's nothing linking them together. (P10)

Beliefs about the perceived theory/practice gap also extended to the research area. Study participants expressed the view that research undertaken by nursing academic staff was 'theoretical' research, whereas research undertaken by those in the hospital was clinically-based. Some participants perceived it was their role to bridge the gap by bringing the clinical setting to the university and by doing this they were able to dispel the "fantasy world" they perceived was present in the academic setting. One participant felt that some content was not in keeping with the clinical environment and while agreeing to deliver the prepared tutorial content, made certain that the students were aware of the (perceived) discrepancy in the content taught.

The students know the answer because they used to get the answers after the tutorials and I said look guys, from now on I'm just teaching you what the university wants me to teach you, it may not be the same principles, but I always said this is not what we do in clinical practice. (P2)

Some participants spoke about seeking a future as a permanent member of the academic staff, but they stated that they intended to maintain clinical currency. Many viewed tenured academic staff as being out-of-date clinically.

I'd never give up clinical, even if it was one day a fortnight – I like to have that relationship. Unfortunately I feel that the university world and the clinical world are so far removed from each other that it's quite sad really. So I don't want to lose that link. (P10)

I think it's important to, just through previous experience, I've had tutors who haven't worked, or looked after a patient or had patient care in some time, and I just think I'm not sure if that's what I want to be. (P3)

Participants viewed the exchange of knowledge in their teaching as coming directly from the clinical area:

Yeah, although looking at what helped more, I think my clinical has helped me more in my teaching here. (P2)

There was some acknowledgement, however, that the participants teaching experiences had exerted a positive impact on their clinical knowledge:

Knowledge wise I'm gaining a lot of knowledge..... I'm coming to have the college (Faculty) information, and I also see the clinical area. So it's giving me a lot of confidence in the clinical area. (P12)

Theme 3: Establishing boundaries with students

This theme was concerned with the boundaries that participants set in their teaching and interactions with students. Participants described themselves as being “approachable” “available” and having “strong connections with the students” and considered students to be their equals:

I see students as an equal, not somebody below me. Because many of the students are older than me and many of them have lots of experience so I see teaching as a two way thing I learn a lot from them and they learn from me because there's many people that are professionals that are changing careers, many of them. But I see teaching as that. (P2)

Participants described establishing a personal relationship in their initial contact with students:

My skill is that I want to know my students the first week of the introduction. I know them by name and I encourage them to have a one-to-one teacher-student relationship. (P12)

Participants identified more closely with students than faculty. This may be partly explained by the fact that they worked with them or had contact with students when they undertook clinical practice on the clinical area in which they were working.

I've been in a surgical area for about over 10 years now. so a lot of new people that come through.... we spend some time with them (students) teaching them whatever it is that they need to know..... (P10)

Participants found this relationship was reciprocal as they reported their belief that students also identified more closely with them than permanent academic staff. This teacher-student boundary put participants in a difficult position at times, particularly when students wanted to talk about other staff in the classroom:

I do feel uncomfortable though because many of them [students] talk about other people [academic staff] while in class and I always stop them and say it's not my place to... (P2)

Discussion

The findings of this study indicate that sessional teachers perceive they have different characteristics to permanent academic staff. While their recruitment was primarily due to the need to address shortages in permanent academic staff availability rather than their clinical currency *per se*, it is latter, however, that is viewed by sessional teachers as a crucial characteristic they bring to their classroom teaching. In addition, sessional teachers who are working clinically may also interact with students they are teaching in the clinical setting. This combination is very similar to the Lecturer Practitioner role albeit in this study the role is being undertaken in an unofficial capacity. In the UK, the Lecturer Practitioners have a dual clinical/teaching role and are jointly employed by a university and a hospital. In keeping with the findings by Carson and Carnwell (2007) who interviewed Lecture Practitioners, sessional teachers in this study perceived an important aspect of their teaching was to bring the “real” world of nursing to the classroom and to prepare students for the “reality” of clinical practice. Underlying this is the perception that by doing this they are bridging the theory-practice gap.

It is debatable, however, whether sessional staff are bridging the gap or widening it when they convince students of the importance of experiential over theoretical knowledge, view true nurses as those who work with patients and view university as a “fantasy” world whereas clinical was the “real” world’. These views indicate little change from the 1990’s when Walker (1997) who conceptualised the theory-practice gap in nursing as a divide between ‘thinking’ (intellectual work)’ and “doing’ (hands-on work)” and stated:

“Theory is ‘intellectual work’ and is delegitimated in clinical nursing culture because it is not considered ‘real’ work (little of material or social value is produced in its wake).

‘Practice is about doing things’, ‘getting on with it’, and ‘practical know-how’ (much of material and social value is produced in its wake).” (Walker 1997, p. 5)

Consideration needs to be given to ways of increasing teachers' and academics' appreciation of a holistic view of nursing where both theory and practice are equally respected. Minimum tertiary qualifications for teaching staff and the inclusion of sessional teachers in activities other than teaching including curriculum development may assist sessional teachers develop this appreciation.

Difficulties and uncertainty around boundaries with students was identified as an issue in this study. Findings suggest that sessional staff may need to be supported to establish clear boundaries that situate them in the role of teacher / facilitator alongside their tenured colleagues. This study has suggested some "over identification" of sessional staff with their students and a general lack of identification with tenured faculty. Whilst in the clinical setting a peer relationship between registered nurses and students is encouraged, however this type of relationship is less appropriate in the university setting. Differences in boundaries between tenured and sessional teaching staff are also confusing to students who may interpret the closer identification of sessional teachers to students as being a reflection of teaching quality.

The over-identification of sessional staff with students may be due to their lack of connectedness to the tenured academic staff and the curricula in which they are teaching. Sessional teachers may spend little time at university but concerted effort must be made to make them feel part of the fabric of university life. They need to feel connected by receiving adequate preparation about the curricula in which they are teaching and how their unit and tutorial is situated within it. These strategies may also broaden sessional teachers view about the theoretical underpinnings of nursing and encourage them to be advocates of a more holistic view of nursing in which the value and importance of both where experiential and theoretical knowledge are recognised.

Conceptually, sessional teachers who have clinical currency and recent industry expertise have the potential to significantly add value to the undergraduate curriculum by bridging the divide between theory and practice. However, such expertise needs to be harnessed during the process of curriculum development and embedded in unit planning as well as in the face-to-face delivery of content to students. This requires planning and a more prolonged engagement of relevant clinical

experts that is beyond the current scope of sessional contracts. This concept likely requires schools of nursing to reconceptualise the way that they employ sessional teaching staff and explore alternative models of engagement of this section of the workforce. The UK Lecturer Practitioner model needs to be investigated as one possibility.

Conclusion

Despite the potential for sessional staff to help bridge the theory practice gap, the lack of awareness of the value of the theoretical aspects of the curriculum that was demonstrated in this study, could widen the gap between theory and practice – through sending a strong message to students in the classroom that theoretical knowledge is irrelevant to clinical practice. Sessional teaching staff is an increasing and important element in provision of undergraduate nursing education. To enhance their value it is important that they are formally and comprehensively orientated to the individual University and School. Such orientation needs to clearly articulate their role within the academic team to ensure that they perceive themselves as valued team members, have information about the overall curriculum so that they can conceptualise where the subjects in which they are teaching fit within the whole, and are provided with mechanisms for seeking support or providing feedback. Additionally, opportunities for mentorship, professional development and career planning should be clearly articulated. Consideration also needs to be given to ways in which sessional teachers can be formally included in school business, curriculum development and implementation so as to assist them to more closely identify with their academic colleagues, rather than the student body. The provision of enhanced support for sessional teachers has the potential to facilitate them to achieve their potential as valuable nurse teachers and bridge the divide between theory and clinical practice.

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