

# Nursing Education Research: Attitudes & Importance

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November 22, 2025

## RECOMMENDED CITATION

mohammed loot (2025). *Nursing Education Research: Attitudes & Importance*.  
Psychepedia. Retrieved from <https://psychepedia.arabpsychology.com/?p=25693>

## Introduction to Attitudes toward Nursing Education Research

Nursing Education Research (NER) constitutes a vital domain dedicated to the systematic inquiry into teaching methodologies, curriculum design, learning outcomes, and assessment strategies within professional nursing programs. The attitudes held by faculty, students, and institutional administrators toward NER are profoundly influential, acting as key determinants of its effectiveness, utilization, and overall productivity. A positive attitude often translates into greater engagement, higher quality scholarship, and the successful integration of evidence-based pedagogy into daily practice, whereas negative or indifferent attitudes can create significant inertia, leading to stagnation in educational innovation and a reliance on traditional, unexamined teaching methods. Understanding these attitudes is paramount for academic leaders seeking to cultivate a culture of continuous improvement and scholarly excellence within their nursing schools.

The core function of NER is to generate actionable knowledge that enhances the preparation of future nurses, ensuring they are equipped to navigate the complexities of modern healthcare delivery. Therefore, faculty perceptions regarding the relevance and feasibility of conducting such research directly impact the quality of educational outcomes. Attitudes are multifaceted, encompassing beliefs about the value of research, feelings of self-efficacy regarding research skills, and perceptions of institutional support and resource availability. When faculty perceive NER as directly relevant to solving classroom challenges--such as improving student critical thinking or reducing attrition rates--their motivation to participate increases significantly. Conversely, if research is viewed merely as an administrative hurdle for promotion, divorced from the practicalities of teaching, negative attitudes and minimal engagement are the predictable results, undermining the foundational principles of evidence-based education.

Furthermore, attitudes toward NER are inextricably linked to the broader concept of **evidence-based practice (EBP)** within nursing education itself. Just as clinical nursing relies on research findings to optimize patient care, nursing education must rely on research to optimize learning environments. The scope of attitudes extends beyond the individual researcher to the institutional level, determining how resources are allocated and how research findings are disseminated and implemented. Key stakeholders whose attitudes must be considered include doctoral-prepared faculty expected to lead research, master's-prepared faculty focused heavily on teaching, students who must utilize research findings, and educational administrators responsible for creating supportive research infrastructures. Analyzing these diverse perspectives is crucial for developing targeted interventions designed to foster a robust and sustainable research culture.

## Historical Context and Evolution of the Research Imperative

Historically, nursing education was rooted primarily in apprenticeship and clinical instruction, with the emphasis placed heavily on service delivery rather than scholarly inquiry. For decades, the

primary credential for nursing faculty was clinical expertise, and research productivity was not a significant metric for academic advancement. This legacy has contributed to persistent challenges in establishing a strong research culture, as many long-standing faculty members entered academia without formal research training or expectations. The shift began prominently in the latter half of the 20th century, coinciding with the proliferation of baccalaureate and graduate nursing programs and the establishment of nursing as a distinct academic discipline requiring doctoral preparation for senior faculty roles. This evolution introduced a fundamental tension between the traditional emphasis on teaching and service and the new institutional mandate for research productivity.

The push toward doctoral preparation, particularly the Doctor of Philosophy (PhD), solidified the expectation that nursing faculty must contribute to the body of knowledge, including research focused specifically on educational practices. However, this transition was often uneven. Many institutions adopted the "publish or perish" model typical of research universities but failed to provide the necessary infrastructure--such as protected research time, start-up funds, or adequate mentorship--that supports high-quality research endeavors. Consequently, faculty attitudes often reflect a sense of being overwhelmed or inadequately prepared to meet these competing demands. The historical prioritization of clinical research (focused on patient outcomes) over educational research has also subtly devalued NER, leading some faculty to perceive it as a "lesser" form of scholarship, further complicating the establishment of positive attitudes toward its necessity and rigor.

Today, the research imperative is firmly embedded in the criteria for accreditation and academic promotion across most institutions. However, the attitudes surrounding this mandate remain complex. While faculty generally acknowledge the **theoretical importance** of NER for professional advancement and educational quality, many struggle with the practicalities of execution. The historical context explains why some faculty may harbor skepticism regarding the feasibility of integrating research seamlessly into heavy teaching loads. Overcoming this historical inertia requires not just mandating research but fundamentally reshaping the academic culture to ensure that NER is recognized as a central, integrated function of the faculty role, rather than a burdensome add-on to existing teaching and service responsibilities.

## Positive Perceptions and Recognized Value

A significant proportion of nursing faculty hold positive attitudes toward NER, recognizing its indispensable role in driving pedagogical innovation and ensuring curriculum relevance. Faculty who actively engage in NER often report a heightened sense of professional satisfaction, finding that the research process allows them to critically examine their teaching practices and implement evidence-based improvements. For instance, studies on the effectiveness of high-fidelity simulation or innovative clinical rotation models directly inform curriculum changes, providing tangible proof

that research participation yields immediate, positive outcomes in the learning environment. This direct feedback loop reinforces positive attitudes by demonstrating that research is not abstract, but a practical tool for solving educational challenges and enhancing student success.

The perceived value of NER is also strongly linked to the preparation of future nurses for their professional roles. Faculty recognize that by modeling research utilization and involving students in educational research projects, they instill crucial skills necessary for EBP in clinical settings. Positive attitudes are often highest among faculty who see NER as a mechanism for aligning nursing education with the rapidly evolving demands of the healthcare system, such as integrating technology or addressing complex public health crises. Furthermore, highly positive attitudes are associated with faculty who have strong methodological training and access to collaborative research teams, suggesting that competence and support are key drivers of enthusiasm and engagement.

Institutionally, positive attitudes are reinforced by external validation, particularly through accreditation processes. Agencies like the Commission on Collegiate Nursing Education (CCNE) and the Accreditation Commission for Education in Nursing (ACEN) emphasize the scholarship of teaching and learning as a marker of program quality. When institutions actively reward faculty for NER publications and presentations, it sends a clear message that this type of scholarship is valued and essential. This institutional support transforms the perception of research from a solitary burden into a recognized and rewarded professional activity. Moreover, faculty who publish NER contribute to the prestige of their academic unit, benefiting from increased visibility and opportunities for grant funding, further solidifying positive attitudes toward the research enterprise.

## Major Barriers and Sources of Negative Attitudes

Despite the recognized importance of NER, significant barriers often foster negative or ambivalent attitudes among nursing faculty. The most frequently cited challenge is the **overwhelming workload** associated with teaching, clinical supervision, and service commitments. Faculty often report insufficient protected time dedicated solely to research activities, leading to the perception that research must be conducted during evenings, weekends, or vacations, which quickly breeds resentment and burnout. When research is viewed as a zero-sum competition with teaching responsibilities, faculty prioritize the immediate demands of the classroom, leading to chronic underperformance in scholarship and subsequent negative feelings toward the research mandate.

Another critical source of negative attitudes stems from a perceived lack of research competence and confidence, particularly among faculty whose primary expertise lies in clinical practice. Many educators feel unprepared for the methodological rigor required for high-quality NER, including study design, statistical analysis, and grant writing. This lack of self-efficacy leads to research anxiety and avoidance behavior. Faculty may struggle to translate complex educational

phenomena into measurable research questions or feel isolated without adequate statistical consultation or mentorship. This vulnerability is compounded when institutional expectations for publication remain high, creating an environment where faculty feel set up for failure, directly contributing to negative attitudes about the feasibility of success in research.

Furthermore, resource limitations pose substantial obstacles. NER often struggles to compete for funding against large-scale clinical trials, leading faculty to perceive their research area as undervalued. Specific resource needs include access to specialized software, dedicated research assistants, and institutional review board (IRB) processes tailored to educational methodologies. When faculty face difficulty securing internal or external funding, or when institutional support systems are bureaucratic and unresponsive, the enthusiasm for initiating new projects wanes. The difficulty in finding suitable publication outlets that value the unique contributions of NER, often favoring clinical research journals, also contributes to frustration and negative perceptions regarding the ultimate utility and dissemination of their scholarly work.

### **The Influence of Institutional Culture and Leadership**

Institutional culture, strongly driven by academic leadership, is perhaps the single most potent variable influencing faculty attitudes toward NER. In institutions where the dean and department chairs actively champion educational scholarship--by allocating resources, providing incentives, and demonstrating intellectual curiosity about pedagogical innovations--faculty attitudes are significantly more positive. Conversely, a culture that pays lip service to research while functionally prioritizing high teaching loads and administrative tasks signals that NER is merely a requirement for promotion rather than a core mission component, fostering cynicism and resistance among faculty. Effective leadership must visibly integrate research into the institutional narrative, ensuring that NER is celebrated alongside clinical accomplishments.

The quality and availability of mentorship programs are crucial elements of a supportive culture. Novice researchers, especially those transitioning from clinical roles, require sustained guidance from experienced scholars. A lack of structured, effective mentorship often results in early-career faculty feeling overwhelmed and isolated, leading to premature abandonment of research trajectories and the development of negative attitudes about their ability to succeed in academia. Institutions must invest in formal mentorship structures, ensuring mentors have the time and incentive to guide their mentees through proposal development, data analysis, and manuscript preparation, thereby building research self-efficacy and fostering positive long-term engagement.

Moreover, institutional policies regarding faculty workload and promotion criteria must explicitly and equitably recognize the unique demands of NER. If tenure and promotion guidelines heavily weight external grant funding (which is often harder to secure for education research) or publications in high-impact clinical journals, faculty will naturally gravitate away from educational topics. Leaders

must ensure that mechanisms exist to evaluate the impact of NER--such as curriculum changes implemented based on findings, presentations at educational conferences, or publications in specialized teaching journals--as equally valuable contributions. By adjusting reward structures to align with the scholarly output of educational research, institutions can systematically foster positive attitudes and reduce the perception that NER is a penalized endeavor.

## Strategies for Fostering Positive Engagement

To systematically foster positive attitudes toward NER, a multi-pronged strategy focusing on integration, skill development, and systemic rewards is necessary. One effective strategy involves promoting the **Scholarship of Teaching and Learning (SoTL)**, which encourages faculty to frame their regular teaching activities as systematic inquiries. By integrating research methods into the evaluation of new teaching strategies or curriculum pilots, the research process becomes practical and immediately relevant to the faculty member's primary role, thereby reducing the perception that research is a separate, burdensome activity. This approach helps bridge the gap between teaching and research, making scholarly inquiry a natural extension of pedagogical excellence.

Enhancing research literacy and skills is another essential intervention. Institutions should offer targeted, accessible, and mandatory professional development workshops focusing specifically on the methodologies relevant to educational research, such as qualitative inquiry, mixed methods, survey design, and educational measurement.

**Protected Time:** Offering faculty dedicated research release time, particularly during the initial phases of a project.

**Skill Building:** Providing workshops on statistical software and grant writing tailored to educational grants.

**Collaborative Opportunities:** Facilitating interdisciplinary teams to share expertise and mitigate the burden of sole authorship.

By investing in these training opportunities, faculty competence and confidence increase, directly mitigating research anxiety and transforming negative attitudes rooted in feelings of inadequacy.

Finally, systemic recognition and rewards are critical for sustaining positive attitudes. Institutions must visibly celebrate achievements in NER, perhaps through internal awards for teaching innovation based on research findings, or by highlighting educational publications in annual reports and departmental meetings. Furthermore, adjusting workload models to reflect the time commitment required for high-quality research, rather than treating NER as an extracurricular activity, signals institutional commitment. When faculty see their peers successfully achieving promotion and tenure based on robust educational research portfolios, it validates the effort and encourages others to invest in the research enterprise, creating a virtuous cycle of positive engagement and scholarly output.

## Implications and Future Directions

The attitudes held by current nursing faculty toward NER have profound implications for the future preparedness of the nursing workforce. If faculty approach educational research with skepticism or avoidance, they are less likely to integrate EBP principles into their teaching, resulting in graduates who may lack the critical appraisal skills necessary for modern clinical practice. Conversely, faculty who are enthusiastic about NER serve as powerful role models, instilling in students the value of inquiry, critical thinking, and the necessity of basing professional actions on the best available evidence. Therefore, fostering positive attitudes is not merely an academic concern but a prerequisite for ensuring the quality and safety of patient care delivered by future generations of nurses.

Future research in this area must move beyond descriptive studies of attitude prevalence to focus on the effectiveness of interventions designed to shift negative perceptions. This requires the development and validation of standardized instruments capable of measuring specific components of attitudes toward NER, allowing researchers to track changes over time and compare outcomes across diverse institutional settings. Longitudinal studies are needed to determine the long-term impact of mentorship programs, protected research time, and changes in promotion criteria on faculty engagement and productivity in educational research. Such evidence will provide academic leaders with data-driven strategies for resource allocation and policy development.

In conclusion, the scholarly health of nursing education depends heavily on the collective attitude of its educators. Continuous effort is required to bridge the perceived gap between teaching and research, ensuring that NER is viewed as an integrated, valued, and well-supported component of the academic role. By addressing historical biases, investing in mentorship and skill development, and aligning institutional reward structures, nursing programs can cultivate a vibrant research culture where positive attitudes toward educational inquiry prevail. This commitment guarantees that nursing education remains dynamic, responsive, and ultimately, evidence-driven, benefiting both the profession and the public it serves.