Full-time effort as a Saint Louis University School of Nursing (SON) faculty member is based on a 9-month academic year contract. The annual baseline of faculty workload (understood as 100% of professional effort, 1 FTE) will be 12 workload units of teaching per semester (24 workload units total per year; no more than 6 separate course preparations over two semesters, University Policy on Faculty Workload, 2016, Principle 5b, p. 3), or an equivalent combination of teaching, research, service, health care practice, and other specified activities that are necessary to carry out the mission of the SON. Responsibilities of faculty in each of these areas are described in the Saint Louis University Faculty Manual, pages 22 – 27.

This policy follows the guiding principles and definitions of the University Policy on Faculty Workload, effective March 2016 and the Faculty Manual. In addition, according to the American Association of Colleges of Nursing (AACN), “Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that is 1) significant to the profession, 2) creative, 3) can be documented, 4) can be replicated or elaborated, and 5) can be peer-reviewed through various methods” (AACN, 1999). The four dimensions of scholarship critical to academic work are teaching, discovery, integration, and practice (See example of activities from Boyer’s model in Appendix A).

While each faculty member may not be actively involved in all these areas, the collective participation of the faculty is necessary to assure that the goals of the School are achieved. Because there is evidence that full-time tenured faculty positively affects graduation rates, the SON administrators value tenured faculty and their contribution to our school and to the life of the University. Everyone is encouraged to participate in scholarship activities; however, tenured and tenure-track faculty have the responsibility to consistently endeavor to produce scholarship of the quality and quantity that is not expected from non-tenure track faculty. Workload is described in Table 1 and 2.

### Table 1: Tenure track and tenured faculty workload distribution

<table>
<thead>
<tr>
<th></th>
<th>Year 1-5 on tenure track</th>
<th>Year 6 on tenure track</th>
<th>Tenured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarship of teaching</td>
<td>12</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Scholarship of practice, integration, and discovery</td>
<td>12</td>
<td>9</td>
<td>6</td>
</tr>
</tbody>
</table>

### Table 2: Non-tenure track faculty workload distribution

<table>
<thead>
<tr>
<th>Scholarship of teaching</th>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarship of practice, integration, and discovery</td>
<td>3</td>
</tr>
</tbody>
</table>
The administration and faculty of the School of Nursing constitute a community of scholars. The ultimate responsibility for assuring that the work of the SON is carried out rests with the Dean of the School of Nursing. The assignment of the workload lies within the purview of the Associate Deans of the School of Nursing in collaboration with the faculty to ensure that the work of the SON is accomplished and faculty requirements for the scholarship of teaching, practice, discovery and integration are met. Good faith negotiations between the appropriate Associate Dean, Dean, and the faculty member may result in flexible distribution of workload in order to best meet the needs of the entire SON community (University Policy on Faculty Workload, 2016, p. 4). “Faculty must be evaluated based on the agreed workload distribution. Evaluations should take into account the relative distribution of research, teaching, clinical practice (when applicable), and service” (University Policy on Faculty Workload, 2016, p. 4).

“Any overload beyond the maximum teaching load or its equivalent in teaching, research, and service must be recognized in the form either of additive pay or a subsequent workload reduction” (University Policy on Faculty Workload, 2016, Principle 5e, p. 4). Annually, each faculty member’s workload should be reevaluated, rounded to the nearest whole number, and faculty should be compensated for any unanticipated overload. For faculty on a 9-month academic contract, summer teaching is voluntary and should be compensated with the appropriate pay. In addition, “workload policies must accommodate University policies related to leaves for family or medical issues and approved sabbaticals” (University Policy on Faculty Workload, 2016, principle 4, p 3).

Administrative workload release time is a function of each individual role description and is calculated as a percentage of 1 FTE. Since 24 workload credits is equivalent to 1 FTE, any administrative workload is deducted from the total of 24. The specifics of the remaining workload allocation will be mutually agreed upon to ensure that the work of the SON is accomplished and faculty requirements for the scholarship of teaching, practice, discovery and integration are met.

**SCHOLARSHIP OF TEACHING**

Teaching at the SON has many forms: didactic, clinical and laboratory. Teaching must be constantly refreshed by knowledge gained through research and clinical practice (Boyer, 1990). Therefore, faculty should teach classes competently, preparing adequately for each class and striving constantly to improve their performance in the classroom or in the clinical setting by keeping abreast of new scholarly work and teaching in their field. Faculty should be reasonably available to their students outside class for instruction on matters related to the student’s classwork. This necessitates that teaching comprises a major portion of the faculty role and the workload assignment.

One credit hour of a theory course will equal one workload unit across programs. Didactic teaching and seminar are considered as equal in regards to workload credit.

**Non-Doctoral Level Theory Courses**

**On-Site Theory:** The recommended number of students in a class is 50 or less. For a course with more than 50 students, extra workload unit(s) will be assigned as shown in Table 3. When student numbers in an upper division or graduate level course are at or above 50 in the class, a separate section may be offered.
All faculty assigned to a course will be credited with workload for teaching in that course. Total workload credit for the course will be divided among assigned faculty as appropriate. Coordination workload is only provided to faculty members who are coordinating courses that have multiple instructors. Faculty who share coordination of a course can negotiate how workload is distributed.

Table 3: Workload adjustment for class size for on-site theory courses

<table>
<thead>
<tr>
<th>Number of Students</th>
<th>Additional workload unit for class size</th>
<th>Additional workload units for course coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 50</td>
<td>0</td>
<td>0.25</td>
</tr>
<tr>
<td>51 - 100</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>&gt; 100</td>
<td>1</td>
<td>1.0</td>
</tr>
</tbody>
</table>

**Distance Learning Theory: (defined as courses taught entirely on-line in an asynchronous fashion)**

The recommended number of students is a class of 30 students. When numbers are above 30, a separate section may be offered. Additional workload allotment will be as follows in Table 4.

Table 4: Workload adjustment for class size and course coordination for distance theory courses

<table>
<thead>
<tr>
<th>Number of Students</th>
<th>Additional workload units for class size</th>
<th>Additional workload units for course coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 30</td>
<td>0</td>
<td>0.25</td>
</tr>
<tr>
<td>31-60</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>&gt; 60</td>
<td>1</td>
<td>1.0</td>
</tr>
</tbody>
</table>

**Non-Doctoral Level Clinical/Lab Courses**

Any course that has a clinical or lab component will be designated as a clinical course. The recommended number of students in a class is 40 or less. For a course with more than 40 students, extra workload unit(s) will be assigned as shown in Table 5. When student numbers in an upper division or graduate level course are at or above 40 in the class, a separate section may be offered.

All faculty assigned to a course will be credited with workload for teaching in that course. Total workload credits for the course will be divided among assigned faculty as appropriate. Adjustments in workload for student enrollment and course coordination are illustrated in Table 5.

Each credit hour of clinical instruction with direct faculty supervision will be given 1.5 workload units per clinical group.

For courses with precepted clinical experiences, where faculty supervision is indirect, faculty will receive .75 workload unit for each credit hour of clinical per clinical group.

For courses with a lab component, .75 workload unit will be given per credit hour of laboratory instruction.

**MSN Residency:** Each option coordinator will receive one workload unit for the MSN Residency.
Table 5: Workload adjustments for non-doctoral level clinical/lab courses

<table>
<thead>
<tr>
<th>Number of Students</th>
<th>Additional workload unit for class size</th>
<th>Additional workload unit for Clinical Course Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 40</td>
<td>0</td>
<td>0.75</td>
</tr>
<tr>
<td>41 - 60</td>
<td>0.25</td>
<td>1</td>
</tr>
<tr>
<td>61 - 80</td>
<td>0.75</td>
<td>1.25</td>
</tr>
<tr>
<td>81 - 100</td>
<td>0.75</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Non-Doctoral Level Clinical Group Sizes
Pre-licensure clinical groups should have a maximum of 8 students. Any precepted clinical experience in pre-licensure programs should have a maximum of 10 students per clinical group, when possible.

One workload unit per semester with less than 15 students enrolled for a portfolio. An additional workload unit will be given for 16 – 30 students.

Master’s Level Clinical Courses: AMSN courses with a capstone project or advanced practice MSN clinical courses should have a maximum of 8 (maximum of 6 when possible) students per clinical group.

Doctoral Level Courses
Doctoral courses should have a maximum of 12 students per class whether on-site or distance. For any course with more than 12 students, a second section may be offered and workload adjustment may be made to account for courses with a clinical component (see Table 6).

Table 6: Workload adjustments for doctoral level courses (6000 and 7000 level courses)

<table>
<thead>
<tr>
<th>Number of Students</th>
<th>Additional workload unit for class size</th>
<th>Additional workload unit for Clinical Course Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 12</td>
<td>0</td>
<td>0.75</td>
</tr>
<tr>
<td>13 - 20</td>
<td>0.25</td>
<td>1</td>
</tr>
<tr>
<td>21 - 30</td>
<td>0.5</td>
<td>1.25</td>
</tr>
</tbody>
</table>

DNP Capstone Project: The chair of the capstone project committee will receive 0.5 workload units per student per 1 credit hour. This workload is based on the total number of capstone credit hours in which a student is enrolled each semester. Distribution of the workload units should be negotiated between the associate dean and the capstone chair.

PhD Dissertation: The chair of the dissertation committee will receive 1 workload unit per student per 3 credit hours. This workload is based on the total number of dissertation credit hours per semester. Distribution of the workload units should be negotiated between the associate dean and the dissertation chair.

Student Mentoring and Advising
Faculty are expected to mentor/advise a maximum of 30 students, when possible.
OTHER TEACHING DIRECTIVES

Variable Credit Courses:
Faculty will be allotted 2.5 workload units for a 2-3 variable credit course. If more than 50% of the students enrolled in the course are taking the course for 3 credits, the faculty will be given the full credit for the course.

New Course Development and First Time Teaching a Course:
As a learning community with limited resources, it is expected that continuing faculty, who have previously taught a course, share course materials with new faculty. Workload units of 0.25 per course credit hour divided by the number of faculty members involved in the development or teaching of the course will be given. Credit will be given the first semester the course is implemented.

Independent Study:
The faculty member will receive 0.2 workload units for every 1-2 students for each 1 credit hour course. Faculty teaching 10 or more students will receive full workload unit credit (1-2 students = 0.2, 3-4 students = 0.4, 5-6 students = 0.6, and 7-9 students = 0.8). Independent studies should be offered as the budget allows and as necessary for students to complete the program of study or if the required course to complete the program of study is not offered. Required courses should be assigned prior to agreeing to do independent studies.

Interprofessional Education:

Table 7: Workload units for IPE courses:

| Interprofessional Team Seminar (IPTS) | IPE 1100: 1 workload unit | IPE 3500: 3 workload units | IPE 4200: 3 workload units | IPE 4900: 2 groups = 2 workload units |

SCHOLARSHIP OF PRACTICE

Faculty are expected to stay clinically competent in their areas of expertise, while remembering that the responsibilities of the University are preeminent. Teaching schedules should be arranged to support faculty who practice to maintain certification.

According to Boyer (1990), service falls underneath the scholarship of practice and includes activities related to community service and professional development. Our mission encompasses service to the SON, the University, the community, and the profession. As part of their workload, faculty are expected to be good SON and University citizens who participate in “basic service obligations, such as participating in faculty meetings, academic ceremonies, and convocations” (University Policy on Faculty Workload, 2016, Principle 5b, p. 3).
**SCHOLARSHIP OF INTEGRATION AND DISCOVERY**

The scholarship of discovery and integration is fundamental to Saint Louis University and the School of Nursing mission. A strong program of research is a critical element to support a superior environment for educating the next generation of nurses. Faculty should consistently endeavor to produce an ample quantity and high quality scholarship. This necessitates that the scholarship of discovery and integration comprises a significant portion of the faculty role and the workload assignment (See Tables 1 & 2). Workload must be sufficiently flexible in order to accommodate promotion and tenure guidelines and faculty on sabbatical (University Policy on Faculty Workload, 2016, Principle 4, p. 3).

**WORKLOAD UNIT EQUIVALENCES**

“A workload unit is approximately equivalent to one credit hour spent in scheduled classroom teaching... This includes time spent on research, service, administration, creative production, mentoring, advising and library or clinic activities” (University Policy on Faculty Workload, 2016, p. 1). “The varieties of activities that may appropriately be considered teaching, research or service preclude a university-wide definition of those terms. Accordingly, each of the respective academic units must define the varieties of activities deemed to constitute teaching, research, and service, respectively, and determine general equivalencies across and within these categories (e.g., how much and what kind of research or service will be deemed to be equivalent to teaching a three credit-hour course” (University Policy on Faculty Workload, 2016, Principle 2, p. 2). For the purposes of the SON workload policy, definitions of some, but not all, of the varieties of activities deemed to constitute teaching, research, and service are defined below with each 10% of FTE assigned for research, service, administration, or clinic activities being equivalent to teaching a 3 credit hour course (see Table 8).

<table>
<thead>
<tr>
<th>Category</th>
<th>Workload Unit Equivalences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research and scholarly activity</td>
<td>• Faculty engaged in extraordinary scholarly activity (e.g. PI or co-investigator on a funded grant, participation in a fellowship) can negotiate additional workload allocation.</td>
</tr>
<tr>
<td>Service</td>
<td>• “Full-time faculty members may, and indeed are encouraged to, engage in extramural research, consulting, and scholarly and clinical activity, as long as this activity is proper to their academic and University positions and is of benefit to them, their students, the community, and the University. Such activities must not interfere with the faculty member’s University obligations and expectations. As long as such extramural activities do not, on the average, exceed a total of approximately one day a week during the academic year, the faculty member may accept and retain financial remuneration for them (Saint Louis University Manual, 2008, p.25).</td>
</tr>
<tr>
<td>Administration</td>
<td>• Workload allocation for administrative duties is stated in each individual role description.</td>
</tr>
<tr>
<td>Mentoring and Advising</td>
<td>• No extra allocation.</td>
</tr>
<tr>
<td>Clinical Activities</td>
<td>• Faculty engaged in clinical practice for the University that provides service to the University can negotiate additional workload allocation.</td>
</tr>
</tbody>
</table>
Appendix A

Defining Scholarship for the Discipline of Nursing

Purpose: This document provides standards that clarify and describe a full range of scholarship within the discipline of nursing. In particular, this statement focuses on four aspects of scholarship that are salient to academic nursing—discovery, teaching, applications in clinical practice, and integration of ideas from nursing and other disciplines. These areas support the values of a profession committed to both social relevance and scientific advancement. This document is not intended as prescriptive, or as exclusive of other considerations. It is a descriptive tool, and may be used to guide promotion, tenure, and merit reviews in a way that is appropriate to the profession; expand the scope of recognized scholarly activities; guide individual career planning; and demonstrate the growth of the profession over time. The unique culture and context of each academic institution, and the priorities of each nursing unit, will determine the relevance and value of the proposed standards within its own setting.

BACKGROUND

Colleges and universities across the nation are striving to meet the challenges of rapidly changing educational systems, and are reconsidering the role of the faculty in an increasingly complex learning environment. An important part of that role is the creation of scholarship pertinent to the discipline of the individual faculty member. Many academic disciplines such as history, engineering, social work, psychology, business, education, and many others are in the process of redefining the traditional boundaries of scholarship, and are examining the faculty reward system that perpetuates these boundaries (Diamond & Adam, 1995; Glassick, Huber, & Maeroff, 1997).

Nowhere is this dialogue more pertinent than in nursing, where rigorous scholarly inquiry must be applied in the realities and demands of practice. Nursing faculty, like others whose discipline brings together scientific investigation and application through professional services, often function in a system designed to reward and promote a narrow definition of academic success. Nursing, however, may have priorities for teaching, scholarship, and service that are linked directly to the goals of the profession.

RATIONALE

Boyer (1990) challenged all disciplines to embrace the full scope of academic work, moving beyond an exclusive focus on traditional and narrowly defined research as the only legitimate avenue to further the knowledge of the discipline, and to obtain rewards for professorial performance. He proposed that scholarship involves four areas that are critical to academic work. These are the scholarship of

…discovery, where new and unique knowledge is generated;
…teaching, where the teacher creatively builds bridges between his or her own understanding and the students' learning;
…application, where the emphasis is on the use of new knowledge in solving society's problems; and
…integration, where new relationships among disciplines are discovered.

These four aspects of scholarship are salient to academic nursing, where each specified area supports the values of a profession committed to both social relevance and scientific advancement. This document builds upon the work of Boyer (1990) and Diamond & Adam (1995); the rich history of nursing scholarship (Donaldson & Crowley, 1978; Stevenson, 1988); and statements by members of the profession that clarify the beliefs and values of academic leadership on interdisciplinary collaboration (AACN, 1995), research (AACN, 1998), faculty practice (AACN, 1993), and education (AACN, 1997).

DEFINITION OF SCHOLARSHIP IN NURSING

Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that 1) is significant to the profession, 2) is creative, 3) can be documented, 4) can be replicated or elaborated, and 5) can be peer-reviewed.
through various methods. This definition is applied in the following standards that describe scholarship in nursing.

**STANDARDS**

**Scholarship of Discovery**
The scholarship of discovery is inquiry that produces the disciplinary and professional knowledge that is at the very heart of academic pursuits (Boyer, 1990). Within nursing, the scholarship of discovery reflects the unique perspective of nursing that "takes an expanded view of health by emphasizing health promotion, restoration, and rehabilitation, as well as a commitment to caring and comfort (AACN, 1998, p.1)." The scholarship of discovery takes the form of primary empirical research, historical research, theory development and testing, methodological studies, and philosophical inquiry and analysis. It increasingly is interdisciplinary and collaborative in nature, across professional groups and within nursing itself.

*Primary empirical research* is the systematic collection of data to answer an empirical question or test a hypothesis. A variety of qualitative and quantitative designs is used, including experimental, quasi-experimental, descriptive, exploratory, case studies, and ethnography. Source materials include primary empirical measurements, observations and specimens, databases created for other purposes, and published reports of research.

*Historical research* includes original investigations using manuscripts, documents, oral narrative, and other printed and non-printed materials.

*Theory development* is the process of drawing together scientific and experiential knowledge, assumptions, and principles into a systematic set of statements that have explanatory and predictive power with respect to an area of experience. Scientific theories suggest explanations for phenomena that may be subjected to empirical tests.

*Methodological studies* include the development and testing of new or revised methods of inquiry that have utility in generating knowledge.

*Philosophical inquiry* in nursing is metaphysical, epistemological, and ethical and involves critical reasoning and argument that is systematic, rational, and critical. It seeks to answer questions related to the meaning of health and illness in the context of human life, how we acquire and evaluate knowledge, and the standards of conduct of life. Whether arguments are inductive or deductive in nature, assumptions are thoroughly examined and principles of logical thought and proof are followed.

**EXAMPLES OF DOCUMENTATION OF THE QUALITY OF THE SCHOLARSHIP OF DISCOVERY**

- Peer-reviewed publications of research, theory, or philosophical essays;
- Presentations of research, theory, or philosophical essays;
- Grant awards in support of research or scholarship;
- Mentorship of junior colleagues in research or scholarship;
- State, regional, national, or international recognition as a scholar in an identified area; and
- Positive peer evaluations of the body of work.

**SCHOLARSHIP OF TEACHING**
The scholarship of teaching is inquiry that produces knowledge to support the transfer of the science and art of nursing from the expert to the novice, building bridges between the teacher’s understanding and the student’s learning (Boyer, 1990). This scholarly approach supports the development of educational environments that embrace diverse learning styles, and increasingly, places the focus of education on the learner (Edgerton, 1997). Within nursing, the scholarship of teaching increases the effectiveness of the transfer of discipline-specific knowledge, and adds to deeper understanding of both the discipline and pedagogy. The scholarship of teaching is conducted through application of knowledge of the discipline or specialty area in the teaching-learning process, the development of innovative teaching and evaluation methods, program development, learning outcome evaluation, and professional role modeling.
Knowledge of the discipline or specialty applied in teaching-learning includes innovations that demonstrate the knowledge of the faculty member in relation to teaching (such as authorship of textbooks or other learning aids), technology application, and theory building in the teaching-learning assessment context.

Development of innovative teaching and evaluation methods includes research in teaching strategies, course development and outcome evaluation, curricular and faculty evaluation innovations, research related to the knowledge and pedagogy of nursing, and creation of innovative learning environments that support diverse groups of students.

Program development and learning outcome evaluation includes the development of outcomes assessment programs, accreditation reports, grant proposals for educational programs, disciplinary and interdisciplinary programs, and educational evaluation models.

Professional role modeling includes the mentoring of students and novice faculty, leadership roles in curriculum and instruction, development of programs for lifelong learning, and leadership in shaping educational policy.

EXAMPLES OF DOCUMENTATION OF THE QUALITY OF SCHOLARSHIP OF TEACHING

- Peer-reviewed publications of research related to teaching methodology or learning outcomes, case studies related to teaching-learning, learning theory development, and development or testing of educational models or theories;
- Accreditation or other comprehensive program reports;
- Successful applications of technology to teaching and learning;
- Positive peer assessments of innovations in teaching;
- State, regional, national, or international recognition as a master teacher;
- Published textbooks or other learning aids;
- Grant awards in support of teaching and learning;
- Design of outcome studies or evaluation/assessment programs; and
- Presentations related to teaching and learning.

SCHOLARSHIP OF PRACTICE (APPLICATION)

The scholarship of practice has emerged in nursing as a critical component in the maintenance of clinical competency of faculty in a university setting and the advancement of clinical knowledge in the discipline (Norbeck & Taylor, 1998; Rudy et al., 1995; and Wright, 1993). Practice scholarship encompasses all aspects of the delivery of nursing service where evidence of direct impact in solving health care problems or in defining the health problems of a community is presented. Competence in practice is the method by which knowledge in the profession is both advanced and applied. Practice roles for faculty in health care delivery systems may include direct caregiver, educator, consultant, and administrator (Brown, et al., 1995; Norbeck & Taylor, 1998; Wright, 1993).

Models through which the scholarship of practice may be accomplished are varied (Norbeck & Taylor, 1998). These models may include structural typologies for practice, such as nursing centers, joint appointments with external agencies, and faculty development; faculty role approaches, such as teacher, practitioner, administrator, and consultant; specialty practice arrangements, encompassing all types of clinical expertise in nursing, including community health, primary care, anesthesia services, midwifery services, clinical specialties, and others; and administrative approaches, such as volunteer, collaborative, revenue-generating, and contractual service models. In all models, the focus is on the scholarship generated through practice. Practice is conducted through the application of nursing and related knowledge to the assessment and validation of patient care outcomes, the measurement of quality of life indicators, the development and refinement of practice protocols/strategies, the evaluation of systems of care, and the analysis of innovative health care delivery models.
Components of the scholarship of practice include:

**Development of clinical knowledge**, which entails systematic development and application of theoretical formulations and conduct of clinically applicable research and evaluation studies in clinical areas of expertise;

**Professional development**, which includes self-development to improve competency beyond the basic practice of professional nursing and research in specialty practice arrangements and faculty role concepts (Brown et al., 1995);

**Application of technical or research skills** that promote the testing of clinical knowledge and new practice strategies, evaluation of systems of care, development of quality indicators, the development of innovative health care delivery models, and others; and

**Service**, where scholarship is directly related to the clinical specialty of the faculty member and flows directly from professional activity, includes the mentoring of professional staff and students, leadership roles in developing practice and the public health, the development of practice standards, and the initiation of grant proposals for the creation of delivery system models to improve access to health care (Boyer, 1990).

**EXAMPLES OF DOCUMENTATION OF THE QUALITY OF PRACTICE SCHOLARSHIP**

- Peer-reviewed publications of research, case studies, technical applications, or other practice issues;
- Presentations related to practice;
- Consultation reports;
- Reports compiling and analyzing patient or health services outcomes;
- Products, patents, license copyrights;
- Peer reviews of practice;
- Grant awards in support of practice;
- State, regional, national, or international recognition as a master practitioner;
- Professional certifications, degrees, and other specialty credentials;
- Reports of meta-analyses related to practice problems;
- Reports of clinical demonstration projects; and
- Policy papers related to practice.

**SCHOLARSHIP OF INTEGRATION**

The scholarship of integration refers to writings and other products that use concepts and original works from nursing and other disciplines in creating new patterns, placing knowledge in a larger context, or illuminating the data in a more meaningful way. The scholarship of integration emphasizes the interconnection of ideas, and brings new insight to bear on original concepts and research. Critical analysis and interpretation are two common methodologies, but interdisciplinary work may take place through any medium for scholarship such as those described as discovery, teaching, or practice (Boyer, 1990). Original work in the scholarship of integration takes place at the margins, or interface, between two disciplines. It serves to respond to both intellectual questions and pressing human problems by creating knowledge or combining knowledge in applications that offer new paradigms and insights.

**Integrative scholarship** requires participation from two or more disciplines in inquiry that advances knowledge across a wide range of techniques and methodologies. Works that would be recognized in the scholarship of integration in nursing include interfaces between nursing and a variety of disciplines. Integrative reviews of the literature, analysis of health policy, development of interdisciplinary educational programs and service projects, studies of systems in health care, original interdisciplinary research, and integrative models or paradigms across disciplines are examples of the scholarship of integration.
EXAMPLES OF DOCUMENTATION OF THE QUALITY OF INTEGRATIVE SCHOLARSHIP

- Peer-reviewed publications of research, policy analysis, case studies, integrative reviews of the literature, and others;
- Copyrights, licenses, patents, or products for sale;
- Published books;
- Positive peer evaluations of contributions to integrative scholarship;
- Reports of interdisciplinary programs or service projects;
- Interdisciplinary grant awards;
- Presentations; and
- Policy papers designed to influence organizations or governments.

SUMMARY

While the mission of institutions of higher learning is unique in each setting, the commitment to scholarly approaches to education, practice, and research creates common bonds across the academic nursing community. This document is intended to clarify, extend, and enhance the scholarly work of nursing in academic settings. The application of the standards proposed in this document will differ by institution, yet will provide a framework for the advancement of nursing knowledge that will ultimately improve the health of people.

AACN TASK FORCE ON DEFINING STANDARDS FOR THE SCHOLARSHIP OF NURSING

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References


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