



Shaping Tomorrow: The Call for Nurse Educators

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Nurse educators hold a unique and influential position within health care. We bridge the art of practice with the science of teaching, translating clinical expertise into knowledge, skills, and professional values for future nurses. Whether in the classroom, skills lab, clinical setting, or online environment, each interaction provides students with the tools they need to deliver safe, compassionate, and evidence-based care. As a nurse educator, I am constantly reminded of why this role matters. Each student represents a future filled with potential to heal, to advocate, and to lead. Yet a growing shortage of nurse educators threatens this essential link in the workforce pipeline. If we are to address the nursing shortage, we must begin by strengthening the foundation of nurse education itself.

The shortage of nurse educators is a growing nationwide challenge that directly impacts our capacity to prepare the nursing workforce required to meet rising health care needs (Jaronsinski et al., 2022). Data continues to highlight the widening gap between the demand for nurses and the number of qualified educators available to teach them. In 2023–2024, nursing programs turned away nearly 66,000 qualified applicants due largely to faculty shortages and limited resources (American Association of Colleges of Nursing [AACN], 2024). In October 2023, data from the AACN's Special Survey on Vacant Positions reflected 1,977 full-time faculty openings across 922 nursing programs, with a vacancy rate of 7.8% nationally (AACN, 2024). Without immediate attention, this shortage will continue to fuel the broader nursing workforce crisis.

Becoming a nurse educator is more than accepting a teaching role. It is answering a call to empower the next generation in health care. Educators extend their clinical expertise to influence practice, instill professional values, and inspire lifelong learning. Each day brings opportunities to cultivate critical thinking, model professional behavior, and guide students as they develop confidence and competence. The lasting fulfillment of this work lies in knowing our influence reaches far beyond the learning environment, shaping practice and advancing the profession.

The future of nursing depends on those willing to teach. Exploring teaching opportunities, whether through part-time clinical instruction, academic roles, or advanced preparation in nursing education, is a tangible way to make a difference. By stepping forward now, we ensure tomorrow's workforce is prepared, resilient, and ready to meet the growing health care needs of our communities. Nursing education is more than a profession; it is the heart of nursing's future. ■

Biography

Monique Prosper-Torrence is an RN-to-BSN instructor, teaching courses in health promotion and quality improvement. She holds a Doctor of Nursing Practice and a Master of Public Health, and brings a diverse background in clinical education, community health, and maternal-newborn nursing to her teaching. She helps students apply evidence-based practice to provide high-quality, patient-centered care while supporting the health and well-being of the communities they serve.

References online: myamericannurse.com/?p=426028

What Matters Most to Patients: Nursing Insights from Appreciative Inquiry



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Introduction

Patient experience is a core indicator of healthcare quality and organizational performance; however, improvement efforts often emphasize identifying deficiencies rather than strengthening practices that already work (Wolf et al., 2014). Despite strong

clinical outcomes, inpatient units show variability in experience scores not fully explained by survey data alone. Patients' perceptions of care are shaped not only by clinical results but also by communication, compassion, responsiveness, teamwork, and basic needs such as comfort and dignity. Deficit-focused

approaches may overlook these relational and environmental drivers, limiting sustainable improvement (Luxford et al., 2011). Leveraging effective nursing practices offers an opportunity to enhance the inpatient experience while supporting a patient- and family-centered culture.

Background

Qualitative feedback from patients highlighted the need to better understand what patients value most during hospitalization and how nursing practice influences these experiences. Traditional metrics did not fully capture the drivers of trust, safety, and emotional well-being described by patients. A strength-based methodology was needed to elevate patient and staff voices, examine experiences across units, and identify high-impact practices contributing to meaningful care. Appreciative Inquiry was selected to shift the focus from “fixing problems” to amplifying practices that positively influence patient experience and nursing care delivery (Hung et al., 2018).

Methods

This IRB-approved project served as the Plan phase of a PDSA-informed approach using Appreciative Inquiry to identify strengths prior to implementation. Semi-structured interviews were conducted with 50 patients across two units: a medical and a surgical unit. Interviews focused on moments of excellent care, communication, teamwork, emotional support, and opportunities to enhance the care experience. Interviews were audio-recorded, transcribed, and thematically analyzed. Researchers collaboratively reviewed transcripts to identify recurring themes, which were synthesized into shared leverage points and mapped to nursing practice implications to inform future PDSA cycles.

Results

Six shared leverage points emerged from the interviews. Teamwork was most frequently cited, with 30% (n = 15) describing staff working together as central to feeling safe and supported. Medication communication and explanation of plans of care were highlighted by 26% (n = 13) as improving confidence and understanding. Courtesy, respect, and patient-centered communication were each noted by 22% (n = 11), reinforcing the importance of relational care. Compassionate presence and emotional support were described by 16% (n = 8). Notably, food was mentioned by 20% (n = 10), surpassing concerns about response time and call light use (14%, n = 7), underscoring comfort and dignity as key components of the patient experience.

Discussion

Findings support that relational and environmental factors, rather than clinical outcomes alone, shape the patient experience (Wolf et al., 2014). Everyday nursing practices—compassion, communication, teamwork, and responsiveness—were

foundational to trust and psychological safety. Environmental elements, particularly food and comfort, played a significant role in emotional and physical well-being. These results highlight nursing’s central role in patient-centered care and support strengths-based approaches, such as Appreciative Inquiry, to complement traditional patient experience metrics.

Future Implications

These findings highlight opportunities for nurses to leverage relational and environmental factors to enhance care delivery. Integrating compassionate presence, clear communication, responsiveness, teamwork, and comfort into routine practice can be supported through education and coaching. Nurse leaders can sustain these practices through huddles, bedside rounding, orientation, and competency validation. Planned PDSA cycles will enable teams to test and refine interventions, with evaluation guiding adaptation or expansion.

Conclusion

Using Appreciative Inquiry to center patient voices revealed actionable strengths shaping the inpatient experience. By intentionally leveraging compassion, communication, teamwork, and comfort-related practices, nursing teams can enhance trust, dignity, and emotional well-being while advancing patient-centered care. ■

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References online: myamericannurse.com/?p=426037

