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Nursing Distance Education

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### Abstract

There is a critical nursing shortage compounded by a lack of nursing faculty and student access to nursing educational programs. Distance education programs may assist in alleviating the nursing shortage. The purpose of this paper is to present information about the development, design, implementation, evaluation, competencies, disadvantages, advantages, student perceptions, successful indicators, and leadership styles of nursing distance education programs. The content of this paper will answer three questions: (a) what does the literature report about the design and technological components of nursing distance education programs from the perspective of an administrator? (b) what are the skills and competencies needed for the administration and leadership of nursing distance education? (c) what does the literature report about transformational leadership in nursing?

## Nursing Distance Education

### Introduction

#### Problem Background

The National Sample Survey of Registered Nurses (2000), conducted every 4 years since 1980, reports a critical current and projected nursing shortage. The national supply of full time equivalent registered nurses in 2000 was estimated at 1.89 million, while the demand was estimated at 2 million, a shortage of 110,000 or 6%. Based on current trends related to the supply of registered nurses and their anticipated demand, the shortage is expected to grow slowly until 2010. It is projected by then that the shortage will have reached 12%. By 2015 the shortage, a relatively modest 6% in the year 2000, is projected to quadruple to 20%. The shortage is projected to grow to 29% in 2020 (Department of Health and Human Services, 2000).

Compounding the obvious problems emerging from the nursing shortage are issues related to the demand. There will be a projected 40% increase in demand between 2000 and 2020, compared to a projected 6% growth in supply. Supply is projected to grow steadily at a rate of 1.7% annually, a relatively modest growth rate when compared to the projected 2.3% annual growth in demand. The growth in demand is driven by factors that include an 18% increase in the population, a larger proportion of older adults living longer with chronic illness and medical technological advances. The projected growth in supply is forecasted to peak to 10% by 2011 and then start to decline as the number of nurses leaving the field becomes greater than the number of nurses that enter the field (Department of Health and Human Services, 2002).

Data on the growth in numbers of new registered nurses (RNs) shows that after a steady increase during the first half of the 1990s the number of new RN graduates fell annually in the last

half of the decade. This resulted in 26% fewer RN graduates in 2000 than in 1995. Declines were noted in all degree programs - diploma, associate, baccalaureate and masters. Due to the declines in enrollments over the past 5 years, no increase in the number of graduates is expected to assist the nursing shortage (Department of Human and Health Services, 2002).

The average age for RNs has increased steadily resulting in a greater proportion of nurses approaching retirement age. The majority (52.9%) of the RN population in 1980 was under the age of 40, while in 2000 less than one third was under 40 years of age. The decrease in the number of new young entrants coupled with an accelerating retirement rate for older RNs is projected to result in a national supply of nurses that in 2020 will not only be older, but no larger than the supply projected for 2005. The number of new nurses is projected to be 17% lower in 2020 than was in 2002. In addition, there are currently almost half a million licensed nurses not employed in nursing. The National Sample Survey of Registered Nurses (2000) reported between 1996 and 2000, that the number of licensed RNs not employed in nursing increased from 52,000 to over 490,000 (Department of Human and Health Services, 2000).

Thirty-nine percent of employed registered nurses have earned baccalaureate or master's nursing degrees. There is a projected 2010 vacancy rate of 390,000 registered nurses with baccalaureate or master's nursing degrees, which equates to a need for many well-prepared nursing faculty to teach entering nursing students. Compounding the overall nursing shortage is the increasing deficit of full-time master's and doctorally prepared nursing faculty (American Association of Colleges of Nursing, 2003).

The shortage of nurses requires that nursing schools supply more graduates, however the nursing faculty shortage will limit student enrollments and ultimately decrease the number of graduates. The shortage of nurses will offer current and prospective nurses many professional

nurses choices, which will decrease the number of nurses interested in pursuing an academic career. This contributes to the faculty and general nursing shortage (Hinshaw, 2001).

According to the results of the annual survey released by the American Association of Colleges of Nursing (2003), enrollments in entry level baccalaureate programs in nursing increased by 16.6 percent in fall 2003. Despite this significant gain, more than 11,000 qualified students were declined admission to baccalaureate nursing programs due to the limited numbers of faculty, clinical sites, and classroom space. Berlin and Sechrist (2002) reported that the faculty deficit is contributing to the general nursing shortage because there is an inability to recruit and maintain adequate numbers of qualified faculty, which restricts the number of students admitted to nursing programs.

The American Association of Colleges of Nursing (2000) reported that distance education might assist in countering the nation's nursing shortage by providing nursing education to people who would not have access to the traditional campus because of work, family, or economic issues. According to Williams, Paprock, and Covington (1999) distance learning is defined by the separation of geography and time between the learner and the teacher. Simonson, Smaldion, Albright, and Zvacek (2000) reported that students do not really want to learn at a distance, but are increasingly demanding to be allowed to learn at a distance, because of convenience and personal issues. Distance learning may help relieve the growing shortage of nursing faculty by enabling master's degreed nurses to complete doctoral courses online while remaining in the workforce. The American Association of Colleges of Nursing (1999) stated that the use of distance education may enhance the nursing profession's ability to educate bedside nurses, prepare future nurse educators, and advance nursing science in an era when the number of professional nurses, qualified nursing faculty, and nurse researchers is well below the national need.

The purpose of this paper is to present the development, design, implementation, evaluation, competencies, disadvantages, advantages, student perceptions, successful indicators, and leadership needs of nursing distance education programs, which could potentially decrease the nursing shortage. The general administration, which included the design, implementation and evaluation of nursing distance education programs and specific nursing programs, will be described. Skills and competencies as well as advantages and disadvantages of nursing distance education programs will be presented. Student perceptions and indicators of success with online learning will be explored. Lastly, leadership styles in relation to the nursing profession and nursing distance education will be discussed.

#### Administration of Nursing Distance Education Programs

Williams et al. (1999) asserted that first time distance education instructors believe that distance teaching is completely different from traditional teaching. There are differences based on the technology utilized, but not on program purpose. The area that remains the same in distance learning is the ability to develop good instructional designs, which includes the investment of the administrator and learner and the meaningfulness of the learning experience.

Distance nursing education as well as many other academic programs utilize diverse technologies to connect students and learners who would not otherwise be able to participate in a class or program because of time and space constraints. Because the learner and instructor are separated by time and space, distance administrators need to design distance instruction that supports the learner who must commit to personal responsibilities, while promoting meaningful interactions among the learners and the instructor. The technologies, which vary in complexity and cost, may be printed, audio, video and Web-based. Hybrid technologies are combined to maximize the students' learning experience. Online degree programs are a flexible alternative

for many nurses, whereby they are able to complete undergraduate and graduate degrees from their homes, while they continue to raise their families and work in the community (Billings, 1996).

The American Association of Colleges of Nursing (1999) convened a task force and published a paper on distance technology and nursing education, which outlined the issues that administrators of nursing schools will need to address when developing and designing distance education programs. The task force was enthusiastic and excited about the implications of online learning in relation to nursing shortage needs. The American Association of Colleges of Nursing (1999) reported that financial investment in technology, infrastructure, and faculty development are essential factors for superior nursing distance education programs. Resources, such as available capital, equipment, faculty, instructional design and technology support would need to be evaluated with local businesses and other educational enterprises interested in collaborating with nursing distance educators. Sharing costs with other academic departments would need to be assessed and external grant monies would need to be sought.

Leaders of nursing distance programs need to plan for multi-site communications, whereby coordination of services, upgrading of hardware as well as policies that lower transmission costs within and across state lines are established. Concerns about web-based media in relation to intellectual property, copyrights, and privacy of educational dialogue need to be investigated and clarified. Continuing distance education for nursing faculty is mandatory for the successful design and implementation of nursing distance education programs (American Association of Colleges of Nursing, 1999).

The American Association of Colleges of Nursing (1999) strongly advocates that nursing administrators develop distance education programs from a broad based planning perspective

rather than a short-term advantage for learner recruitment. Faculty and administrators must understand the long-term mission and philosophy of distance education, and be committed to accomplishing well-developed distance educational goals through strategic planning and organization. Formal reward mechanisms are crucial in recognizing and retaining faculty commitment in developing, implementing, and teaching distance educational courses.

Technology-based teaching requires administrator investment and a willing, flexible, creative, and patient faculty. Administrators must support the faculty with resources, recognition, and understanding of workload concerns.

### Nursing Distance Educational Programs

The following are descriptions of specific nursing distance education programs and online courses. A master's nursing distance program with a medical-surgical clinical nurse specialist option was started in 2001 at Texas Christian University. In 1999 eCollege, partnered with Texas Christian University to develop the online nursing graduate program. The faculty agreed that the national standards to be used to guide the development of the program would be the Scope and Standards of Advanced Practice Registered Nursing, the Essentials of Master's Education for Advanced Practice Nursing, and the Statement on Clinical Nurse Specialist Practice and Education. The design of the program included 40 hours of graduate instruction, of which 11 hours were graduate core courses, 9 hours were advanced nursing practice core courses, and 20 hours were graduate nursing courses for the adult medical-surgical clinical nurse specialist. The program required 510 supervised clinical hours (Baldwin & Burns, 2004).

The main server and hardware for the eCollege system was located in Denver, Colorado. Texas Christian University provided an online course development specialist who offered 4 online workshops annually on instructional design and also worked individually with faculty

needing assistance with course development. Texas Christian University funded faculty development through consultation, workshops, conferences, mentoring, guest lecturers, and seminars. E-college also provided a local liaison to provide consultation about the system. Texas Christian University gave faculty members release time the semester prior to teaching the course for course planning and development. In regard to mandated clinicals, Texas Christian University maintained contracts with an extensive network of healthcare facilities in the Dallas-Fort Worth area, and for graduate students who did not live locally, clinical sites were developed near their homes. Texas Christian University created an online preceptor orientation program, and formal and informal evaluation methods, and satisfaction surveys, which were completed by the students and instructors (Baldwin & Burns, 2004).

Some of the barriers that the Texas Christian University nursing administrators experienced while developing and implementing the online graduate medical-surgical clinical nurse specialist program included difficulty engaging other academic departments in the university to offer online courses, and reintroduction of the clinical nurse specialist role to healthcare agencies, because during the downsizing of healthcare organizations in the 1990s, job opportunities for clinical nurse specialists declined. University technology infrastructure, online library access, socialization of students through use of an online teaching assistant, faculty choice to teach online, administrative support for small class sizes, faculty and staff distance education, and a student orientation program were organizational and strategic planning components that created a successful and effective program. The first cohort of 7 students graduated from the program and all 7 students accepted employment positions of their choice (Baldwin & Burns, 2004).

In 1998, the University of Nebraska Medical Center College of Nursing offered a graduate distance learning acute care nurse practitioner program, which addressed issues pertaining to nursing internships and practicums. The clinical synchronous and asynchronous courses were delivered through the Internet. Students were encouraged to participate in clinical practicums in their home communities or at other available sites. The students utilized desktop videoconferencing as a means to receive feedback in the clinical setting. Faculty members were able to evaluate student-patient interaction, performance of physical examinations, interventions and procedures without entering the clinical site. For example, faculty members provided synchronous clinical feedback to the students, when the students connected their stethoscopes to the computer, which allowed the students to record heart sounds and then immediately validate interpretation of the clinical data with their preceptors (Zimmerman, 1999).

In 1994 Duquesne University in Pennsylvania offered an entirely online nursing doctoral program. When the dean of the school of nursing in the mid 1990s expressed her vision for an online doctoral program the faculty responded both positively and negatively. Faculty members and prospective students were fearful that doctoral mentorship would be compromised and that they would feel isolated and disconnected from the program. In response to their concerns the nursing administration required the students and faculty to attend campus meetings annually. Administrative support validated and supported the faculty and students' concerns about professional isolation in the doctoral program (Milstead & Nelson, 1998).

The nursing administration at Duquesne University believed that seasoned and novice faculty members who were willing to learn new skills and exhibited enthusiasm and excitement about distance education should teach the initial online doctoral courses. Faculty characteristics that were instrumental in the success of this new program included flexibility, patience with self

and students, and a warm online persona. The faculty members were expected to be comfortable with basic computer literacy skills, and needed to develop an understanding of the concepts of online, web-based technology. The University's Center for Communication and Technology provided technical and educational support for the faculty. The Center for Communication and Technology believed that the school should plan and design the program at least 1 year in advance of starting the program, and each instructor should plan at least 6 months before the course was scheduled. The success of the program was based on administrative commitment, faculty commitment and willingness, marketing, supportive instructional design, connecting and supporting the students, and continual evaluation of the program (Milstead & Nelson, 1998).

Barker (2002) presented a framework for designing an online nursing course that enabled students to interact and think critically. The framework for her design was based on Knowles' principles for adult learning. The basic tenets of the principles of adult learning are that adults do not generally respond to lecturing, adults bring life experiences to the learning situation, adults learn best when they actively participate in the learning experience, and adults are more motivated to learn when they understand the usefulness of the learning and its application to life situations.

Barker (2002) decided to keep the technology simple, where students and faculty would feel comfortable with the transition from the traditional to the online classroom. She avoided add-ons, plug-ins, and downloading of large files. The course design began with a review of the existing syllabus and organization of the course content into manageable logical modules. Expectations about readings, discussion questions, and assignments were clearly defined. The class discussion or forum promoted student and instructor critical thinking interactions. Asynchronous threaded discussions were designed to foster a sense of community, networking,

and collaborative learning. The students responded in writing where they had to take the time to think about their contribution to the discussion. The threaded discussions ensured that students could not monopolize the conversation, while reluctant participants could have a voice online. The role of the faculty was to encourage interaction. Barker (2002) reported that no longer would the focus be on how the faculty would teach, but rather on how the students would learn through discussion, sharing personal experiences, and understanding the usefulness and relevant application of the learning material.

### Skill and Competencies of Nursing Distance Education

Competency is defined as having sufficient ability or capability. Williams et al. (1999) reported seven core competencies that are critical to educational training and development, which include adult learning and business understanding, organizational behavior understanding, feedback skills, presentation skills, relationship-building skills and writing skills. Training that addresses these competencies fosters proficiency of the teacher and credibility of distance education. When the teachers are well prepared and the programs well developed the consumer will give credence to the viability, utilization, and sustainability of distance education.

How do administrators prepare instructors to be competent distance educators?

According to Williams et al. (1999) administrators extend support to the faculty by encouraging and allotting the time and resources needed for the instructors to prepare themselves and their instructional materials, which in essence prepares the students to excel in the distance education environment. Faculty preparation, organization, and participatory techniques foster administrative and instructor competency.

Williams et al. (1999) believed that it was crucial that instructors develop excellent presentation skills, which utilize the concept of giving and receiving feedback, turning verbal

information into visual communication and organizing information into integrated manageable units with the ultimate goal of application. Presentation skills include verbal and nonverbal delivery cues, and feedback skills include allowing time for learners to embrace the information, understand the limitations of the technology, and assess the comprehension of the material. It would be very advantageous for instructors to attend comprehensive orientations and seminars that provide pertinent information for the design and delivery of distance education.

Ali, Hodson-Carlton, and Ryan (2004) believe that online nursing administrators and instructors must be competent in many roles. The skills and competencies required for nursing administrators to successfully manage distance education programs include the support of the faculty who are the catalysts for student learning, and the support of the learners who ultimately become the catalysts of their own learning. Instructional design and content, policies and procedures, and logistics must be predetermined and managed by the administration in collaboration with the faculty. Administrators of nursing distance education programs that support their faculty with business and organizational understanding, computer literacy, feedback, presentation, writing and relationship building skills foster credible and competent nursing distance education programs.

#### Advantages and Disadvantages of Nursing Distance Education

According to the American Association of Colleges of Nursing (2000) the two basic styles of learning which are synchronous and asynchronous present advantages and disadvantages for nursing distance students. During synchronous technology students learn in real-time through video conferencing or online live chats. Asynchronous technology is where students download prepared materials at their convenience. The choice of learning style is based on what faculty members prefer and the type of students served. Synchronous learning enables

the students to ask questions as the content is being presented. Asynchronous courses allow nurses to arrange their course work around other responsibilities, such as family and work. In addition students that reside in multiple time zones are equally advantaged. Flexibility with asynchronous learning is a key advantage to the student who does not have the ability to access the live or traditional classroom. The student can access the course any time and anywhere from any available computer.

Advantages of nursing distance education include the ability for shy students to be more assertive in the distance educational environment. The learner is able to review his or her comments and edit them before posting to the course room. Students are able to interact with many diverse students from many geographical and cultural locations. Feedback from the instructor and peers is usually much faster and interactive, and the learner has the chance to participate in an innovative educational delivery system. Offering distance education courses can serve as a vehicle for recruitment and retention for schools as well as potentially decrease the general and faculty nursing shortage (Billings, 1996).

Disadvantages of nursing distance education are that it is not for all teachers, students, or instructional activities. Nursing students and faculty need to make careful choices about distance education programs based on their personal needs. Distance education requires the student and the instructor to commit to additional course preparation and role changes. Students and faculty members must be computer literate and must adjust to the lack of face-to face communication and clinical demonstration in the classroom setting. Finally, distance education can be costly based on the management of the program, additional faculty time and technology, and instructional and technology support services (Billings, 1996).

### Nursing Student Perceptions of Online Learning

What are nursing students' perceptions of online learning? Ali et al. (2004) reported that twenty graduate nursing students from a midwestern university participated in a research study about their perceptions of online learning. Data were collected through face-to-face or telephone interviews with 12 students, and 8 computer surveys. The interviews were recorded on audiotape and transcribed verbatim. The four questions that were asked were, how do you learn online, how have your relationships with colleagues and faculty changed, what is working and what is not working in online education, and how can faculty improve online education?

Nursing students learned online through reflection, exploration, introspection, interaction with faculty and other students, sharing information, and group dynamics. Students used critical thinking skills and competition to create challenge. They reported that they learned online by accessing announcements, assignments, discussion boards, chats, quizzes, and Web resources. The students perceived online learning as individually paced, autonomous, engaging, motivating, and competitive (Ali et al., 2004)

Students perceived their relationships with colleagues as ranging from increased socialization to no socialization. Students shared information and supported each other. The online environment provided an opportunity for students to learn about other students' clinical practices and to connect with people globally. They valued each other's contributions and perceived themselves as equals. The students perceived their relationships with faculty from being no different to being more personalized. Some students liked the idea that there was anonymity in the online environment. Some students reported that faculty members were helpful with shy non-verbal students, while others perceived the faculty as lacking personal connection (Ali et al., 2004).

Students reported that the online classroom was flexible, stimulating, convenient, and accessible. Technical problems, difficulty completing group projects, perceived social isolation, and securing an appropriate clinical site were the factors that were not working well. Many of the students felt that timely feedback from the faculty and timely responses to technical problems could ultimately improve the online experience. Students sought increased creative collaborative learning, better developed critical thinking activities, easily locatable resources, clear assignment instructions, standardized progress evaluations, and improved test management (Ali et al., 2004).

#### Indicators of Success in Nursing Distance Education

The Empirical Model of Student Success and Persistence was developed by Powell in 1990 to classify factors that contribute to student retention and success in distance education. The three categories of the model include predisposing characteristics, life changes, and institutional factors. Predisposing characteristics include demographic and personal attributes and life changes are defined as changes or circumstances that interfere with the students' learning goals. Institutional factors pertain to access to technology and all factors that are controlled by the educational institution (Kreideweis, 2005).

Demographic factors, which include age, gender, socioeconomic status, geographic location and educational background, and personal attributes such as self-motivation, organization and the ability to work independently have a significant effect on the success of distance education students. Older students tend to be more successful as well as students with higher socioeconomic status and past higher levels of education. The most significant indicator of distance education success is the student who is highly motivated, organized, and willing to work independently. Students who develop a realistic contingency plan to deal with life changes and stressors have the best chance for success. The dependability of institutional technology,

access to support services, hardware and software requirements, the quality of instruction and effective student-instructor interaction directly affects distance-learning success. The students' perception of institutional factors and their life changes rather than actual factors may be the most significant barometer of their success (Kreideweis, 2005).

So what are the nursing implications for these distance education indicators for success? Nursing students need to be informed and taught to identify personal characteristics that increase or decrease their success in the online learning setting. It would be helpful if the faculty knew the personal characteristics of the students, so they can assist the students in deciding whether to engage in online learning. When students learn to recognize their responses to life stressors and institutional factors they may be better able to cope with such changes. Nursing administration may need to ensure that students receive the necessary orientation modules and tutorials to address the students' technological needs. The institution has an obligation to hire qualified faculty, provide appropriate courses, and ensure that classes are user friendly and readily accessible. The administration has the ongoing responsibility to evaluate and reevaluate the technology, courses, and faculty to make certain that learning opportunities continue to be provided (Kreideweis, 2005).

#### Evaluation of Nursing Distance Education Programs

The School for Nursing and Dental Hygiene at the University of Hawaii conducted a descriptive evaluative case study about the nursing students' perception of an online course entitled Nursing 630- Information Systems in Health Care offered three times between fall 1998 and fall 1999. Forty-four students, who were enrolled in the course, were asked to participate in a virtual classroom survey, which ranked 43 items on a five point likert scale. The 43 items surveyed included demographics, experience with computers, media used in the course,

software, interaction required, course and faculty assessment, and if the students would opt to take another online course (Anders, 2001).

Twenty-seven surveys were returned and 13.8% (n=4) of the population were men. Most of the students had some experience with computers (79.3%, n=23), and were able to use e-mail and search Web sites. Students had less experience with PowerPoint and 48% (n=14) and were not able to send or open an attachment via e-mail. Sixty percent (n=15) preferred having lectures on CD-ROM and eight preferred to view the lectures on video. Twenty-eight percent (n=8) did not want live lectures, while 31% (n=9) were neutral on the question on what method of learning delivery they preferred. Forty-eight percent (n=14) reported that instructor feedback was more personal than in the traditional classroom and 82% (n=23) of the students appreciated the timely instructor feedback and believed the amount of interaction was appropriate. Eighty-seven percent (n=24) of the students rated the course above average in its overall rating and over 85% (n=24) would enroll in another nursing online course. The results of this specific study supported previous findings in nursing literature that students want increased access to faculty and educational resources, prompt instructor feedback, and a quality distance educational experience (Anders, 2001).

### Leadership in Nursing Distance Education

Transformational Leadership constructs were formulated by Burns (1978) and further developed by Bass (1985). Bass (1985) claims that transformational leadership goes beyond the exchange of compensation for performance by intellectually stimulating and inspiring followers to transcend their own self-interests for a greater collective purpose. Transformational leadership involves identification with the leader, sharing a vision, and transcending self-interests for the mission of the organization. The transformational leader motivates followers to go beyond

expectation. Transformational leaders inspire followers to pursue a vision. Transformational leaders motivate followers based on the leader's idealized influence, inspirational motivation, intellectual stimulation and individualized consideration. In contrast transactional leadership is a give and take between leader and follower in order to meet their own self-interests. The leader clarifies to the follower what the follower needs to accomplish in order to be rewarded. This is contingent reward. The transactional leader and follower each receive what they want. The transactional leader satisfies the follower's needs (weekly paycheck), which is contingent on the employee satisfying the transactional leader's work expectations. Transactional leadership is not effective unless augmented by transformational leadership (Bass, 1985).

There is a rapid growing movement throughout the nursing profession to adopt and implement transformational leadership styles formulated by Burns (1978) and developed by Bass (1985) into practice. Barker's (1992) research and the nursing profession's adoption and implementation of transformational leadership styles in clinical and administrative practice are based on the critical nursing shortage in the US. Barker (1992) reported that leadership styles were related to nursing job satisfaction, which has impacted the nursing shortage. The majority of nurses who have left the profession have reported dissatisfaction with the transactional leadership style of their managers. Nursing has traditionally used a transactional leadership style, which may be related to job satisfaction, retention, and recruitment. The utilization of transformational leadership styles in nursing distance education may have a significant impact on the nursing shortage.

The administrator of any distance program should be a catalyst for the instructor, who will ultimately create a transformational learning experience for the learner. According to Cashman (1998) effective leadership is based on the dynamic reconciliation of extremes, which

equates to a balanced whole person. Balance is choosing wisely, being on purpose or aware, resting and reflecting, exercising physically and mentally, simplifying and enjoying life. Leading as a whole person is defined by one's ability to seek the most essential first, approach growth and development as a lifelong process, accept and take total responsibility, value consistency over intensity, set aside doubts and negativity, live what you believe, and build awareness from the inside.

### Reflection and Synthesis

Many of the factors related to designing and implementing a nursing distance education program are similar and comparable to designing most distance education programs. According to Simonson et al. (2000) the administrator of a distance education program needs to insure that the program is structured and organized so that the students have a clear understanding of their responsibilities as distance education learners. Nursing students need to understand the expectations of distance courses, especially with regard to clinical rotations. It is imperative that nursing students comprehend the function of the class, which is ultimately the administrator's responsibility. Simonson et al. reported that the more informed the students were, the more they were apt to be successful.

Simonson et al. (2000) claimed that the administrator should support the instructors in attaining the necessary tools to organize the course, which includes class schedules, groupings for activities, and expectations for interactions. The administrator needs to utilize and adopt aspects of instruction that will foster a learning environment. The manager has a duty to assess the instructor's level of comfort with the design and delivery of the instruction, and provide the necessary training support for the faculty. The administrator is responsible for the architecture

(blue prints) of the program, while the faculty builds a strong viable connection among the learners, which is endorsed and supported by the administrator.

Leadership, organization, and flexibility are key essential factors that are required to create, maintain, and sustain the credibility and validity of any distance education. According to Cashman (1998) administrators and directors of distance education programs need to authentically lead from within utilizing a transformational leadership style. Self-awareness and introspection will promote faculty, student, and societal satisfaction and success. Simonson et al. (2000) reports that the transformational leader (administrator) needs to develop, train, implement, evaluate, and reevaluate a comprehensive well-planned organized instructional package (design) that supports resources, creativity, feedback, and characteristics of the instructors as well as the students. Nursing distance programs need strong visionary leadership, organization, and flexibility so that more nurses will have access to educational careers in nursing and more people in our communities will receive the care they well deserve. Transformational nursing distance education leaders will have the opportunity to protect the viability of a well-respected profession from a national and international nursing shortage, which impacts the health and welfare of many lives locally, regionally, and globally.

The administrator must embrace the unknown in order to gain knowledge and insight for future applications and utilization of distance learning. The innovative visionary administrator must perceive and endorse distance education as a constantly evolving, flexible, transparent vehicle of learning, which will encourage students and faculty to engage in a highly interactive academic and experiential journey. Without leadership (vision), organization, and flexibility (acceptance of change), the software and hardware of any distance education program including

nursing distance programs will be meaningless, pointless, and insignificant (Simonson et al., 2000)

The application of distance education may assist in alleviating the general and academic nursing shortage. The design, organization, and leadership factors of most distance education programs, including nursing require that the administrator create and manage a well- designed and organized academic program that supports the needs of the instructors and students, while leading from the inside out. There are some unique concerns in nursing related to clinical rotations, but by far one of the most important factors of nursing distance education and other academic distance programs is the creation, implementation, evaluation, and administrative support of instructional designs that are meaningful for the students and the faculty.

My reflective journey during this course has provided me with the tools and pathways to practice transformational leadership skills, which will increase my professional and personal effectiveness as a potential nursing distance education administrator. This course has illustrated and demonstrated my critical need to understand, through the lens of a distance administrator the need to focus, develop, and implement comprehensive supportive initiatives that will empower and satisfy the concerns of nursing faculty and nursing learners. The most significant objective that will assist me in resolving daily nursing academic problems is my ability to accept change, be flexible, and attempt to be balanced in understanding that all journeys (including administration of distance education) have meaning and significance. The true meaning within any academic field of distance education, including nursing, will only be apparent when I and many administrators, faculty, and students accept the inevitable that distance education is practical, feasible, and credible.

Transformational leadership influences others through inspirational motivation, individual consideration, and intellectual stimulation, to perform beyond their expectations for the greater good of a collective mission. Transformational leadership encompasses a vision, and my vision is to lead as a nursing educational administrator, who will empower the faculty to transform the learner to empower themselves to learn. After much reflection and introspection during this class, I feel I have strongly engaged in understanding the administration of distance educational programs, and have embraced the leadership qualities that are instrumental in creating, maintaining, and sustaining nursing distance educational programs.

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