Boyver's Multidimensional Nature of Scholarship: A New Framework for Schools of Nursing

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This article compares Boyver’s concept of four dimensions of scholarship with nursing’s traditional definition of scholarship. A case is made that Boyver’s concept is congruent with nursing’s present and future direction of scholarship. An example is given of how one school of nursing has used Boyver’s concept as a framework to develop policies and practices to promote and reward the scholarship of discovery, integration, application, and teaching. (Index words: Boyver; integration; Practice; Teaching; Research; Scholarship) J Prof Nurs 12:268-276, 1996. Copyright © 1996 by W.B. Saunders Company

The purpose of this article is to compare the traditional view of nursing scholarship with Boyver’s reconsideration of scholarship. An example will be given of how one university and school of nursing has used Boyver’s work as a framework for restructuring various elements within the university and school.

In the 1990 publication, Scholarship Reconsidered: Priorities of the Professoriate, Boyver urged educators to enlarge the restricted view of scholarship as only research and publication, pointing out that in earlier times scholarship referred to “a variety of creative work carried on in a variety of places, and its integrity was measured by the ability to think, communicate, and learn” (p. 15). He proposed four dimensions of scholarship: discovery, integration, application, and teaching. In October 1994, the Carnegie Foundation reported that there have been 30 reviews of the book Scholarship Reconsidered in media across the nation (J. Natrielo, personal communication, October 10, 1994). Another book authored by Boyver and others, which deals with practical approaches to assessing the four types of scholarship, is in process.

Nursing and Scholarship

The way that the word and concept of “scholarship” is used in nursing reflects ambiguity and inconsistency. For the most part scholarship is considered unidimensional. For example, in the literature we find the following phrases: “teaching, service, and scholarship” (Freund, 1990), “faculty scholarly productivity” (Barhyte & Redman, 1993; Wakefield-Fisher, 1987), which is broadly defined by Felton (1985) as output in research and publications; “research and scholarship” (Collins, 1993); and “clinical scholarship” (Magyary, Brandt, Fleming, Kieckhefer, & Padgett, 1993; Palmer, 1986; Schlotfeldt, 1992). However, we have never heard “research scholar.” We had the Robert Wood Johnson clinical nurse scholar and mourned the day of its disappearance (Roncoli, 1988), but we have never had something called a “research scholar.”

“Scholarship” is also elusive, like “quality”; it is known when seen, but it is hard to define. Only a scholar can recognize scholarship. It is associated with high standards of excellence, rigorous science, and attention to detail as well as thoroughness and comprehensiveness. Meleis (1992) described a scholar as “a thinker, one who conceptualizes the questions as well as pursues the answers” (p. 328). Other attributes include flexibility, integrity, and a passion for excellence. She says the scholar sees the whole and how

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The questions fit within the larger view, including history and the projected future direction of this life-long commitment. Lindeman, in 1981 in AACN's Executive Series 1: "Have You Ever Thought of Being a Dean?" wrote that a scholar is a person who has intensive knowledge in a given field and is pushing the boundaries of that knowledge in new directions" (p. 57). Eleven years later, Lindeman (1992) noted that scholars engage in original thought and help others see the world in newly configured relationships; they do not just paraphrase current knowledge.

Felton (1985) stated that most deans have the "properties of a scholar (high intellectual ability, persistence, independence, integrity, and self-discipline). Lindeman (1981) described the antithesis, "a dean who operates primarily by intuition, on a day-by-day basis, or without an adequate analysis of past, current, or future issues and trends is apt to be perceived as functioning in a manner less than scholarly" (p. 59). MacPhail (1981) described three types of deans: (1) the dean who is a scholar, (2) the dean who sees his or her role as creating a climate to nurture and support the scholarly productivity of faculty, and (3) the dean who sees scholarship as a low priority or unreasonable expectation.

Nurses have also sought this elusive holy grail by studying its correlation with a myriad of variables, including organizational structure (Kohlenberg, 1992), the environment, the type of doctorate faculty members have (Stevenson, 1990), faculty work load (Freund, Ulin, & Pierce-Foley, 1990), the dean's leadership style (Wakefield-Fisher, 1987), the size of the department (Hare & Wyatt, 1988), gender of the faculty, (Barhyte & Redman, 1993; Wakefield-Fisher, 1987), and mentorship. (Fitzpatrick and Abraham, 1987; May, Meleis, & Winstead-Fry, 1982). Interestingly, there is little about rewards, as in financial rewards, and little in the way of recognition rewards, although the importance of resources for travel publications is mentioned (Meisenhelder, 1994).

Even though the nursing literature lacks clarity about the term "scholarship," and even though no one has yet found the right combination of factors to guarantee scholarship, the discipline of nursing and its scholarship direction is congruent with Boyer's call for reconsideration. Certainly, scholars in each of the four dimensions are needed for the present and future.

THE SCHOLARSHIP OF DISCOVERY

First of all, for the past two decades nurses have put intensive efforts into the scholarship of discovery, including success at establishing a National Institute of Nursing Research with a national nursing agenda. Every nursing student at the baccalaureate, master's, and doctoral level is well versed in the importance of research-based practice, the structure and process of continuing to discover new knowledge for the discipline. Nursing faculty meet the same rigorous standards of any researcher through university review committees and the same university standards for promotion and tenure. Nurses can be proud of their achievements in a relatively short period, but of course they must continue with equal zeal. For the 21st century, scholars are needed to explore new frontiers of knowledge.

THE SCHOLARSHIP OF INTEGRATION

There is also congruence between nursing's history and future directions and Boyer's (1990) second concept of the scholarship of integration. Nursing is well known for its synthesis of various kinds of sciences and knowledge as well as across disciplinary boundaries. In patient care, this integration helps guard against fragmentation of care from specialists and subspecialists. The very nature of nursing is holistic and thus multidisciplinary. An excellent example of integration in nursing scholarship is Benoliel's (1989, pp. 29-30) journey. She says,

...I had come to recognize the value of being able to see death as a phenomenon that could be studied and understood from a variety of perspectives—philosophical, social, cultural, institutional, familial, and personal. ... What also became clear was that being able to understand death within the frameworks of these different perspectives increased the options for nurses who were interested in developing and offering caregiving services to people in various life-threatening situations. ... Over the years I had come to believe that unresolved loss could serve as a major obstacle in the process of human development and that many people in the world were living limited lives because of the burden of unresolved losses. ... I have come to appreciate the importance of healing environments when individuals are struggling to come to terms with the unfinished business associated with significant losses and traumatic incidents involving death.
She goes on to describe her research with women after mastectomy, students reporting traumatic incidents, and young people living with the uncertainties of life-threatening diseases. Her collaborative research resulted in instruments to measure symptom distress and enforced social dependency. In later research with patients with heart disease or cancer, they "provided challenging opportunities to integrate ideas and procedures from several domains of knowledge..." (pp. 30-31). Furthermore, she describes two personal events, one of a friend's Alzheimer's disease being diagnosed and when she herself was afflicted with progressive arthritis of the hips, which "taught me much about pain and suffering and about the inability of many people to relate at the human-to-human level with those who are physically disabled. Both events added to my understanding of the meaning of human vulnerability and existential aloneness" (p. 31). It would seem that this entire career progression illustrates integration as scholarship.

APPLICATION

Boyce's (1990) third concept of application is congruent with nurses' scholarship in practice. Indeed, nursing ties its scholarship of discovery to practice. Hinshaw (1989) stated that "the ultimate purpose of the process is to provide guidance for nursing care and the promotion of improvement of the health of the public" (p. 162). More recently, there is attention to "clinical scholarship" (Diers, 1988; Fawcett & Carino, 1989; Kelley, 1994; Magyary et al., 1993; Palmer, 1986; Schlotfeldt, 1992). Scholarship in faculty practice (Wright, 1993) may be used for academic advancement.

Palmer (1986), a great Nightingale historian, described clinical scholarship as "knowledge and learning derived from analytic observations of clients and patients" (p. 318). Diers' (1988) definition was simply "the study of the nature and effect of nursing" (p. 2), and, furthermore, she stated that clinical scholars could be spotted in a half-hour-long conversation because they talk dramatically about their clinical work. They add to the conversation (p. 2)

... ideas, theories, explanations, historical trends, data or philosophy stimulated by the work. It is as if clinical scholars have heads full of data files, linked and cross-referenced, immediately accessed... The computer analogy does not convey the creativity of the process one hears from clinical scholars, however, nor the gift for making unseen connections between things or ideas, mental leaps, intuitive lunges.

Schlotfeldt (1992) stated that it is clinical scholars who will advance nursing knowledge and ensure nursing's essential services to humankind. With the continued and renewed emphasis on standards for practice and the need for documentation of outcomes, clinical scholarship will continue to be highly visible. Furthermore, with the need for expansion of advanced practice nurses, clinical scholars are needed to conceptualize and reconceptualize scientific thought and relate that information to clinical observations and practice (Kelley, 1994). Lindeman (1992) pointed out that it seems bizarre that in promoting the narrow view of scholarship as only research, academics forgot one essential component of scholarship, ie, its relevance to society.

A paradigm shift is underway that will fundamentally change the value of practice or service: the need for universities and especially health sciences universities to meet the health needs of their community. "Partner" is what every university wants to be. Wright (1993) predicted that "the highest criterion in the new order (will be) service," (not research, teaching, and service). This includes patient care. She identified several scholarly clinical practice activities that may be used toward promotion, such as developing new models for delivering nursing service, demonstration projects, design and implementation of educational offerings to staff, acting as mentors for students, and consulting with clinical agencies. Sites might include school-run clinics, school-operated day-care centers, and private and/or group practices. The American Academy of Nursing and Sigma Theta Tau already recognize clinical scholars.

THE SCHOLARSHIP OF TEACHING

Tanner (1991) stated that we all know colleagues who are teachers-as-scholars (again, this is the "you'll know it when you see it" phenomenon.) They are active inquirers; they continue to learn from their students; and they welcome evaluation that helps them improve. MacPhail (1981) described a typology of scholarly approaches to teaching and its opposite, which she called a "prescriptive" approach. A prescriptive approach is following orders, dependence on rules and regulations, failure to question, tendency to generalize, drawing conclusions based on inadequate data, and failure to use research findings as a basis for practice. Shoffner, Davis, and Bowen (1994) agree that former definitions of scholarship have been too narrow, especially for professional practice disciplines. As we move toward distance learning, perhaps one day...
we will need to identify who is the best and most scholarly teacher in a given subject in a given area and "send" that faculty member electronically to teach the larger body of students across the nation. There is certainly opportunity for creative scholarly teaching in clinical situations with students. Teaching scholars inspire students to become lifelong learners.

**Boyer's Concept Put Into Action**

**THE UNIVERSITY OF TEXAS—HOUSTON HEALTH SCIENCE CENTER STORY**

The University of Texas-Houston Health Science Center has restructured and redefined itself in recent years to meet economic and societal challenges. We developed a new mission statement that espoused our vision of being the model health sciences university for the 21st century, with the by-line of "Leadership for the Health Challenges of Tomorrow." Copies of Boyer's *Scholarship Reconsidered: Priorities of the Professoriate* (1990) were distributed to all the deans, and Boyer was invited to our campus to address the faculty as well as to dialogue with us in small group sessions. Subsequently, we agreed that we valued all four dimensions of scholarship but that there were also universal or essential characteristics of a scholar, ie, a scholar must have the skills to conduct original research although he or she may be focusing on another dimension of scholarship at present. We embraced the expanded view of scholarship, and the health science center developed a statement to declare our stance on support for all four dimensions of scholarship. Each school was then challenged to respond.

In the School of Nursing, we appointed a task force to develop our own statement of scholarship (Brown *et al.*, 1993). The target audience for this document was our university colleagues, ie, we wanted other disciplines to understand what nursing research is, what scholarship in clinical practice meant, etc. We described integration as being a part of nursing's tradition of making connections across disciplines. The Center On Aging, administered by the School of Nursing but interdisciplinary in operation, typifies this area of scholarship because knowledge from a variety of fields is woven together to develop new approaches to health care for the elderly.

In the area of application scholarship, we distinguished citizenship (everything one does in practice) from scholarship (those activities that flow from one's field of knowledge and expertise). We described the attributes of scholars in advanced practice nursing who synthesize research, identify and communicate gaps in the knowledge base, and develop new models of care delivery. Clinical scholars of the future will help develop standards of practice and engage in outcomes research.

Scholarly teaching includes both the student-teacher interface as well as the development of curricula and design of teaching methodology. Planning new programs to meet emerging needs and acquiring peer validation of its worth by attaining extramural funds is considered a creative activity. We also examined the baccalaureate and master's curricula for the four dimensions of scholarship. We developed a matrix of what outcomes we expect at each level for scholarship in each of the four dimensions (Table 1).

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**...a scholar must have the skills to conduct original research although he or she may be focusing on another dimension of scholarship at present.**

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Our first undertaking was the policies relating to criteria and procedures for appointment, promotion, and tenure. We have two pathways: tenure and nontenure. There are two nontenure tracks: clinical and research. Titles are different according to track, but scholarship is expected in each track. We then developed three sets of policies related to work load for teaching, practice, and research (See Table 2). These policies facilitate all four dimensions of scholarship.

Regarding work load, we believe that every faculty member should participate at some level in teaching. This varies from a full-time load, including undergraduate teaching, to a light load of only having one or two graduate students involved in a faculty member's clinical practice and/or research. We developed a policy whereby a faculty member could request time to concentrate on research, eg, a faculty member can request to spend 50 per cent time in research, developing a proposal, etc. Definite goals are set, and expected outcomes are specified. The time can be renewed each semester, but this is not automatic. We also developed a policy related to faculty practice, which we call "faculty consultation." Our belief is that the primary purpose of faculty practice is to make a positive impact on patient care and only secondarily to
TABLE 1. Scholarship Outcomes Expected of Graduates by Educational Level

<table>
<thead>
<tr>
<th>Baccalaureate</th>
<th>Master's</th>
<th>Doctoral</th>
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</thead>
<tbody>
<tr>
<td><strong>Teaching</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient education</td>
<td>Teach undergraduate students</td>
<td>Teach baccalaureate, master's, and doctoral students</td>
</tr>
<tr>
<td>Wellness maintenance</td>
<td>Individualize teaching style</td>
<td>Create environment that facilitates learning</td>
</tr>
<tr>
<td>Life-style changes</td>
<td>Evaluate the learner</td>
<td>Evaluate teaching resources</td>
</tr>
<tr>
<td>Lifelong learner</td>
<td>Prepare learning materials and teach patients &amp; families</td>
<td>Develop curricula</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mentor</td>
</tr>
<tr>
<td><strong>Discovery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critique &amp; utilize research</td>
<td>Identify aggregate clinical problems</td>
<td>Serve as PI, ie, conceptualize, plan, &amp; implement research studies</td>
</tr>
<tr>
<td>Use critical paths</td>
<td>Serve on research team as data gatherers, etc</td>
<td>Evaluate peers</td>
</tr>
<tr>
<td>Use clinical guidelines</td>
<td>Identify patient problems</td>
<td>Mentor</td>
</tr>
<tr>
<td><strong>Application</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td>Change (improve) practice</td>
<td>Solve problems of society</td>
</tr>
<tr>
<td>Intervention &amp; evaluation</td>
<td>Solve system problems of care delivery</td>
<td>Create new approaches to care</td>
</tr>
<tr>
<td>Commitment to underserved</td>
<td>Demonstrate critical judgements</td>
<td>Develop tools to evaluate care</td>
</tr>
<tr>
<td>Clinical area</td>
<td></td>
<td>Mentor other levels of clinicians</td>
</tr>
<tr>
<td><strong>Integration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systems planning</td>
<td>Use knowledge from multiple disciplines to solve problems</td>
<td>Develop &amp; use theoretical/conceptual models to develop new insights &amp; new paradigms</td>
</tr>
<tr>
<td>Teamwork</td>
<td>Understand organizational dynamics of caregiving</td>
<td>Mentor younger scientists</td>
</tr>
<tr>
<td>Synthesize knowledge from various disciplines in giving holistic care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abbreviation: PI, principal investigator.

keep up faculty clinical skills, be a role model for students, etc. There are two ways a practice may originate: (1) a faculty member desires to practice and locates a practice site; or (2) a clinical agency would approach School of Nursing administration and express a need for a certain type of service. Administration then contacts a faculty member to determine interest. Next we execute a simple contract whereby the School of Nursing agrees to furnish the agency certain clinical services. The contract is between the agency and the school, not the individual faculty member. The school then assigns the faculty member to provide the services. The faculty member remains a full-time faculty member of the school, with all salary and benefits coming from the school budget. The school’s charges are based on full recovery of all direct and indirect costs. This usually comes out to about 150 per cent of the faculty member’s base salary. It then covers salary, fringe benefits, and operating costs. Currently, 20 faculty members, or approximately one third of the total faculty, are some percentage of time assigned to clinical practice on a contractual basis. These contracts bring more than $500,000 per year into the school budget. We have a formula for how the money is used. The first 50 per cent goes to replace that faculty member’s teaching assignment. The department chair may hire a part-time person, or they could pool the money from several practices and hire a full-time person. The remaining money is split as follows: faculty member, 20 per cent; department, 20 per cent; dean’s office, 10 per cent. The faculty member can use the money as follows: salary supplement, up to 40 per cent of base salary; capital equipment, such as computers, etc; graduate teaching assistant or research assistant; travel; other (membership in professional association, journal subscriptions, etc). The department uses its money for whatever it needs. Often other faculty not practicing perceive that they have to do more of the committee work, etc. Thus, chairs have used the money to provide more travel funds to nonpracticing faculty to reward them in some way.

TABLE 2. Policies Related to Teaching, Practice, and Research

<table>
<thead>
<tr>
<th>Faculty work load defines teaching assignment</th>
<th>TLCs calculated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on student contact time</td>
<td>Credit for expanded class size or course coordination</td>
</tr>
<tr>
<td>Range of 9 to 12 TLCs per semester</td>
<td>Faculty consultation policy defines practice assignment</td>
</tr>
<tr>
<td>Based on level of education &amp; expertise</td>
<td>Recovers all direct and indirect costs</td>
</tr>
<tr>
<td>Executed by school-agency contract</td>
<td>Revenues dispersed per formula</td>
</tr>
<tr>
<td>50% Replacement</td>
<td>20% Faculty</td>
</tr>
<tr>
<td>20% Department/center</td>
<td>10% Dean’s office</td>
</tr>
<tr>
<td>Concentration in research policy defines research assignment</td>
<td>Written plan and goals</td>
</tr>
<tr>
<td>Written plan and goals</td>
<td>Assignments for specified time period</td>
</tr>
<tr>
<td>Renewable based on evaluation of outcomes</td>
<td>New or existing faculty</td>
</tr>
<tr>
<td>Up to 1 year</td>
<td></td>
</tr>
</tbody>
</table>

Abbreviation: TLC, teaching load credit.
Directions: Each faculty member is required to complete a Personal Performance Plan (PPP) annually. This form is for self evaluation. This plan is the basis for evaluation and is an important piece of data in decisions regarding merit raises and other supplements/benefits. Column "a." is for goals and is to be completed by October 1 of each year. Column "b." is for evaluation of goal achievement and is to be completed by August 1 each year. After column "a." is completed each faculty member should make an appointment with his/her department chair to discuss and agree on the plan. Feedback will be given at the evaluation conference with the department chair. The department chair will use the PPP as the self evaluation component of the total evaluation.

Name: ___________________________ Date: ___________________________ For the Year: ___________________________

1. Areas of mission focus (check all that apply).
   - Teaching
   - Research
   - Patient Care
   - Community Service
   - Personal Development
   - Institutional Development

<table>
<thead>
<tr>
<th>GOALS</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. List goals in area checked above. State goals in terms of expected outcomes.</td>
<td>2b. Evaluation of goal achievement. (Attach a copy of Faculty Activity Report due August 1).</td>
</tr>
<tr>
<td>3a. Identify your area of scholarship (content area).</td>
<td>3b. List achievements/advances in area of scholarship.</td>
</tr>
<tr>
<td>4a. State how you plan to:</td>
<td>4b. State how you:</td>
</tr>
<tr>
<td>- Contribute to the vision of the institution becoming the Model Health Sciences University for the 21st Century.</td>
<td>- Contributed to the vision.</td>
</tr>
<tr>
<td>- Actualize the values of humanism, altruism, collegiality, and holism.</td>
<td>- Actualized the values.</td>
</tr>
</tbody>
</table>

Comments: ____________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

Faculty Signature: ___________________________ Date: ___________________________
Department Chair Signature: ___________________________ Date: ___________________________
Next in our Boyer project, we looked at how faculty set goals and plans for the year and how faculty are evaluated. We revised our Personal Performance Plan, and faculty are asked to select which area of scholarship they plan to strive for in a given year. The plan and the faculty work load assignment is negotiated with the department chair and serves as a guide for the upcoming year. At the end of the year, on the same form, the faculty member records accomplishments, which then serve as the basis for the annual evaluation conference and also as the baseline for next year's planning (Fig 1). A new reward system was developed, called the Faculty Incentive Plan (FIP). This system provides financial incentives up to 40 per cent of base salary for achievements in designated areas of scholarship. An example is given in Fig 2 of a faculty member whose base salary is $60,000/yr. If this faculty member has a grant award, which releases 30 per cent of his or her salary, then $18,000 becomes available for redistribution according to the FIP. First, monies are used to replace the faculty member's teaching assignment (50 per cent); the remaining funds are allocated as such: 20 per cent to the faculty investigator, 20 per cent of the faculty investigator's department or center, and 10 per cent to administration. The faculty investigator may use his or her share for salary augmentation, travel, or other support. If salary augmentation is chosen, the faculty member could theoretically receive up to 40 per cent of base salary (Fig 2).

A unique project of which we are proud is our nurse-managed clinic. It is 3 years old, and last year it brought in revenues of $600,000. A physician from the School of Public Health, who is an occupational health specialist works, is with us 10 per cent time. We have eight examining rooms; faculty are the caregivers, and students from nursing, medicine, and public health rotate through the clinic. Most of our business is from contracts. For example, we contract with a soft drink bottling company, a city agency, and a major hotel. We provide employment physicals and worker's compensation care to employees. Our charges are competitive, below the community rates, and our service is superb. Two years ago we became the providers of the student and employee health services

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**Dr. S.M. receives funding for a research project with 30% salary support as Principal Investigator for Year 1. Based on the incentive guidelines, the funds released from state/other sources are allocated for Year 1 according to the following:**

1. **Project Information**
   a. Base salary for Dr. S.M. for Year 1 $60,000
   b. Funds released = 30% salary support received from funding agency (Fringe Benefits not included) $18,000

2. **Replacement Costs**
   a. 50% of salary support allocated for faculty replacement costs $9,000

3. **Distribution of Remaining Funds**
   a. 20% of salary support allocated to faculty investigator $3,600
   b. 20% of salary support allocated to Department/Center $3,600
   c. 10% of salary support allocated to the SON/Center for Nursing Research $1,800

Based on this example, a faculty member would be eligible to receive $3,600 as a direct compensation payment award (including employer-paid costs such as matching FICA withholding) or for operating expenditures.

*Figure 2.* Sample calculation for extramural funds (operating procedures = faculty incentive plan).
for the university, previously provided by a medical school clinic. In the first year we decreased expenses almost 50 per cent, increased the number of patient visits, and greatly increased the satisfaction rate. We have a computerized information system for ambulatory care that allows us to enter and retrieve patient data in the examining room, schedule appointments, and bill patients, and it will allow us to collect clinical and costs data for research. A recent qualitative study of the clinic documented a high level of patient and staff satisfaction.

... faculty are asked to select which area of scholarship they plan to strive for in a given year.

Another success story involves the famous Texas Medical Center (TMC), known to be the largest of its kind in the world and comprising 41 health and educational institutions. In the past, when an employee was injured, they had no recourse but to go to one of the large hospital emergency rooms where they waited many hours, were treated, and received a large bill. Our clinic negotiated to become the worker's compensation provider, and in the first year we cut costs 33⅓ per cent, and workers were back on the job in less than 1 hour. The President of TMC, who has long been a supporter of our nursing clinic, approached us with the idea of us setting up a primary managed care model for all the TMC employees and their families, an ideal research population of 800 ethnically and socioeconomically diverse persons. He offered to build a clinic and underwrite all costs. The TMC is self-insured and therefore third-party reimbursement is not an issue. As part of this project we will conduct an outcomes research project. These projects will promote scholarship for faculty and students.

In summary, Boyer's concept of scholarship reconsidered broadens the traditional view of scholarship into four dimensions. The profession of nursing has long valued these dimensions in its research, teaching, and clinical practice, and, furthermore, epitomizes integration. It is time that we envision scholarship as broader than research and publications and encourage schools to produce a balance of scholarship. This action will stop the effort to have all faculty cut from the same mold. Rather, to achieve this balance within a school, faculty must be encouraged to each do what he or she does best. Schools must establish policies and incentives to match these goals. The outcome from the mosaic of talent should be scholarship in all of the areas of discovery, integration, application, and teaching.

References


