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Why do I teach? A glimpse into teacher motivation

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Abstract

In our study we wanted to explore responses to teaching motivation statements by sessional and tenured faculty across a health science school. Educators (n = 235) evaluated six “I teach because” statements and an optional open-ended question (n = 46). Impacting students in the next generation, believing their content was important, enjoyment, and teaching as a duty were highly rated motivations on the part of both sessional and tenured faculty. Sessional faculty were more likely to be motivated by former teachers and beliefs that teaching helps them keep current with knowledge than tenured faculty, although the differences were not significant. The open-ended question provided the additional aspect of being pressured to teach, especially on the part of sessional faculty. Examining differences and similarities regarding teaching motivation statements can help guide future-ready faculty development for all types of teachers.

1 Introduction

As faculty developers attempt to engage faculty in faculty development (FD), they need to consider the reasons why educators teach. Authors of the Best Evidence Medical Education Guide on FD initiatives in the health sciences state that “the majority of (FD) interventions emphasized skill acquisition, often ignoring faculty members’ motivations for teaching, values, and professional identities” (Steinert, Mann, Anderson et al., 2016, p. 78). In FD, reinforcing the reasons that motivate educators to teach may engage educators more and enhance the effectiveness of the medical teaching workforce (Dahlstrom, Dorai-Raj, McGill et al., 2005).

Most of the literature examining the reasons why educators teach has been qualitative, with small numbers of educators discussing the question. Common motivations mentioned for teaching from this literature include duty, enjoyment, altruism, development of personal skills, sharing knowledge, and inspiration from former teachers (Dahlstrom, Dorai-Raj, McGill et al., 2005; Dybowski & Harendza, 2014; May, Mand, Biert et al., 2012; Steinert & Macdonald, 2015). Another motivation to teach mentioned from self-determination theory (SDT) is the teacher’s perceived importance of the course content (Dybowski & Harendza, 2014). However, no research could be found that examined which motivations were more common in larger populations and also whether these motivations were the same for tenured faculty (TF) and sessional faculty (SF: aka adjunct, casual, part-time, contingent, non-tenured).

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The aim of this study was to examine responses to “I teach because...” statements across a health science school to see if there was agreement with smaller qualitative studies, quantify the reasons to indicate which were more common, and also to compare responses between SF and TF to determine if there were differences that might influence the future of FD.

2 Methods

2.1 Population, ethics and survey development

We collected email addresses for both TF (n = 212) and SF (n = 651) at the School of Health Sciences in 2016-17. The Bioethics committee of Iceland determined there was no need for ethical approval for the project. We announced the project to the Icelandic National Data Protection Authority, who publicized the project as per Icelandic regulations. We developed an online survey that included six common motivations to teach that were mentioned by participants in qualitative studies (Dahlstrom, Dorai-Raj, McGill et al., 2005; Dybowski & Harendza, 2014; May, Mand, Biert et al., 2012; Steinert & Macdonald, 2015). (Statements are included in Results, Section 3.2.) These reasons were evaluated using a 6-point Likert scale of agreement (“strongly disagree”, “disagree”, “somewhat disagree”, “somewhat agree”, “agree”, “strongly agree”). In addition, an open-ended question, “I teach because...” was included as an option if educators wanted to add additional reasons as to why they taught. We collected demographic information, including teacher type (SF or TF) at the end of the survey.

2.2 Survey analysis

Responses to “I teach because” statements were only included if the educator indicated whether they were either a TF or SF. We utilized frequency analysis with one-sided Fisher’s Exact on the six statements and utilized a p value of < .05. To avoid cells with less than five responses and because we felt these answers showed support for the factor, we combined “strongly agree” and “agree” responses and compared them to all other combined responses. We compared responses between SF and TF to see if there were significant differences or trends. We included the open-ended response to the analysis if it was filled out (n = 46) and performed a thematic analysis on the answers. Once themes were determined, they were compared to the original statements to identify any new themes identified by the open-ended question.

3 Results

3.1 Demographics

Of the 278 answers to the rating statements, 78 TF (33%) and 160 SF (77%), or a total of 238 responses, also indicated if they were a SF or TF and were used in the analysis. Table 1 shows the demographic distribution and shows that there were more females in the sample, but was similar in distribution to the reported tenured faculty distribution across the various departments.

Of the 46 educators that answered the open-ended question, 15% were TF and 85% were SF. All but 10 of these educators were from either the medicine or nursing faculty (78%).

3.2 Statements and open-ended results

Table 2 shows the responses to the six statements when comparing SF and TF. As can be seen, the two highest rated teaching motivation statements were about the importance of the lesson content and contributing to the future of health science students; these were followed

by teaching as a duty and enjoyment of teaching. This was true of both SF and TF. Although there were no significant differences in any of the statements listed in Table 2, there were trends that suggest that teaching as a way to learn and being inspired by former teachers were more common factors for SF.

	All TF N=212	SF emails N=651	TF n=78	SF n=160
Female	45%	-	62%	71%
Medicine faculty	56%	-	54%	66%
Nursing faculty	15%	-	19%	22%
Odontology faculty	9%	-	6%	2%
N&FS faculty	6%	-	8%	1%
Pharmacy faculty	6%	-	5%	4%
Psychology faculty	8%	-	8%	5%
> 52 years old	-	-	54%	38%

TF = tenured faculty; SF = sessional faculty; All TF = total of School of Health Science TF reported by university website; emails = email addresses collected; F = female; Med = N&FS = Nutrition and Food Science; - = information not available

Table 1: Demographics

	Type	SD/D/WD/WA	A/SA	Fischer's exact (1-sided)
I teach because it's important for me to make my contribution to students becoming good health care professionals in the future	TF	6%	94%	0.577
	SF	7%	93%	
I teach because I find the contents of my lesson important	TF	6%	94%	0.496
	SF	7%	93%	
I enjoy teaching most of the time	TF	15%	85%	0.371
	SF	18%	82%	
I teach because I am convinced that it is a health professional's duty to pass on his/her knowledge	TF	14%	86%	0.189
	SF	9%	91%	
I teach because I was inspired by an excellent teacher as a health sciences student	TF	51%	44%	0.128
	SF	42%	51%	
I teach because it challenges by established views and enables me to keep learning	TF	39%	61%	0.087
	SF	29%	71%	

SD = strongly disagree; D = disagree; WD = somewhat disagree; WA = somewhat agree; A = agree; SA = strongly agree

Table 2: Responses comparing tenured (TF) and sessional faculty (SF)

Themes identified from the open-ended question were similar to the Likert scale statements, with 15/46 mentioning enjoyment, 10/46 mentioning the benefits of teaching to their own learning, and 10/46 mentioning altruistic reasons for teaching. One popular theme not mentioned in Likert statements was “feeling pressured by colleagues or university to teach”. This was mentioned by 10/46 teachers; 9 of these teachers were SF.

4 Discussion

The main results from this study support what has been seen in most qualitative studies, but adds to the literature by indicating how common these motivations are. First, 92-93% of our educators are motivated to teach by the altruistic value of contributing to future health care professionals, a motivation commonly mentioned in the literature (Dahlstrom, Dorai-Raj, McGill et al., 2005; May, Mand, Biert et al., 2012; Steinert & Macdonald, 2015). Second, 92-93% of educators were motivated to teach by the importance of their lesson content – an interesting

result, as this factor was rarely mentioned in qualitative studies but was obviously a motivating factor, as suggested by an SDT study (Dybowski & Harendza, 2015). Other factors similar to qualitative studies that were well-supported (> 82%) were enjoyment of teaching and teaching as a professional duty (Dybowski & Harendza, 2014; Steinert & Macdonald, 2015; Thomson, Haesler, Anderson et al., 2014). Most of the abovementioned factors were identified in qualitative studies with SF, so it is also of interest to see that the same factors are just as motivating to TF. We would suggest that that FD interventions that reinforce and celebrate these reasons to teach may be motivating for all types of teachers.

Other reasons mentioned in qualitative literature (Steinert & Macdonald, 2015) that were not as common overall were “teaching enables me to keep learning” and “I was inspired by a former teacher”. However, these two motivating factors tended to be more important to SF when compared to TF (SF/TF:71%/61% and 51%/44%, respectively). We would suggest that these factors, especially the opportunity to learn and stay current with knowledge, might be emphasized when recruiting SF and training SF.

The open-ended question results reinforced the statements that enjoyment, duty, and learning were important factors for motivating teachers. They also added the information that educators, especially SF, often felt pressured to teach by their departments/universities. This is considered a negative form of controlled motivation by SDT (Deci & Ryan, 2008) and should be avoided if possible.

5 Conclusions

In this study we confirmed factors that motivate teachers to teach in the health sciences and quantified what percentage of teachers found these factors motivating. When recruiting and motivating teachers, FD interventions can reinforce the aspects contributing to future health care professionals, professional duty, and enjoyment for all types of teachers, including TF. An idea might be to have faculty members share positive, personal stories about how they enjoy teaching or how they perceive they have impacted students with their professional values. With SF, FD interventions can also reinforce how teaching enables them to continue to learn and grow as practitioners. Again, stories of personal experiences of how teaching helps keeps knowledge current may be effective in accomplishing this. Reinforcing these positive factors for teaching in recruitment and FD interventions may help reduce the need to pressure health care professionals to teach and help recruit and retain good educators as SF and TF for the future.

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