


## Chapter 4

# Social Learning Theory and the Health Professions Educator: Implications for Continued Professional Development

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### ABSTRACT

*Social learning theories posit that individuals learn in part by observing others and modeling their behavior. An additional key component is that learning occurs in a social context through interaction, shared experience, and reinforcement. Thoughtfully incorporating principles of social learning theory will enrich health professions education and help develop professionals ready for today's team-based, collaborative clinical practice. The social environment is a key determinant of what and how students learn. By harnessing the power of observation, modeling, social reinforcement, and experiences, educators can maximize their impact. Social learning theory provides an important framework for understanding learning in the health professions and optimizing professional preparation.*

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## **INTRODUCTION**

Compelling evidence indicates that health professions educators face considerable challenges that negatively impact their well-being and intention to persist in academia. In a national survey of nurse faculty, over 50% reported moderate to high levels of emotional exhaustion and depersonalization, which are key dimensions of professional burnout (Yedidia, Chou, Brownlee, Flynn, & Tanner, 2014). Another study found that among medical school faculty, 38% exhibited high burnout in domains of emotional exhaustion, depersonalization, and lack of perceived personal accomplishment (Dyrbye et al., 2014). Heavy workloads, student demands, and institutional pressures exacerbate stress and discouragement. High rates of turnover in academia also signal dissatisfaction among educators. Analysis of national data on K-12 teachers in the United States reveals an attrition rate of 40-50% within the first five years on the job (Ingersol, Merrill, Stuckey, & Collins, 2018). Those remaining in the classroom report insufficient peer collaboration and mentorship, contributing to isolation (Kutsyuruba, Walker, & Noonan, 2011). While comprehensive data on turnover rates among university faculty are lacking, it is estimated that on average only 50% of professors remain in academia ten years post-hire (Yu, Wang, Zhai, Dai, & Yang, 2015). Clearly, substantive changes in workplace culture, policies, and support are needed to both promote health professions educator wellbeing and retention and to ensure the best educational practices are being used while teaching. Ample research across industries demonstrates that employees who feel part of a collaborative community with strong interpersonal connections have greater job satisfaction, resilience to stress, and career longevity (Levett-Jones, Lathlean, Higgins, & McMillan, 2009). Among educators specifically, perceived collective efficacy of faculty is a strong predictor of job satisfaction and commitment (Klassen, Usher, & Bong, 2010).

Social learning theory posits that learning is a cognitive process that takes place in a social context and can occur through observation, imitation, and modeling. Building communities of practice for health professions educators and learners centered around social learning principles shows strong potential for enhancing engagement, knowledge sharing, skill development, and identity formation while reducing isolation (Cruess, Cruess, & Steinert, 2018). The clinical learning environment, in particular, represents an enduring and prototypical social context for the acquisition of knowledge, skills, and professional identity. Social learning theory recognizes that learners learn through participation in real clinical encounters, guided and supported by preceptors and staff. The cognitive apprenticeship model, in which students

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