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Hallie Coppi

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Walden University
2023

Abstract

Nurses' Perception of Facilitators and Barriers to the Community College Faculty Role

by

Hallie Coppi

MSN, Walden University, 2017

BSN, Drexel University, 2010

BA, Gonzaga University, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing Education

Walden University

February 2023

Abstract

There is an increased nursing faculty shortage throughout the United States (U.S.) which can have a significant impact on student enrollment in nursing programs. The purpose of this descriptive qualitative study, which was guided by Herzberg's two-factor theory, was to explore perceptions of nursing faculty about their role in community college associate degree nursing (ADN) programs in the western U.S. Data were collected via in-depth semi-structured interviews with 14 nurse educators to gain insights regarding experiences with role transition, work expectations, and plans in academia. Transcribed interview data were thematically analyzed to reveal seven overarching themes which were motivation, role expectations, benefits, job satisfaction, challenges, job dissatisfaction, and career plans. This study involved identifying significant factors that contributed to job satisfaction and dissatisfaction among nurse educators. Implications for nursing education include integrating mentoring for newly hired faculty, increasing support for ongoing educational training, focused changes with fair compensation, encouragement of autonomy, support, and realistic workloads. Future studies should be attempted on a national level to gather data from nursing faculty working in community colleges across the U.S. Encouraging college administrators and nursing leaders to implement supportive adjustments in academia that encourage nurse faculty to enter and stay in teaching roles in order to increase the number of new nurses who are graduating during a time of critical need in the U.S. healthcare system may lead to positive social change.

Nurses' Perception of Facilitators and Barriers to the Community College Faculty Role

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Dedication

I dedicate this dissertation to my three sons, Everett, Quartz, and Kestrel Coppi, you are my motivation and my inspiration in life. I hope watching me accomplish this goal will provide you with the knowledge that you too can accomplish anything you set your mind to. Through perseverance and dedication, there is nothing in this life that you cannot achieve. I hope this will inspire you to never give up on your dreams and know that when you work hard anything is possible. To my oldest son, Everett, the rare and beautiful life in which you were given is what inspired my love of research. Until my last breath I will never stop researching ways to help you.

I would also like to dedicate this dissertation to all nursing faculty who spend countless hours guiding future nurses, you are the leading light to the nursing profession.

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Chapter 1: Introduction to the Study

The shortage of nurses in the United States is a well-documented problem with national projections indicating a continued upward trend (American Association of Colleges of Nursing [AACN], 2020). The Bureau of Labor Statistics (BLS, 2021) anticipated 175,900 openings for registered nurse (RN) positions each year between 2019 and 2029, which continues to intensify as Baby Boomers age and their need for healthcare continues to steadily grow. The national nursing shortage is compounded by a critical shortage of nursing faculty. The nursing profession depends on qualified nurse educators to teach the next generation of nursing professionals. As nursing schools in the United States see a surge in student applications, there is a significant faculty shortage resulting in schools of nursing denying qualified applicants' entrance into their programs (Muirhead et al., 2021).

There are multiple entry pathways for students to become a RN in the United States. Students can attend a licensed practical nurse (LPN)/licensed vocational nurse (LVN)to RN/associate degree nursing (ADN) program which on average lasts one academic year, a RN diploma program which last 2-3 years and does not end in a degree, or two-year ADN programs that generally consist of at least 60 credits of coursework and supervised clinical hours (Weatherspoon, 2021). Students also have the option of attending an accelerated bachelor of science in nursing (BSN) program that lasts 1-3 years and accept students who have completed general education requirements prior to entry, as well as bridge BSN programs that accept LPN/LVNs or nurses with associate degrees who desire to be prepared for a career as an RN, or traditional 4-year BSN

programs with an average of 120 credits for graduation (Weatherspoon, 2021). Even with many entryway options available, during the 2019-2020 school year, U.S. nursing schools turned away 80,407 qualified applicants due to insufficient faculty cited as a primary reason (AACN, 2020).

The growing community college need for more nurse faculty is a major factor leading to the nursing shortage, which is expected to intensify due to the expected increase in nursing faculty leaving academia (Lee et al., 2017; Muirhead et al., 2021). Multiple factors are contributing to faculty vacancies, including (a) faculty age, (b) retirement, (c) salary disparities, (d) limited number of master's and doctoral educated nurses available to teach, (e) lack of funding for positions, (f) and high workload requirements (AACN, 2020). The pool of available nursing faculty is decreasing as the need reaches a critical level. Results indicated that 2,166 nurse faculty vacancies existed with schools citing the need to create an additional 128 faculty positions to accommodate student demand (AACN, 2022). The first step in resolving the national shortage of nurses is addressing the nurse faculty shortage.

Facing a shortage of nurses and nursing faculty, colleges need to consider employment characteristics and perspectives related to retention of nursing faculty. If the nursing profession is to achieve its full potential, the nursing faculty shortage needs to be resolved by improving factors that have contributed to nursing faculty leaving academia (Aquino et al., 2018 & Bittner et al., 2017). Three major themes related to professional life balance and quality of life include a demanding workload, overwhelming demands of the role, and lack of time to engage in self-care, resulting in high levels of burnout and

stress (Farber et al., 2020). Although research has been conducted on BSN faculty, there is a lack of information regarding perspectives of nursing faculty at the community college level, which graduates more than one third of new nurses entering the profession (Smiley et al., 2021). Knowledge of perspectives of community college nursing faculty may provide the pathway for innovative nursing faculty workforce solutions, leading to positive social change in the healthcare community nationwide.

In Chapter 1, I discuss the nurse faculty shortage present in community colleges in the Western U.S. and the impact it has on the future of healthcare. I provide background information regarding the nursing faculty shortage in the U.S., the problem within the community college setting, purpose of the study, the research question, theoretical framework, nature of the study, terms and definitions, assumptions, scope and delimitations, limitations, and significance of the study.

Background

The nursing profession is dependent upon the number of qualified nurse educators available to teach in nursing programs. According to the National Council of State Boards of Nursing (NCSBN, 2008), recommended qualifications for nursing faculty in RN programs (full and part-time) include having a master's or doctoral degree in nursing as well as graduate-level preparation in terms of clinical practice and teaching, including curriculum development and implementation. A shortage of nursing faculty can limit the number of new nurses entering the profession. It is important to address factors that limit faculty retention to reverse the rise of nursing faculty vacancies.

The need for highly qualified nurses to enter the workforce is at an all-time high and has been further burdened due to the COVID-19 pandemic, resulting in the anticipation of a needed increase in newly licensed nurses to ensure a safe, diverse, and effective healthcare system (Smiley et al., 2021). Much research has been conducted on the roles of nurse educators (Aquino et al., 2018; Muirhead et al., 2021), the nursing shortage (Knowles, 2020; Lee et al., 2017), faculty job satisfaction (Thies & Serratt, 2018), faculty recruitment and retention (Bageley et al., 2018), and faculty challenges (Bittner & Bechtel, 2017). However, little research has been completed on individual nursing faculty perspectives involving employment factors that permit nursing faculty to remain in nursing education within community colleges compared to BSN, Master of Science in nursing (MSN), and doctorate nursing programs.

All professional nursing programs prepare nurses to provide competent care and meet accepted standards. BSN and ADN prelicensure programs produce graduates who can take the National Council Licensure Examination (NCLEX)-RN exam to become licensed RNs, with a BSN requiring additional academic coursework to earn a baccalaureate degree. MSN and doctorate nursing programs provide advanced education for post licensure BSN-prepared RNs to obtain specialization as nurse practitioners, clinical nurse specialists, certified nurse midwifes, certified RN anesthetists, leadership, informatics officers, or nursing educators (Weatherspoon, 2021). Doctorate nursing programs are considered terminal degrees and allow for MSN graduates to obtain a doctor of nursing practice (DNP) or doctor of philosophy (PhD) in a nursing specialization, but this only accounts for less than 1% of nurses (McCauley et al., 2020).

Literature has pointed to the importance of sustaining and stabilizing the current nursing faculty workforce through identification of the impact that workload, retirement, and retention has on nursing education. Bittner and Bechtel (2017) showed a high likelihood of nursing faculty over the age of 60 retiring by 2027, which will further exacerbate the workload for remaining faculty unless an infusion of new faculty is made.

Hoeksel, et al. (2019) evaluated the needs necessary to develop a strong nurse educator program to help to overcome the nursing shortage. Results of the study revealed a need for nursing leaders to (a) have a clear understanding of the culture of academia, (b) experience team building exercises, (c) learn about mentoring models, (d) understand management strategies including conflict management, (e) learn to teach with technology, (f) evaluate learning outcomes, and (g) know how to recognize a healthy work environment. When nursing leaders have a clear understanding of nursing faculty role transition from clinical practice to academia and the needs of new master's prepared nurse educators, programs can be designed to meet these unique transition needs. When nurse leaders and educators understand the transition needs of new nurse educators, an effective process can be developed to better assimilate master's prepared nurses into faculty roles so there are defined steps to create nurses who are ready to address challenges associated with barriers that prevent longevity in nursing faculty roles.

Level of burnout can correlate with the intent to leave a teaching position, and higher levels of education are often associated with increased rates of burnout (Aquino et al, 2018). I identify how educational level and previous training affect the amount of time nurses choose to stay in academic roles and barriers they might encounter. Although

there are unique challenges associated with educational level and entering academia, the transition period into academia is difficult for all nurses. Hoffman (2019) utilized a qualitative descriptive study to explore role strain and role development during the time of transition into a nurse faculty position to identify how a nurse moves from novice to expert. The themes identified in the literature help to show how nurse faculty orientation models can be part of the solution to overcome the drastic nursing shortage.

The shortage of nurses can be traced to the decreased number of nursing students admitted to nursing programs with over 90,000 qualified applicants turned away each year, resulting in nursing school enrollment not growing fast enough to meet the projected demand for RN services (AACN, 2022). The largest decrease in four decades in the RN workforce was observed in 2020-2021, with over 100,000 RNs leaving the profession (AACN, 2022). Shapiro (2018) used a qualitative approach to develop a deep understanding of the perspective of nurses working in academia and is relevant to my study as it shares a similar approach with face-to-face, phone, or video interviews with semi-structured open-ended questions. Peterson et al. (2020) used a qualitative approach to understand the complexities of the nurse faculty role. The analysis of participants revealed a meta-theme of "finding authentic leadership voice" with four additional sub-themes of "strengths", "areas for improvement", "self-confidence/self-awareness", and "clarifying aspirations". The themes identified show the importance of promoting the participants' authentic voice through a qualitative approach to find meaning in real lived experiences. The language of the results showed that Self-reflection and feedback can be

used to encourage positive changes in nursing academia. This helped to inform my data collection and analysis.

Findings of my study will contribute to the nursing literature by showing the importance of mentorship experiences through the lens of nursing faculty members, which that can lead to initiatives by nursing leaders in academia to recruit and retain nursing faculty. Retaining nursing faculty will lead to positive social change by helping to lessen the growing nursing shortage. The research I conducted helped to fill a gap in nursing education understanding by focusing on facilitators of working as a nurse educator and barriers that may relate to the decline in nursing faculty. My study was unique because I addressed the underexplored area of retention of nurse faculty within the community college system. A significant RN shortage is projected to continue to increase through 2030, with the most intense shortage forecasted to be in the Western region of the U.S. (AACN, 2022). U.S. is beginning to experience a critical shortage of midlevel academic nurse leaders and nurse faculty, which will threaten the future of nursing education and capacity of community colleges to prepare the next generation of nurses (Flynn & Ironside, 2018). Burnout is a persistent challenge for the nursing profession and nurse educators associated with long teaching hours, service, research, heavy workloads, and life balance issues, leading to lower quality of life (Owens, 2017).

Facilitators and barriers to working conditions along with individual plans for staying or leaving academia will help to create more nursing faculty who are ready to teach the next generation of nurses. I addressed knowledge of contributing factors involving the full-time faculty nurse shortage in the community college setting. This will

help schools of nursing support unique needs of nursing faculty through a better understanding of their perspectives. Perspectives of BSN, MSN, and doctorate level nursing faculty retention and job satisfaction is prominent within literature, but there was a lack of information about perceptions of ADN faculty within community colleges, creating a gap in the literature.

Problem Statement

The nursing shortage is projected to increase. The number of new nurses entering the profession is not high enough to offset patient population growth, and there is an increased number of aging nursing workforce nearing retirement. According to the BLS (2020), by 2028, need for RNs in the U.S. is expected to increase by 12%, resulting in critical nursing shortages in many states. Buerhaus et al. (2017) said the U.S. will need approximately 550,000 new RNs to enter the workforce in 2020 and 2021 to help address the projected shortage of 1.1 million RNs by 2022. Since the start of the COVID-19 pandemic, additional concerns about the nursing workforce have emerged. The nursing shortage concern has steadily risen in the western U.S., with an estimate of RNs to be 40,567 full time equivalent employment below the workforce demand in 2021 (Spetz et al., 2021). A contributing factor to the nursing shortage is that nursing schools reject approximately 90,000 applicants each year who meet admission requirements (AACN, 2022). ADN programs turn away 45% of qualified applicants, with 28% of those programs citing lack of faculty as the primary factor (Theis & Serratt, 2018). This is a higher percentage than applicants turned away from BSN programs (36%) and diploma programs (18%; National League for Nursing, [NLN], 2016). With more than 60% of the

nursing workforce initially educated at the ADN level, a faculty shortage in ADN programs impacts the health of patients in the U.S. due to lack of adequate numbers of nurses to care for them (Theis & Serratt, 2018). More entry level nurses are educated at the ADN level than any other education level, which makes these graduates an integral part of the nursing workforce (Shapiro, 2018). According to the AACN (2022), increasing vacancies involving nursing faculty positions in community colleges will continue to expand due to one-third of nursing faculty expected to retire by 2027, as well as an increase in the number of younger nurse educators leaving academic roles. There is also a current increased need for retaining and increasing the number of nursing faculty to support nursing student enrollment (Hoeksel et al., 2019). Role transition and role expectations are sources of stress for the novice nurse educator (Miner, 2019). Insights regarding what compels nurse educators to stay in academia, can lead to recruiting and retaining nursing educators via a successfully developed retention model.

There is a demonstrated need by community college nursing programs to sustain and stabilize faculty currently in the workforce to avoid exacerbating the faculty shortage by focusing on strategies for transition, retention, and ongoing faculty development (Bittner & Bechtel, 2017). A gap was identified within the community college setting involving hiring and retaining qualified full-time nurse faculty at the ADN education level. With thousands of qualified nurse applicants who are turned away each year from nursing school, the associate degree in nursing is important for preventing the nursing shortage from continuing to increase (Shapiro, 2018). I aimed to identify elements of job satisfaction and challenges associated with dissatisfaction that may influence faculty

recruitment and retention in community colleges in the western U.S. The problem that I sought to identify was that there was a lack of research about perspectives nursing faculty have regarding facilitators and barriers that influence job retention at community college ADN programs. Absence of community college nursing faculty perspectives involving staying in their academic role in the literature, highlighted the importance for research exploring what faculty perceive as factors that keep them in their positions. Therefore, I focused on why community college faculty working in ADN programs in the western U.S. consider leaving their positions in academia. The research I conducted is important because if community colleges can reverse the growing faculty nurse shortage, it can increase the number of nurses trained to fill this shortage.

Purpose of the Study

The purpose of this qualitative study was to explore perceptions of nursing faculty about their roles in the community college setting. A qualitative descriptive method was used to describe and understand their perspectives. To accomplish this, I asked open-ended questions to community college nurse educators through semi-structured Zoom audio-recorded interviews.

Research Question

RQ: What are the perceptions of nurse faculty about their faculty role in the community college setting?

Theoretical Framework

The theoretical framework that guided the study was Herzberg's two-factor theory. There are factors that can cause satisfaction and dissatisfaction in employment

that are distinct and independent of each other, which are the root of motivation in the workplace (Herzberg, 1996). Hygiene factors cause employees to work less and be less satisfied if not present, while motivating factors involve encouraging employees to work harder and be more satisfied if present (Herzberg, 1966). Achievement, recognition, the work itself, responsibility, advancement, and growth are motivation factors. Hygiene factors include company policies, supervision, relationships, work conditions, salary, status, and security (Herzberg, 1966). Motivation factors include asking questions about feelings of recognition, level of responsibility that educators may feel, growth they have experienced during their careers, and other factors which have led to retention in the nursing faculty role. The theory's hygiene factors helped to navigate interview questions focused on salary/benefits, policy and procedures, views and actions of administration, relationships with coworkers/students, feelings of job security, and general conditions associated with their work. The theory was appropriate for this study as it involved factors that contribute to a functional work environment.

Herzberg's two-factor theory has been used to better understand how satisfaction and dissatisfaction factors affect staff retention in healthcare settings. Savoy and Wood (2015) highlighted use of the motivation-hygiene theory in respect to healthcare work and how information can be used for prioritizing healthcare worker retention. Woodworth (2016) confirmed relevance of Herzberg's two-factor theory for the study of nurses working in academia. A statistically significant relationship was found within the study involving support measures and barriers within faculty roles and how they perpetuate job attitudes. The theory can be employed to better understand the significant relationship

between job satisfaction, hygiene, and motivator factors with intent to stay in teaching. More detail on Herzberg's two-factor theory is presented in Chapter 2.

Nature of the Study

To address the research question in this study, I used the descriptive qualitative method to gain insights regarding perspectives of faculty members who teach in community college ADN programs in a western state. I explored their perceptions of their roles by conducting one-on-one interviews. Participants were asked questions regarding their roles as nursing faculty and future employment plans via semi-structured in-depth interviews. I asked open-ended questions to allow participants to contribute as much detail as possible and encouraged myself to ask probing follow-up questions (Turner, 2010). I used a qualitative research design to understand how nurse faculty perceive their roles in community college settings. Descriptive qualitative research is suitable for studies that involve describing participant's experiences and perceptions (Doyle et al., 2019). I analyzed qualitative data using NVivo software which began with organization and exploration of data, initial coding of information, revision, and combination of codes into themes, and concluded with a cohesive presentation of developed themes. The focus on how nurse faculty perceive their role in academia is consistent with Herzberg's (1966) motivation and hygiene factors that contribute to satisfaction and dissatisfaction in the workplace.

Definitions of Terms

The following terms are defined to clarify research and details of the study. All nurses and nursing faculty members are licensed professional RNs. The terms are as follows:

Community College: A community college, sometimes known as a junior college, is a government-supported higher education institution that provides a 2-year curriculum that can lead to an associate degree (Accrediting Commission for Community and Junior Colleges [ACCJC], 2021).

Faculty role: An academic teaching position that includes work obligations such as administrative responsibilities, classroom and clinical teaching, research, service, clinical practice, student advisement, and skills lab instruction (Bittner & Bechtel, 2017).

Full-time faculty: An individual who has a full-time appointment as a faculty member with an official contract, agreement, or appointment with a school (National Council of State Boards of Nursing [NCSBN], 2008).

Nursing Faculty member: Nurses who educate nursing students in a didactic or clinical setting (AACN, 2020).

Assumptions

Assumptions cannot be verified but are considered to be true. I assumed that participants openly and honestly shared their viewpoints and experiences about working in nursing education. I also assumed they desired to stay in their current position if job satisfaction, engagement, and motivation factors were met. Finally, I assumed that study participants represented a population of experienced and qualified nurse educators. These

assumptions are necessary in the context of this study to explain factors related to job satisfaction and dissatisfaction that influence nursing educators to stay in a teaching role. These assumptions also support the choice of using a qualitative method to study the specific nursing faculty population.

Scope and Delimitations

I conducted a qualitative study because I sought to obtain rich and in-depth data about nurse faculty role perception. The study included participants who currently work as nursing faculty in community college ADN programs in the Western U.S. I excluded part-time/adjunct faculty as the role can vary significantly from a full-time faculty position. Nursing faculty teaching within BSN programs and LPN/LVN nurse faculty at community colleges were also excluded as role requirements can differ from ADN RN faculty.

I only looked at perspectives of nursing faculty without considering administration or student perspectives within nursing education. This resulted in a limited perspective which does not represent the whole population of nursing faculty. A small sample size of 14 nursing faculty were interviewed for the study.

I considered the topic of the clinical nurse shortage but found there were many studies on the topic that focused on bedside nursing. My study looked more in-depth at the perception nursing faculty have on the factors that contribute to staying or leaving their teaching role, which has been attributed as a main factor in intensifying the shortage of nurses nationwide (Farber et al., 2020). I also considered focusing on the role transition from novice to expert for newly hired nursing faculty. The topic of role

transition gives limited insight into reasons nursing faculty may leave academia. A study that looked at overall perceptions nursing faculty have within their work roles allowed a broader exploration of the nursing faculty shortage.

I considered using the nurse educator transition model created by Schoening (2013) which describes the transition nurses go through when moving from a clinical practice role to a nursing faculty role in academia. Another model that I considered for the study was Benner's model of skill acquisition from novice to expert (Benner, 1984). Benner's model of skill acquisition from novice to expert can be used to help guide the study of newly hired nurse educators as they transition into academia. Experience and expertise play a critical role in helping nurse educators adapt to new expectations and refine past skills within new positions. Benner's model of skill acquisition from novice to expert explains how experience aligns with proficiency and guides nurses through career pathways. I decided against both models due to my desire to look at perspectives of nursing faculty at all stages of their role as a nurse educator. I chose Herzberg's two-factor theory to guide the study as it can be used to identify perspectives and gain insights regarding facilitators (positive work experiences) and barriers (negative work experiences) faced by nursing faculty in community college ADN programs.

Limitations

Limitations were recognized and acknowledged to show possible weaknesses associated with the study. Limitations included the challenge of recruitment of appropriate participants and participants having the time to be interviewed. A small sample size was collected of only 14 nursing faculty in the Western U.S., which due to

the nature of qualitative research does not allow for generalizability to all nursing programs, but data were rich in nature to allow for transferability. Using a qualitative approach, it was important to recognize and overcome bias and be truly present during the interview process to focus on what each participant said and obtain a true understanding of collected information. Because I am a fellow nurse educator, this research may be vulnerable to researcher bias, even though I sought to address researcher subjectivity. I minimized my bias by intentionally identifying and purposefully setting aside my own experiences and using a research journal.

Significance of the Study

The study is significant in terms of identifying perspectives nursing faculty have regarding facilitators and barriers that influence job retention in nursing programs at community colleges. My research was important because if community colleges can reverse the growing faculty nurse shortage, this can directly impact the number of nurses being trained to fill this shortage. My study results helped to fill a gap in understanding by focusing on facilitators of working as a nurse educator and barriers that may relate to the constant decline in numbers of nursing faculty. My study was unique because it involved addressing the underexplored area of nurse faculty retention within the community college system. There is a critical shortage of midlevel academic nurse leaders and nurse faculty in the U.S., which may threaten the future of nursing education and community colleges' capacity to prepare the next generation of nurses (Flynn & Ironside, 2018). There are challenges for nurse educators associated with long teaching hours, service, research, heavy workloads, and life balance issues that may lead to a

lower quality of life (Owens, 2017). My results provide insight regarding nurse faculty perspectives of satisfaction and dissatisfaction factors that are contributing to intent to stay in their current academic roles. Insights from the study include ADN faculty perspectives that contribute to the body of knowledge involving factors which lead to the faculty nurse shortage in the community college setting and help schools of nursing support unique needs of nursing faculty, resulting in positive social change.

Studying reasons nurse faculty members leave teaching positions has led to insights regarding changes necessary to sustain a future workforce. Understanding nursing faculty working conditions and individual plans for remaining in academia may help college administrators retain and recruit a more robust number of nursing faculty who are ready to teach the next generation of nurses. Social change requires creating a significant difference by transforming patterns of thought and institutional structures, to improve human and social conditions (Laureate Education, 2015g). The study I conducted is significant in terms of leading to positive social change in the healthcare community. I identified perceptions of facilitators and barriers involving the nursing faculty role, which may help alleviate the nursing faculty shortage and has the potential to greatly impact healthcare. The results of this study provide the much-needed insight into the nurse faculty perspective of satisfaction factors and dissatisfaction factors that are contributing to intent to stay in current academic role. Insights from the study can help aid academic leaders to reexamine and redesign workloads, workflow, and responsibilities that may contribute to a shortage of nursing faculty because the future of the nursing workforce may be dependent on it. Positive social change via a decrease in

the nursing shortage may be possible with increased retention of nursing faculty based on emerging knowledge of what encourages nurse educators to stay in their current teaching roles.

Summary

The future of the nursing workforce is dependent upon qualified nursing faculty who desire to enter and remain in academia and teach nursing students. This shortage is a multifaceted issue that is further exacerbated by faculty shortages. The intent of this study was to explore perceived facilitators and barriers that nurse faculty in community colleges face when working in educator roles. The need to identify issues related to perceived role of nurse educators at the community college setting was established in this chapter. In Chapter 2, I present a detailed description of the theoretical framework and synthesis of relevant literature.

Chapter 2: Literature Review

The national nursing shortage is amplified by a critical shortage of nursing faculty. The acceptance of nursing students into nursing programs is dependent upon having enough faculty to teach. During a time in which the need for professional RNs continues to grow, 78% of ADN programs turn away qualified student applicants each semester due to a lack of nurse educators (Bond et al., 2019). Difficulties involving recruitment and retention of nursing faculty members have mainly been addressed for BSN, MSN, and doctorate nursing programs, but literature is lacking involving faculty needs within ADN programs. Among RNs, (48.5%) enter practice with an ADN, which highlights the importance of understanding faculty trends in the community college system (NCSBN, 2020). Prominent issues addressed in this review of literature include the aging workforce (see Aquino et al., 2018; Fang & Kesten, 2017), nursing faculty shortage (see Hadded et al., 2020; Knowles, 2020; Lee et al., 2017; Lukenbach et al., 2020), increased accounts of workload (see Bagley et al., 2018; Bice et al., 2019; Smithbattle et al., 2021; Woodworth, 2016), low job satisfaction (see Arian et al., 2018; Bittner & Bechtel, 2017; Candela et al., 2015), difficulties associated with role transition (see Miner, 2019; Ross & Kerrigan, 2020; Shapiro, 2018; Stamps et al., 2021; Wenner & Hakim, 2019), the tenure process (see Smith et al., 2016 & Bice et al., 2019), mentorship and orientation programs (see Gentry & Johnson, 2019; Hoffman, 2019; Shieh & Cullen, 2019; Stamps et al., 2021), diversity challenges (see Bittner & Bechtel, 2017; Hamilton & Haozous, 2017; Julion et al., 2019; Murray & Loyd, 2020; Salvucci & Lawless, 2016), low compensation (see Bagley et al., 2018; Lee et al., Thies & Serratt, 2018; Westphal et

al., 2018), educational advancement in the nursing profession (see Dreifuerst et al., 2016; Tyczkowski & Reilly, 2017; Yancey, 2020), turnover intentions and increased retirements (see Aquino et al., 2018; Bageley et al., 2018; Li et al., 2017), and the impact that incivility and burnout have on nursing faculty retention (see Aquino et al., 2018; Garcia-Carmona et al., 2019; Mallette & Rykert, 2018; McGee, 2021; Meires, 2018; Pyles, 2016; Richards et al., 2018).

There is no single identifiable cause of the nursing shortage, but a lack of nursing faculty is a contributing factor (Ross et al., 2020). The nursing workforce's future depends upon the hiring and retention of qualified nursing faculty who are available to teach the next generation of nursing students. Nursing faculty perspectives are important to explore in order to better understand perceptions and retention plans of current educators. There is currently a lack of qualitative research documenting perceptions of the role of nursing faculty working in community college ADN programs. The purpose of my study was to explore perceptions of nurse faculty about their faculty role in community college settings. The study helps to identify facilitators and barriers that influence job retention. My findings can be used to inform nursing program retention policy development and understand implications of nursing faculty experiences to develop strategies and help mitigate the nursing faculty shortage.

In this chapter, I include a critical review of literature to add value to the scholarly discussion and identify frequency, patterns, relationships, and meanings in order to identify further research involving perceptions of roles of nursing faculty in ADN programs. In addition, I detail Herzberg's two-factor theoretical framework that forms the

basis of my study. Finally, I define key variables and concepts and present a synthesis of literature to demonstrate the healthcare community's need for my study within nursing education. I provide an overview of facilitators and barriers involved with nursing faculty roles.

Literature Search Strategy

I conducted a literature search using the following search engines: CINAHL, PubMed, ProQuest, MEDLINE, and Google Scholar. Current peer-reviewed full-text articles were identified using the following keywords: *nursing shortage*, *faculty shortage*, *nursing education*, *associate degree nursing*, *nursing instructor*, *nursing retention*, *nursing faculty workload*, *tenure*, *nursing academia*, *faculty orientation*, *community college*, and *associate degree nursing programs*. Nursing faculty are the focus of this review, and each keyword was searched in conjunction with the keyword *nursing*. Search parameters were narrowed to include full-text articles that were written in the English language. Studies included education, healthcare, psychology, leadership, medicine, and nursing literature. I included articles published between 2015 and 2021 and excluded articles published before 2015, with the exception of landmark studies. Keywords used to search literature involve all aspects of the research question, as well as inclusion and exclusion criteria. Nursing educators were the focus of this review. Abstracts for each article were reviewed for relevance and eligibility based on a quality appraisal. Chosen articles contained definitions of terms such as retention, retirement, job satisfaction, educational advancement, tenure, mentorship, compensation, workload, workplace civility, and faculty shortage.

Theoretical Foundation

The theoretical framework that guided my study was Herzberg's two-factor theory. Herzberg developed the two-factor theory, also called the motivation-hygiene or dual-factor theory to examine satisfiers (intrinsic needs) and dissatisfiers (extrinsic needs) in the workplace. Hygiene factors are related to extrinsic needs and do not contribute to workplace satisfaction, but must be present to prevent dissatisfaction, while motivators are related to intrinsic needs and produce motivation for the employee (Kian et al., 2014; Savoy & Wood, 2015). According to the theory, hygiene factors cannot increase or decrease satisfaction but can only be used to measure degree of dissatisfaction in work. The same applies for satisfiers (motivators), which are best used to balance with hygiene factors to achieve an acceptable level of job satisfaction (Alrawahi et al., 2020). Motivating factors have been shown to encourage employees to work harder (Chaudhury, 2015; Hasani, 2020). Herzberg's two-factor theory has been documented and applied to research within healthcare and other organizations involving staff satisfaction, making it acceptable to use in order to understand how nursing faculty perceive their role in the community college setting.

The basis of Herzberg's two-factor theory is that satisfaction and dissatisfaction in a job are created by specific factors that are categorized as motivators or hygiene elements (Herzberg, 1968). Motivation factors, or intrinsic motivators, represent more emotional needs and fall within higher levels of Maslow's hierarchy of needs. In contrast, hygiene factors or extrinsic motivators represent more tangible and basic needs. The inverse relationship between intrinsic and extrinsic motivators is apparent in employee

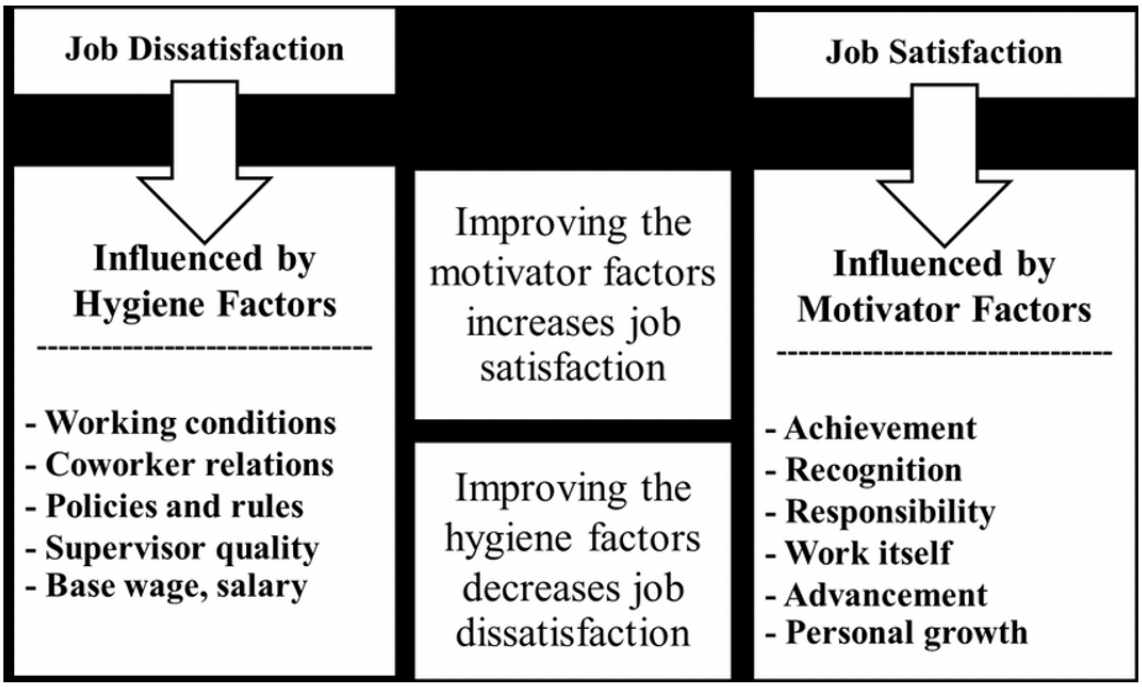
expectations. Expected extrinsic motivators do not increase motivation when they are present, in comparison to intrinsic motivators that can be viewed as additional motivation when available (Hee & Kamaludin, 2016; Herzberg, 1966). Herzberg (1968) noted the dual nature of a human being includes an animal side that is driven to eliminate pain and suffering through hygiene factors and a psychological side that corresponds to motivator factors that promote personal internal growth. Herzberg concluded that job satisfaction and job dissatisfaction are not opposites and fixing causes of dissatisfaction will not lead to satisfaction. A healthy work environment is critical in terms of retaining nursing faculty, and Herzberg's two-factor theory is often used to explore satisfaction, dissatisfaction, and retention in the workplace.

Herzberg's two-factor theory includes motivational and hygienic influences that determine a person's level of satisfaction or dissatisfaction in the workplace. Motivating factors are considered satisfiers and include achievement, recognition, responsibility for a task, interest in the job, advancement, and meaningfulness, and are used to motivate employees to achieve better performance, and when addressed, improve work quality (Chaudhury, 2015; Hee & Kamaludin, 2016). Dissatisfiers are considered hygiene factors and include working conditions, quality of supervision, salary, status, security, policy, and interpersonal relations, and are used to help prevent employee dissatisfaction but do not improve motivation (Alshmemri et al., 2017; Chaudhury, 2015). The theory is that adequate hygiene factors are necessary to avoid employee dissatisfaction. Job dissatisfaction is influenced by hygiene factors, while job satisfaction is influence by motivator factors. Job satisfaction can be achieved by improving motivator factors,

whereas improving hygiene factors results in decreasing job dissatisfaction but will not increase job satisfaction as illustrated in Figure 1 (Herzberg, 1968; Thangkratok, 2018). The theory can be used to address why nursing educators remain in academic roles according to satisfiers and dissatisfiers.

Figure 1

Herzberg's Two-Factor Theory



Note. Adapted from Herzberg (1968)/Thangkratok (2018).

Herzberg's theory was developed to understand motivation in the workplace (Kian et al., 2014). Herzberg's motivation-hygiene theory has been used to better understand how satisfaction and dissatisfaction factors affect staff retention in the healthcare setting so that improvements can be initiated in the workplace. There are two distinct types of motivating factors: satisfiers (motivators), which help to drive feelings of

satisfaction, and dissatisfiers (hygiene factors), which account for job dissatisfaction (Herzberg, 1966). The theory allows an individual to feel satisfied and dissatisfied with the working conditions as the two factors work in separate sequence (Alrawahi, et al., 2020). Job satisfaction does not always create motivation or increase retention to a work role. Motivation and job satisfaction are not synonymous and job satisfaction is an emotional response while motivation is a behavioral action (Herzberg, 1968; Kian et al., 2014). Adequate working conditions will often not produce satisfaction with work, but instead create a worker who is not dissatisfied and not focused on motivation factors. Operative motivation factors occur when they balance with or outweigh hygiene factors in the workplace.

Herzberg's two-factor theory has been applied in multiple studies both within and outside of healthcare exploring job satisfaction both qualitatively (Savoy & Wood, 2015), quantitatively (Woodworth, 2016; Holmberg et al., 2016) and mixed methods approach (Alrawahi et al., 2020; Hasani, 2020). Savoy and Wood (2015) discussed the testing and validity of the two-factor theory on a nurse population and found that employment satisfaction was reinforced by recognition, opportunity advancement, and challenging work, while the absence of these factors did not cause dissatisfaction but rather the lack of satisfaction. Examining Herzberg's two-factor theory in healthcare, shows that the role of the nurse is continuously and rapidly changing, and the health care industry needs to help nurses identify satisfaction factors in the changing roles to encourage retention in the workplace (Hasani, 2020; Savoy & Wood, 2015). The hygiene factors of supervision, collaboration, salary, policy, and overall working conditions discussed in the literature

coincide with Maslow's base environmental needs of employees and are relevant to the work environment. While the top internal motivators for each employee may differ significantly based on age, culture, and socioeconomic status, Herzberg's two-factor theory identifies categories that influence all employees. Research has shown that satisfaction of hygiene factors, motivators, and generational differences based on age can affect employee motivation (Kian et al., 2014). Motivation is regarded as a strong predictor of job performance, and better performance has been shown to be attained if the employees are motivated both extrinsically and intrinsically (Hee & Kamaludin, 2016). Herzberg's two-factor theory can be used to understand that work needs to be organized in a way extrinsic and intrinsic motivation of the employee are fulfilled for career satisfaction and longevity.

Herzberg's two-factor theory has been used to examine job retention. In hospitals, job dissatisfaction is positively associated with employee intention to quit, lowered healthcare delivery standards, and poorer clinical outcomes (Chaudhury, 2015). Woodworth (2016) used the two-factor theory to examine the relationship between demographic variables and job satisfaction on clinical adjunct nurse faculty member's intent to remain in the teaching role. A statistically significant relationship was found between job satisfaction, hygiene, and motivator factors with intent-to-stay in a teaching role. Higher satisfaction levels in the teaching role support the nursing instructor's retention in the teaching role. High levels of intrinsic motivation are needed to teach nursing students, and hygiene, such as outside full-time employment lowered intent-to-stay scores. Woodworth's (2016) findings supported Herzberg's theoretical framework

that predicting motivator and hygiene factors positively affected job satisfaction. According to Herzberg (1968), dissatisfaction occurs when hygiene factors fall to unacceptable levels and then negatively impact role turnover. Woodworth (2016) concluded that satisfaction which is derived from job satisfaction, motivator, and hygiene factors is the foundation of employment and determines the intent-to-stay, and it is up to academic leaders to foster satisfaction and loyalty to bring stability of faculty to nursing programs.

Researchers have noted that motivating factors such as advancement, the work, possibility of growth, responsibility, recognition, and achievement contribute to job satisfaction among employees (Alshmemri et al., 2017; Hee & Kamaludin, 2016) while the absence of hygiene factors of health and safety, interpersonal relations, heavy workload, salary, supervision, working conditions, and organizational policies influences job dissatisfaction and reduce levels of retention (Alrawahi et al., 2020). One of the most significant aspects of Herzberg's two-factor theory is that an employee will feel satisfaction when motivators are present, but the employee does not feel dissatisfied when these factors are lacking. Hygiene factors can create dissatisfaction when lacking but when present do not cause satisfaction (Holmberg et al., 2016). Using Herzberg's premise that job performance is influenced by intrinsic motivation, both internal and external aspects of motivation play a role in role retention. Herzberg's two-factor theory is a two-dimensional paradigm of factors that influence employee's attitudes towards work (Alshmemri et al., 2017). Research suggests job satisfaction and job performance are positively correlated for healthcare workers, with lowered job satisfaction associated

with higher levels of stress and burnout (Chaudhury, 2015). Although there is extensive research using Herzberg's two-factor theory for healthcare job satisfaction, it has had limited use in the context of nursing education. Herzberg's two-factor theory supports the context and rationale for my study and was used as the lens to explore the role perception of nursing faculty and how it affects retention in and programs.

Literature Review Related to Key Variables and/or Concepts

The aim of the literature review is to highlight the main challenges that impact the nursing faculty role and identify in detail primary reasons that nursing faculty leave academia. Much research has been conducted on the role of nurse educators at the bachelors and master's level of education, but less research has been conducted on the role of retention among nursing faculty within community college ADN programs. A significant nursing faculty shortage is occurring while nursing schools across the U.S. see a surge in student applications. Nursing schools in the U.S. turned away 91,938 qualified applicants in 2021 with insufficient faculty cited as a major contributing factor (AACN, 2022). The increasing number of qualified nursing student applicants turned away from nursing programs due to a lack of nursing faculty highlights the need to understand the barriers to role satisfaction and retention of nursing faculty. Nursing faculty are preparing the next generation of nurses that will be available to care for the patient population, hence the importance of understanding the consequence of a high number of nursing faculty leaving academic roles. I describe in further detail the concepts that have been identified as influential in reasons nursing faculty leave academia.

Nursing Faculty Shortage

The situational factors related to a lack of nursing faculty have been prevalent for an extended period. Little progress has been made in combatting the faculty shortage in the last decade with the nursing faculty shortage continuing to be cited as a major contributor to the nonacceptance of well-qualified applicants to schools of nursing (AACN, 2017). The nursing profession continues to face shortages due to a lack of current and potential nurse educators, high turnover in the career, and an inequitable workforce distribution (Haddad et al., 2020). As the nursing shortage continues, it has become apparent that the nurses are a critical part of healthcare and currently make up the largest population of the health profession. According to the American Nurses Association (ANA, 2017), more than100,000 RN jobs will be available by 2022, more than any other profession in the U.S. To address the demands on the healthcare system, it will be essential to expand the number of nursing faculty employed in community college nursing programs. A decreased or limited number of faculty can result in fewer students graduating from RN programs, which will continue to escalate the nursing shortage.

Multiple factors relate to faculty vacancies, such as a lack of qualified applicants and the ability to recruit clinical experts into the faculty role (Knowles, 2020; Lee et al., 2017). Experienced clinical nurses are recruited and hired in academic settings based on their respective areas of practice may lack formal education in teaching (Lee et al., 2017). An additional pressure that contributes to the nursing faculty shortage is the accreditation standards set by the Accreditation Commission for Education in Nursing (ACEN), the Commission on Nursing Education Accreditation (CNEA) and the Commission on

Collegiate Nursing Education (CCNE) which require faculty to meet stated standards and receive recognition for implementing and continuing a quality-based nursing program (Lee et al., 2017). Accreditation helps to attract qualified nursing student applicants and nursing faculty but requires a sufficient number of faculty to meet expected program outcomes, accomplish pre-determined goals, meet the mission of the nursing program, and be academically and expertly prepared for each subject area in which they teach (Lee et al., 2017; CCNE, 2018). The diverse and unique skillset expected of nursing faculty to meet teaching, research, and service goals of the college or University and the need to retain clinical practice expertise impacts job satisfaction and intent to stay in academia (Candela, et al., 2015; Wenner et al., 2020).

Some schools of nursing are addressing the faculty shortage by using part-time or adjunct faculty in place of full-time tenured faculty. From 1979 to 2016, non-tenured faculty increased by 43%, with 66% of nursing instructors in 2016 working as adjunct faculty (Luckenbach et al., 2020). With an increase in adjunct faculty prevalent in schools of nursing, it creates challenges for fulfilling the demanding activities, such as curriculum development, committee work, and other scholarly activities that are left to be fulfilled by full-time faculty (Luckenbach et al., 2020). Part-time clinical nursing instructors fill a valuable role of providing students instruction of clinical experience, but often have minimal knowledge of teaching and learning strategies, creating a gap between didactic and clinical experience (Knowles, 2020). Academic practice partnerships between hospitals and academic institutions have solved a short-term problem of a lack of faculty but have created a long-term problem associated with workload imbalance for full time

instructors in schools of nursing, threatening increased turnover intentions by current faculty.

Transition in Academia

The nursing faculty shortage has led to an increased number of clinical nurses filling vacant positions without formal education or training, especially in community college ADN programs (Miner, 2019; Ross & Kerrigan, 2020; Shapiro, 2018; Stamps et al., 2021). The abrupt transition without formal education results in role strain and knowledge deficits that are hard for nursing faculty to overcome. Role transition in academia is often described by nursing faculty as a time of negative emotions, frustration, and feelings of limited support (Miner, 2019; Stamps et al., 2021; Wenner & Hakim, 2019). Often, the years of clinical experience do not parallel with the skills necessary to be proficient in an academic teach role. The transition from clinical practice into an academic role is recognized as a time of increased stress, low confidence, anxiety, and inadequacy (Fang et al., 2016; Muirhead et al., 2021; Patterson et al., 2020). The transition into academia requires many expert clinical nurses to face the challenge of starting over and feeling like a novice in a new field. Novice nurse educators face many barriers such as role confusion, lack of clarity about organizational structure, stress, a sense of overwhelm, and a lack of effective role models (Hoeksel et al., 2019; Shapiro, 2018). More support to make the transition into academia is noted in the literature and is an important aspect to success in the role of an educator.

Many nurse educators enter academia at an older age after a substantial number of years working in clinical practice, which may also be seen as a hinderance to younger

nurses who desire to enter academia at a younger age (Fang et al., 2016; Patterson et al., 2020). Lacking structured support, limited collegial relationships, and a need for clear guidelines and expectations of the teaching role, have been identified as areas needed to ease the transition into academia (Fang et al., 2016; Miner, 2019; Shapiro, 2018; Wenner et al., 2019). Novice educators struggle when there is an absence of structure and guidance requiring an increased workload to seek information needs to perform the work on their own. Faculty development and mentorship programs are an effective strategy in helping new nurse educators to gain confidence in teaching and grow in their new role while helping to limit faculty attrition (Muirhead et al., 2021; Stamps et al., 2021; Wenner et al., 2019). Nursing faculty positions have a variety of role requirements, leaving many novice faculty members challenged to feel successful and competent to perform in the complex role.

As the technology within schools of nursing expands, the stressors associated with various learning modalities, such as simulation and online teaching, have been identified within the literature (Hoeksel et al., 2019; Muirhead et al., 2021). Newly hired nurse educators could benefit from role transition mentorships and innovative professional development practices upon hire into academia. Supporting the transition from expert clinical nurse to confident nurse faculty is an important action that schools of nursing can take to improve the recruitment and retention of educators. Negative feelings and stressed emotions lead recently hired nurse educators to vacate the new role (Miner, 2019). Mastery of teaching and confidence in the classroom can take years to develop and requires committed experts to help guide new faculty to survive and thrive through the

initial years of transition. Additional research needs to occur to better understand the relationship between strong mentorship programs and nursing faculty retention to help to change the trajectory of the nursing shortage within the community college system.

Mentorship

Orientation, onboarding, and ongoing mentoring are viewed as important contributors to longevity within a career as a nursing faculty. Mentoring programs have potential to influence the nursing faculty shortage by decreasing faculty dissatisfaction when beginning a job in academia, but many nursing faculty continue to report that a lack of mentoring is a main reason for leaving the profession (Gentry & Johnson, 2019; Hoffman, 2019; Shieh & Cullen, 2019; Stamps et al., 2021). Mentoring programs foster scholarship development and academic promotion and generally have been shown to have a positive influence on the transition into a nursing faculty role (Arian et al., 2018; Shieh & Cullen, 2019). Formal mentoring programs are not routinely utilized in nursing programs and are identified as a barrier to success for newly hired nurses entering academia. A lack of mentors and a climate that does not support scholarship for nursing faculty has been shown to result in lower rates of satisfaction in role development (Shieh & Cullen, 2019). Mentoring is a strategy that can be empowering for new faculty but is often overlooked in the organizational structure in schools of nursing. Teaching and research improve when junior faculty are connected with experienced mentors who can assist with understanding of the unique aspects of a higher education (Gentry & Johnson, 2019; Shieh & Cullen, 2019). Institutional support for orientation, mentorship, and

professional development programs could lead to an increase in overall satisfaction of nursing faculty.

The transition period from clinical practice to academia has been researched over the last few years and is tied to role strain and a barrier for novice faculty (Hoffman, 2019; Stamps et al., 2021). The act of starting over in a new career and experiencing the feelings of once again being a novice after years of clinical practice and advanced education has been reported as a difficult part of the transition into academia for many nurses.

Efforts to curb the number of nursing faculty who leave academia due to a feeling of lack of support can be created through strategic mentorship initiatives that focus on retention and professional growth. The retention of current and new faculty has been cited in the literature as key aspects that can be accomplished through mentoring relationships (Gentry & Johnson, 2019; Knowles, 2020 & Shieh & Cullen, 2019). Nursing faculty have reported an increased satisfaction into an academic role when paired with an appropriate mentor that provides guidance, support, and a trusting relationship focused on achieving professional goals (Gentry & Johnson, 2019). A sense of belonging and a feeling of being supported encourages longevity into academic careers (Gentry & Johnson, 2019). Further research is needed to understand the positive aspects that can occur when mentorship programs have been developed and implemented for novice faculty (Knowles, 2020).

Novice faculty have described the novice nursing instructor transition as stressful, overwhelming, isolating, devaluing, and unsupported (Knowles, 2020). Bridging the gap

between didactic content and clinical experience can increase teaching knowledge, skills, and confidence into a new role. Mentorship has been shown to increase retention of nursing faculty and retention of current and new faculty are the key to continuing to graduate new nurses into the profession (Gentry & Johnson, 2019). Mentoring has far-reaching benefits such as helping nursing instructors advance from a novice to more proficient which may result in more instructors staying long enough in academia to be considered an expert in the field (Knowles, 2020). Participants in mentorship studies have described a 3-year role transition timeline required to feel confident and knowledgeable in a faculty role suggesting that long-term mentorship is valuable for long-term success in teaching (Hoffman, 2019). For mentorship to be successful, it should be a long-term collaborative relationship between the mentor and mentee that supports and guides the development of the individual (Clark et al., 2020; Meyers, 2020). The identified mentor should be a suitable fit for the mentee and be available to devote the necessary time to offer the support that is needed to prevent a disconnect in the mentorship process (Stamps et al., 2021). Easing the transition of novice faculty into a nurse educator role may lead to faculty retention which could ultimately ameliorate the nursing faculty shortage.

Diversity

Nursing faculty are primarily made up of white females over the age of 50 (Bittner & Bechtel, 2017). The demographic trends of non-diverse nursing faculty are a concern within academia as nursing faculty are becoming increasingly unlike the communities for which they are preparing nurses (Bittner & Bechtel, 2017). When the diversity of nursing faculty does not match the demographic trends of the communities

they serve, it creates a barrier to attracting practicing nurses to become nurse educators (Bittner & Bechtel, 2017; Hamilton & Haozous, 2017). With the nursing profession projected to need an additional one million nurses by 2024, the projected gap in the number of minority nurses will continue to increase (Julion et al., 2019; Salvucci & Lawless, 2016). The need to recruit and retain a diverse nursing faculty has been increasing as a pathway to bridge a cultural gap and increase the delivery of culturally sensitive care (Hamilton & Haozous, 2017; Julion et al., 2019; Murray & Loyd, 2020; Salvucci & Lawless, 2016). A more diverse nursing workforce begins with the hiring and retention of more faculty of color (FOC). FOC report feelings of isolation and a lack of a feeling of community in academic roles due to limited diversity within schools of nursing (Hamilton & Haozous, 2017). The experiences of FOC showcase evidence of institutionalized racism in the academic setting which prompts some minority nurses to consider leaving the academy during a time when nursing faculty are needed (Julion et al., 2019; National League for Nursing [NLN], 2016).

The substantial challenges identified by FOC summarized in the literature include racism, discrimination, normative whiteness, and bias in the workplace (Hamilton & Haozous, 2017). The current unequal distribution of students and FOC in academic nursing has also resulted in FOC describing additional barriers in opportunities, resources and support working within nursing education (Salvucci & Lawless, 2016). A lack of diversity within nursing education is further widening the nursing faculty shortage and is not in alignment with the concentrated efforts many schools of nursing have, to deliver culturally congruent curriculum. Currently, 12.6% of nursing faculty are minorities

(AACN, 2017). Successful recruitment and retention of FOC is needed to address the changing demographic of the American nursing workforce.

There is also an identified shortage of male nursing faculty with men constituting only 5.5% of all nursing faculty nationwide (Mott & Lee, 2018). Nursing organizations such as the AACN and NLN have long encouraged increasing diversity in nursing. Over the last decade, the number of men in nursing has grown by approximately 2%, with the gender gap remaining in all areas of nursing (Mott & Lee, 2018). Nursing and nursing education remain female dominated with male faculty reporting a strong desire to recruit and retain males into the nursing profession (Brody et al., 2017; Mott & Lee, 2018). Male nursing faculty provide a unique diverse perspective that is important to strengthen the profession. Attracting more male nurses into academic roles creates a pipeline of nursing faculty candidates that has not traditionally been targeted in the past. Even though a review of the literature suggests that initiatives to increase the number of men and FOC in nursing academia have positive effects on student retention, academic institutions continue to struggle to recruit and retain a diverse faculty that is representative of the student population (Bristol et al., 2020).

The diversity dynamics of culture, gender, race, ethnicity, and religious interpersonal factors influence organizational culture and should represent inclusive excellence for both men and women in the profession (Brody et al., 2017). When men are underrepresented in the decision-making structure of the organization, it creates a system in which men feel a lack of positive collaboration defined as the communication and decision-making processes that recognize and reward engagement through feedback

loops in the structure of an organization (Brody et al., 2017). Male nursing faculty have reported feelings of isolation, invisibility in their institution, microaggressions and stereotyping due to gender which has resulted in male nurse educators leaving the profession (Bristol et al., 2020; Brody et al., 2017). Increasing the number of men in academia will require a better understanding of what draws men into the setting and the factors that can be changed to encourage retention (Mott & Lee, 2018). A more gender-equal academic environment is associated with diversity dynamics in clinical, academic, and nursing practice concepts that schools of nursing can benefit from.

Faculty Job Satisfaction

It is important to gain insight into the faculty perspectives on factors impacting work for nurse educators and how job satisfaction impacts faculty retention and student enrollment in nursing programs. Examination into the barriers and facilitators of faculty satisfaction indicate that nursing faculty who report a higher level of job satisfaction are more likely to be retained (Bateh, 2016). Leadership style is a major factor that relates to job satisfaction and may be a determining factor in recruiting and retaining nursing faculty (Lee et al., 2017).

The culture of an institution and the leadership style of deans can directly influence job satisfaction of nursing faculty. Deans and directors of nursing who practice transformational leadership have faculty members who report more satisfaction with their jobs (Worthy et al., 2020). Perceived organizational support and feeling valued for their work has a strong influence on job satisfaction for nursing faculty (Stegen & Wankier, 2018; Thies & Serratt, 2018). Nursing faculty organizational structure results in complex

relationships that can highly influence intentions to stay and levels of job satisfaction. Interactions with administrators is often seen as a dissatisfier for nursing faculty and is an area that needs further research to fully understand how it is impacting organizational commitment and retention.

Often nurse educators are drawn to working in education due to the flexible hours, ability to use their education, knowledge, and expertise in a meaningful manner, and to give back to future generations (Ross & Kerrigan, 2020). When the ideals of why a nurse enters the profession does not align with the work expectations, dissatisfaction may arise. Clear expectations and understanding the role of a nurse educator may limit the number of nurses who enter academia and subsequently leave due to low job satisfaction. Professional status, achievement, recognition, and job autonomy are associated with job satisfaction in nursing education (Arian et al., 2018; Fang et al., 2016; Thies & Serratt, 2018) whereas salary, task requirements, workload, stress, lack of support, and interactions with faculty and administrators were described as dissatisfiers (Mallette & Rykert, 2018; Westphal et al., 2016).

Major reasons that nursing faculty leave their teaching positions are influenced by perceived work stress, the number of hours required to teach, a lack of support, limited orientation, and an overall satisfaction with the job (Bittner & Bechtel, 2017; Candela et al., 2015). Employee satisfaction is a fundamental factor for organizational success and career longevity.

Faculty job satisfaction also varies according to age of the respondent with nurse faculty under 45 years the most satisfied, and respondents 45-55 years the least satisfied

and indicated the highest likelihood of leaving their current position (Bitterner & Bechtel, 2017). The number of years teaching has also shown to change job satisfaction levels with more year's teaching resulting in higher levels of satisfaction due to experience. Nurses with less than three years in an academic role have the lowest levels of job satisfaction (Arian et al., 2018). Newly hired nurse faculty seem to benefit from ongoing orientation, mentorship, and training opportunities.

As technology and the interface in which nursing students receive education changes, nursing faculty are also required to learn new methods of teaching. Nursing faculty are asked to transition from traditional classroom course delivery to teaching in an online format. The transition to teaching online has been shown to increase faculty dissatisfaction and frustrations based on new role responsibilities and the need to learn and feel comfortable with changing technologies and classroom modalities (Howe et al., 2018; Stamps et al., 2021). Faculty development that is focused on technology strategies and trainings to improve nursing education can help nurse educators to build competency and confidence into teaching in a constantly changing educational environment.

Compensation

Salary is a factor of low job satisfaction for nurse faculty. Faculty members with low job satisfaction report feelings that pay was not in alignment with qualifications and work experience and was substantially lower when compared to other salaries for positions in the nursing profession (Arian et al., 2018; Bagley et al., 2018). Despite salary disparities between nurse educators and clinical practice settings, the three main factors that account for satisfaction in staying in a role in education are working with students, a

feeling of giving back to the profession, and working as a positive role model for future nurses (Ross et al., 2020). Understanding what increases nursing faculty job satisfaction is important to retaining an adequate workforce available to teach within schools of nursing.

Compensation of academic nursing jobs are traditionally lower when compared to clinical positions and is shown throughout the literature to be a major reason for dissatisfaction for nurse educators. With many nurse educators enticed to work in higher paying nursing jobs in clinical and private sectors, it has made it increasingly difficult to recruit potential educators (Bagley et al., 2018). Salary disparities between clinical and academic positions are a reason that many nurses do not pursue a career in academia and why many nursing faculty members consider leaving their current role in nurse academia (Bagley et al., 2018; Lee et al., Thies & Serratt, 2018; Westphal et al., 2018). With academic salaries lower than clinical practice, advanced nursing practice, and administrative nursing positions, it impacts the decision for nurses deciding to pursue an academic terminal degree (King et al., 2020). There is a direct relationship between salary and job satisfaction and is considered a contributing factor to the increasing nursing faculty shortage. Low levels of satisfaction with wages results in high nurse turnover and ultimately increases academic institutions costs to recruit new faculty (Candela et al., 2015). Nursing schools are currently competing with a limited pool of qualified nurse faculty limiting expansion of the profession.

Nursing faculty report feelings that years of experience are not adequately compensated in the academic setting and the return on investment for money spent on

advanced education is not represented in the faculty role pay scale (Arian et al., 2018; Driefuerst et al., 2016). Many nursing faculty members end up educating students that will graduate into jobs that pay significantly more than the nursing faculty makes working in academia (Tyczkowski & Reilly, 2017). Salaries earned by community college faculty are lower and cannot compete with the direct care market for nurses, or positions within university settings, further increasing the faculty shortage in ADN programs (Gordon, 2019).

Pay inequality is further divided between full time and part time faculty, with part-time nursing faculty reporting an even lower level of satisfaction with salary compared to their full-time colleagues (Bittner & Bechtel, 2017). Compensation is also lower in the community college setting, compared to universities, which shows the importance of examining if pay is a factor in lower recruitment and retention efforts for ADN programs (Gordon, 2019). Faculty vacancies in the United States continue to increase as the number of qualified potential full or part time educators move into higher compensating clinical settings. The disparity in salaries often results in academic nursing being seen as a less desirable career option, even for nurse who have an interest in teaching or research (Hamilton & Haozous, 2017). Addressing compensation is imperative to change the outlook on increasing nursing faculty.

Educational Advancement

Nursing education is dependent upon nurses obtaining advanced degrees to teach in schools of nursing. There is currently a shortage of nurses with a PhD or DNP in the United States. A PhD is the desired degree for academe but is time intensive and costly to

achieve. The cost and time associated with advanced education is not always seen as a positive return on investment for nurses entering academic careers that include lower rates of compensation. Doctoral degrees are preferred for careers in academia, but not all doctoral degrees equally prepare nurses for working as a nurse educator. A DNP is increasing in popularity as it requires fewer credit hours than a PhD, which lowers tuition costs and time for completion (AACN, 2015). While the number of PhD graduates remains stagnant, DNP graduates have significantly grown from 4855 to 6090 between 2016 and 2017 (AACN, 2018; Bise et al., 2019). With a growing and significant shortage of faculty, more DNP-prepared nurse leaders are entering academia but report feeling unprepared to teach (Dreifuerst et al., 2016; Tyczkowski & Reilly, 2017; Yancey, 2020). The DNP curriculum blueprint does not include pedagogically focused coursework on the teaching role in an academic institution (Dreifuerst et al., 2016), with DNP-prepared nursing faculty reporting their degree did not adequately prepare them for the role of educator and researcher (Bice, Griggs & Arms, 2019). With the various doctoral degrees available, not all nursing faculty feel prepared when they enter a teaching role or see the benefit from obtaining a terminal degree. Role strain from mismatch in expectations, preparation, and support of doctoral education can result in faculty attrition (Dreifuerst et al., 2016).

An MSN is the entry level degree for many community college nursing programs, which leaves nursing faculty at a further disadvantage of feeling prepared to take on an academic role. Many masters-prepared nurses working in faculty role do not seek a terminal degree citing that there is little incentive to do so (Dreifuerst et al., 2016). Age is

also a factor in nurses deciding to pursue an advanced degree. The average age of postmaster nursing students entering doctoral program is 43.4 years of age and graduate in an average of 5 years with over 70% planning to pursue academic careers (Fang et al., 2016). The cost of considering doctoral education were seen as a barrier for faculty that did not receive tuition reimbursement. The modest increased salary after completion of a doctoral degree reflects a low potential return on investment, while a lack of doctoral degree may limit career advancement (Dreifuerst et al., 2016). The cost and time it may take to graduate with a terminal degree may not correspond with the years of work nurses plan to have before expected retirement.

The availability of both PhD in nursing and DNP-prepared faculty is not meeting the demands of colleges and universities. An ongoing concern within nursing education and a key barrier to faculty success is the lack of preparation for the nurse faculty role. PhD prepared nursing faculty are responsible for implementing and assuring that nurse education programs meet the theoretical, scientific, and research expectations of the discipline in the curricula (Yancey, 2020). With the nursing faculty shortage is increasing and limited qualified nurses are applying for open academic positions, nursing education programs are not always able to align education, credentials, and clinical expertise in faculty assignments. This requires nursing faculty to fill roles outside of their expertise and credentials further expanding barriers to recruitment and retention within the nursing faculty role.

Tenure

Academic promotion and tenure are areas within the literature that have been determined to have an impact on job satisfaction (Smith et al., 2016 & Bice et al., 2019). Tenure is defined as career advancement guided by recognition of productivity, contribution to the organization, scholarship, service, and successful practice resulting in secure long-term job placement (Clark et al., 2020). Tenure-track is defined as a "a teaching position that may lead to a grant of tenure" (Marriam-Webster, n.d.). Tenure-track, non-tenured assistant professors are highly motivated and more likely to stay in their current position than nursing faculty working in non-tenured appointments and those who have achieved tenure (Lee et al., 2017). Research shows that the attitude towards an intent-to-stay changes once tenure status has been achieved which may be a result of retention measures made by colleges and universities (Lee et al., 2017). The tenure process has also been examined as a potential stressor to the position of nursing faculty with many citing the need for increased clarification (Candela et al., 2015; Lee et al., 2017). Clarity into the process of how tenure is obtained by a nursing instructor is a modifiable factor that academic institutions can explore to encourage retention of qualified faculty. A culture of support and clear expectations may limit the ballooning demand for the continual hiring of new faculty. Successful retention and tenure of nursing faculty requires the intentional interplay between a mentorship and school of nursing, with the need further increased for FOC (Hamilton & Haozous, 2017). Recruitment and retention of qualified faculty to meet program needs and achieve tenure status can be difficult and costly for institutions of higher education.

The process of transitioning to academia as a new faculty on a tenure-track often comes with challenges such as juggling family responsibilities, teaching workload obligations, scholarship requirements, professional practice, service to the school and community, role confusion, isolation, balancing stressors, and uncertainty related to clinical expertise versus adamic expertise (Bice et al., 2019). The feeling of being overwhelmed for newly hired nursing faculty is an influencing factor on intent-to-stay in academic organizations. The lack of clarity about tenure requirements and the workload associated with tenure achievement are factors that affect faculty satisfaction (Candela et al., 2015; Smith et al., 2016). Traditionally, nurses with a research doctorate (PhD) are hired on a tenure-track, whereas community colleges often hire BSN or MSN faculty who may lack the understanding of the tenure process (Bice et al., 2019). When professional development is viewed as overwhelming by nurse educators and difficult to navigate, it may limit the potential tenure achievement has on lessening the nursing shortage. Planned promotion pathways for professional development is a critical component to academic faculty role longevity and needs to be further explored to better understand how the process of tenure increases or decreases role satisfaction in academia (Clark et al., 2020; Lee et al., 2017).

Workload

An equitable workload has been identified as a primary concern for nursing faculty. The practice of nursing education is complicated by the intricacies of classroom, lab, simulation, and clinical learning experiences which can make student contact hours for nursing faculty higher compared to faculty in other departments (Bagley et al., 2018;

Smithbattle et al., 2021). When nurses perceive their workload as not equitable with peers, faculty dissatisfaction can result and make recruiting and retaining faculty difficult leading to more part-time faculty needed to fill full-time faculty roles (Bittner & Bechtel, 2017; Smithbattle et al., 202). Most part-time faculty are nontenured, nonpermanent and hired on a semester-to-semester basis and often excluded from college governance proceedings further increasing full-time faculty obligations (Woodworth, 2016). An increase in workload for remaining nurse faculty has been highlighted in the literature with workload disparities at an institutional level resulting far-reaching complications. Nursing faculty workload stressors relate to increased job expectations associated with teaching, service, and scholarship obligations while continuing to maintain clinical competence which leads to increased stress and nursing faculty burnout (Luckett, 2020). Nursing education workload assignments consists of classroom, lab, simulation, and clinical learning experiences which adds to the complexity of student contact hours and teaching load assignments.

Nurses in clinical settings typically do not take work home and complete workload assignments with a shift that consists of set hours. For many nurses working in academia the work cannot be left at the workplace, with the expectation that work is completed at home (Lee et al., 2017). The hours committed to work have been shown to be a reason for nursing faculty to become dissatisfied with their job position. Increasing workloads are a source of faculty dissatisfaction for nearly half of nursing faculty members reporting they are dissatisfied with their jobs with 25% considering leaving their current role (Candela et al., 2015). Nursing faculty struggle with feelings of

unrealistic expectations, constant pressure to work, and feelings that work never ends (Bice, Griggs, & Arms, 2019). A lack of time for both academic and outside of work responsibilities is an aspect that makes a career in academia less appealing. The workload of tenure-track nursing faculty is especially stressful for educators who have family obligations, including young children at home or a degree that did not prepare them specifically for an academic teaching role (Bice et al., 2019).

The number of nursing faculty vacancies are continuing to increase as more advanced practice nurses choose to work in clinical settings versus academia. When vacancies are present in academic positions this also requires nursing faculty to take on additional assignments in the classroom and clinical further decreasing the nursing faculty member's feeling of work-life balance and job satisfaction (Arian et al., 2018; Lee et al., 2017). The work of a nursing faculty member reaches far beyond the classroom and into many areas of campus culture, such as joining committees, scholarly research, and shared governance involvement (Lee et al., 2017). Perceived nurse faculty workload inequality has been examined as a significant issue that also leads to faculty dissatisfaction, may compromise student outcomes, and undermines scholarly productivity within a nursing department (Bittner & Bechtel, 2017). An additional stressor that decreases nursing faculty job satisfaction associated with workload stems from the responsibility to participate on academic committees and progress in scholarship on top of an already busy teaching schedule and maintaining clinical competence (Lee et al., 2017). All the teaching and work responsibilities of nursing faculty are difficult to

quantify and requires transparency in academic institutions for workload equity to be reached across all faculty within an institution Lee et al., 2017).

Workload associated with teaching is noted in the literature to strongly influence faculty stress and the intent to leave an organization (Candela et al., 2015). A connection is also shown between workload and perceived teaching expertise but should be balanced with an accurate reflection of the time that goes into developing, delivering, and evaluating courses. As medical science continues to advance, the number of nursing students increase, and the consistent changes occur in scientific evidence and teaching technology, it leads to role ambiguity increased workload, job turnover, and regional nursing faculty shortages (Arian et al., 2018; Dalby et al., 2020). According to Arian et al. (2018), schools of nursing should examine workload flexibility initiatives to promote faculty workforce needs to support recruitment, role transition, and retention of nurse faculty.

Workplace Civility

Workplace incivility affects nurses and nursing faculty (McGee, 2021; Meires, 2018). Incivility has been defined as “a rude or discourteous act” (Merriam Webster, n.d.). Faculty-to-faculty incivility is prevalent in higher education. The higher education environment can consist of a culture of stress, autonomy, ranking, and competitiveness which fosters incivility and bullying (McGee, 2021). Horizontal incivility is problem that creates friction within academia and limits the advancement of nursing. The culture of nursing faculty has been described in the literature with the words of negativity, uncertainty, isolation, disrespect, and incivility (Mallette & Rykert, 2018). Many nursing

faculty members categorize faculty-to-faculty and faculty-to-administrator interactions as a source of job dissatisfaction and report that efforts to support faculty interactions should be a top priority of administration (Thies & Serratt, 2018). Faculty civility often occurs from a top-down leadership approach that is focused on respect and empowerment of everyone in the workplace. Organizational leaders have a crucial role in promoting a positive work environment that is free of bullying and incivility.

Faculty-to-faculty is not the only form of incivility that has been reported in the literature. Incivility demonstrated by students to faculty also has been noted to add to the day-to-day stress of nursing education and lowers job satisfaction (Arian et al., 2018; Casale, 2017; Meires, 2018; Pyles, 2016). The rise in faculty to student ratio and the shortage of nursing faculty has led to an increase in nursing faculty workload and feelings that not all students receive the individualized attention needed to reduce disruptive behaviors resulting in nursing faculty reporting higher stress loads and lower levels of intentions to stay in academia (Casale, 2017; Meires, 2018). The most frequent behaviors of student incivility shared by nurse educators include talking in class, rudeness, passive aggressiveness, and psychological abuse that can lead to violence (Pyles, 2016). The high-stakes academic environment of nursing school heightens anxiety and stress for the student and instructor (Casale, 2017; Pyles, 2016). Incivility disrupts the learning environment and requires nursing faculty to respond, manage, and diminish the disruptive behaviors on top of an already busy workload. Understanding the origin of the student disruptive behaviors may help to mitigate student incivility in nursing programs.

Student incivility has become an increasing issue over the previous decade and nursing education has followed the same trend as the rest of higher education (McGee, 2021). Positive relationships between nursing staff are critically important for schools of nursing to retain qualified faculty, as incivility has been shown to perpetuate further incivility (McGee, 2021). Faculty members who role-model professionalism and civility are more likely to promote similar behaviors among nursing students who will soon enter clinical practice (Pyles, 2016). The future of nursing education requires continued research to address the ongoing issue of incivility (Pyles, 2016).

Burnout in Nurse Educators

Teaching is a stressful profession that is prone to burnout (Aquino et al., 2018; Garcia-Carmona et al., 2019; Richards et al., 2018). Burnout syndrome is characterized by emotional exhaustion, depersonalization, and low levels of feeling personally accomplished and presents in high levels in educators (Garcia-Carmona et al., 2019; Thomas & Bantz, 2019). When teachers feel burnout in the profession, it can lead to lower role performance and a critical negative attitude. Role overload and role conflict are common topics of discussion in high-burnout teachers with the stress of work leading to a negative impact on emotional and personal health (Richards et al., 2019; Thomas & Bantz, 2019). The nature of resilience is not always enough to overcome workplace stress and burnout and the stress can impact personal and emotional health (Garcia-Carmona et al., 2019; Richards et al., 2019). Many educators working in higher education report feelings of burnout in the workplace, which can lead to early career attrition (Richards et al., 2019). Understanding the common stressors that occur in an academic environment

can help schools of nursing develop and promote role balance and empower and support faculty to reduce attrition.

Stress is related to burnout and the chronic organizational stress associated with working in nursing education may result in a continued decline in nurses committed to working as full-time nursing faculty. PhD-prepared nursing faculty are shown to experience higher levels of emotional exhaustion, burnout, and increased intentions to leave nursing academia compared to DNP-prepared nurse faculty (Aquino et al., 2018). The tenure process for many PhD prepared nursing faculty may be part of the reason for the increase in burnout and exhaustion (Aquino et al., 2018). Balance in workload within an organization may help to mitigate burnout and promote longevity in academic careers. Nursing faculty report feelings of being overwhelmed are common due to the multiple competing demands of the job that often require many hours outside of work to complete (Thomas & Bantz, 2019). Chronic stress that is difficult to escape daily leaves many nursing faculty members with desires to leave education, which will further increase the nursing shortage.

Burnout during a crisis is further challenging nursing education. Burnout is not a new concept to the nursing profession and in recent times, the global pandemic that started in 2020 has triggered new workplace stressors for educators and has further impacted the nursing faculty shortage (Luckett, 2020). Faculty workload demands are a major cause of burnout, and the COVID-19 pandemic has required an increase in implementing innovative teaching methods and an increase in new technology as many schools transitioned to virtual learning during times of increased stress, fear, and

uncertainty (Luckett, 2020). The increase in online learning poses a problem for many educators to balance work and personal life (Luckett, 2020). Even when a crisis is not present, many nursing educators find the demands of teaching do not facilitate a healthy and balanced life, which requires nursing leadership to recognize chronic stress that can lead to burnout in nursing faculty (Thomas & Bantz, 2019).

The role of the nursing dean's and director's leadership style directly impacts the nursing faculty level of burnout and the level of job satisfaction of organizational members (Giddens, 2018). Nursing leaders who practice transformational leadership through a collective mission, personal examples of expectations, seek faculty feedback, follow through on promises, are committed to their work and employees, and lead with optimism and enthusiasm have nursing faculty members who are more satisfied with their jobs (Thomas & Bantz, 2019; Worthy et al., 2020). Changing the culture of institution often occurs from a top-down approach and when nursing education leaders possess positive professional leadership styles, it may reduce burnout and faculty attrition.

Turnover Intention/Retirement

The imminent retirement of aging faculty is problematic. The AACN (2022) reports that the average age of nursing faculty with a doctoral degree that hold the title of professor, associate professor, and assistant professor are 62.5, 56.7, and 50.6 years and 55, respectively and 55, 54.7, and 48.6 years, respectively for master's degree-prepared nurse faculty highlighting the fact that many faculty members are nearing retirement. As age increased, the odds of leaving academia increased by 5% each year (Aquino et al., 2018). As a large percentage of nursing faculty approach retirement, the need to address

and correct the current nursing faculty shortage has become much more concerning (AACN, 2022; Fang & Kesten, 2017). There is a limited pool of doctoral-prepared faculty to fill the current and upcoming open positions (Li et al., 2017). Looming nursing faculty retirements will create critical gaps in the healthcare workforce.

Nursing faculty turnover relates to recruitment, retention, and motivation to stay in academia. Higher satisfaction levels in the teaching role are found to support faculty intentions to stay (Woodworth, 2016). It is not only nurses nearing retirement that threaten to increase the nursing faculty shortage. Nursing faculty aged 45 to 55 were most likely to report intentions of leaving their current role in academia, possibly due to the stress associated with the tenure process (Bittner & Bechtel, 2017). Job satisfaction strongly affects an instructor's intention to stay in current role and should be studied further to understand how to increase satisfaction to decrease turnover intentions. The reasons cited in the literature for nursing faculty to report intentions to leave a teaching institution were retirement (52%), wanting more compensation (30%), better career advancement opportunities (28%), and lastly an opportunity that allowed the nurse to better use skills and abilities (22%) (Bittner & Bechtel, 2017).

Nurses enter academia later in life which limits the number of years they work as faculty. Furthermore, approximately one-third of the total number of doctoral prepared nursing faculty will retire in the next 10 years (Fang & Kesten, 2017). The number of potential nursing faculty members nearing retirement age highlights the dire need for academic institutions to recruit new faculty who can fill the increasing number of open positions. Experienced faculty are instrumental in the mentorship of new educators and

hold a wealth of knowledge that cannot be easily replicated or replaced. As faculty retention is important in any academic field, it is critically important in nursing within community colleges where it is increasingly difficult to recruit new faculty members (Lee et al., 2017).

Nursing faculty job dissatisfaction is a well-documented problem that affects health care nationwide. The literature has revealed that the nursing faculty role is a demanding career that includes lower pay than clinical practice, high workloads, burnout, diversity challenges, tenure stress and an overall level of dissatisfaction with a high likelihood of leaving the profession either from age or career transition (Aquino et al., 2018). Although many studies have been done that explore job satisfaction, there is little known about ADN faculty (Thies et al., 2018). The factors that support positive ADN faculty jobs have not been adequately identified in the literature, therefore has not been addressed. Identification into the factors that contribute to ADN faculty satisfaction is the forward movement needed to initiate changes into retaining nursing faculty. The perspective of BSN, MSN, and doctorate level nursing faculty is prominent within the literature but lacks the perception of ADN faculty within the variable structure of community colleges. Broad ADN nursing faculty perceptions are worthy of examination as many community colleges struggle to recruit and retain qualified nursing faculty (Bagley et al., 2018). Understanding the perceptions of ADN faculty members and the factors that affect job satisfaction and dissatisfaction can help academic leaders in community colleges better understand why there is a growing trend of hard-to-fill nursing faculty positions during a critical nation-wide nursing shortage.

The job requirements of nursing faculty are often described as stressful and difficult. Schools of nursing for BSN and MSN programs have extensively studied the perception of faculty to better understand why nursing faculty retention is low and the need for additional faculty to enter the workforce continues to increase. The results of the studies done on the perception of BSN and MSN faculty, associate a career in academia with long hours, increased workload, non-competitive salaries, difficulties with requirements to engage in service and to produce scholarly work, and the idea that the faculty shortage occurs due to a misalignment of job expectations to required outcomes (Arian et al., 2018; Hoffman, 2019; McNelis et al., 2019). Variety of work, feelings of safety in the work environment and the feeling of giving back to the profession were rated as a high satisfier for full time nurse educators, whereas salary, benefits, and the tenure prosses as the least satisfying aspect of working in academia (Bagley at al., 2018; Westphal et al., 2016). The number one reason to leave academia were reported as higher compensation and retirement with the increase in workload as another prominent source of job dissatisfaction (Candela et al., 2015; Westphal et al., 2016). Perception of nursing faculty research into nursing faculty satisfaction illuminates the perspective of BSN and MSN faculty at colleges and universities (Arian et al., 2018; Bagley et al., 2018; Hoffman, 2019) but there is a significant lack in the perception of ADN faculty at community colleges (Ross et al., 2020). Strategies for overcoming barriers to increase retention are often focused on BSN and MSN programs but often overlook the perception of barriers that nurses face when they enter academia at the community college level

(Bagley et al., 2018). This study aims to fill that gap by exploring the experiences and perceptions of community college ADN faculty through a qualitative approach.

Summary and Conclusion

There is not one factor that is responsible for the nursing shortage, but lack of nursing faculty limits the number of nursing students entering nursing programs. With the demand for nurse educators increasing, retention of current faculty is critical to sustain and grow schools of nursing. Research involves barriers associated with recruitment and retention of nursing faculty at the bachelor, masters, and doctoral level, but there remains a critical need in the healthcare system to understand factors that affect job satisfaction and dissatisfaction in ADN programs in the western U.S., where the projected shortage is expected to continue to increase in the coming years. With my study, I sought to fill a gap in understanding by focusing on facilitators of working as a nurse educator and barriers that may relate to the constant decline in nursing faculty. In Chapter 3, I provide an overview of the research design, rationale, methodology, and trustworthiness of the study.

Chapter 3: Research Method

The purpose of this qualitative study, guided by Herzberg's two-factor theory, was to explore perceptions of nurse faculty about their faculty role in the community college setting in the western U.S. In Chapter 3, I address the research design and rationale, role of the researcher, methodology (including participant selection), data collection, and analysis. In addition, issues of trustworthiness as well as credibility, transferability, dependability, confirmability, and ethical procedures are discussed.

Research Design and Rationale

The research question for this qualitative study was as follows: What are perceptions of nurse faculty about their faculty role in the community college setting? This is an open-ended question and will lead to follow-up questions which will lead to rich details involving human experiences.

I used a qualitative descriptive method to describe and understand nursing faculty perspectives involved with working at a community college ADN program. The qualitative research method involves exploring a central phenomenon and what the phenomenon means to participants. The qualitative nature of the study helped to gain insights regarding phenomena through discovering meaning. By exploring a central phenomenon, nursing faculty's perceptions of facilitators, barriers, and retention can be determined. Experiences of nursing faculty are vast, and a qualitative descriptive study helps to facilitate gaining insight from nursing faculty regarding this poorly understood phenomenon. The qualitative study approach allowed for study participants to share their unique views and perspectives of negative and positive challenges, concerns, and

experiences as nursing faculty. Identifying perceptions of nursing faculty is necessary to address the expanding nursing faculty shortage.

I chose not to use a quantitative approach with this study because the study did not concern relationships between predetermined variables but instead was focused on objective nature of behavior and subjective meanings such as accounts of attitudes, motivations, behavior, events, and situations. I also considered a phenomenological approach, but it did not fit the specific study criteria of understanding an experience. There are similarities between phenomenological and qualitative descriptive research as both involve describing and elaborating on unique human experiences or events that are not commonly described or understood (Willis et al., 2016). However, phenomenological studies involve discovering essential structure and meanings of subjectively lived experiences, while a descriptive qualitative approach involves generating a focused summary and understanding of an experience (Willis et al., 2016). A qualitative descriptive study involves naturalistic perspectives and can be used to examine a phenomenon in its natural state and usually involves semi-structured individual interviews (Kim et al., 2017). Due to the nature of the topic, the qualitative approach allowed me to make sense of and recognize patterns among words shared by study participants in order to develop a meaningful description of the study purpose without compromising richness or dimensionality of findings.

In this qualitative descriptive approach, I followed the philosophical tenets of naturalistic inquiry to explore complex issues related to the role of working for nursing faculty and describe participants' experiences in their own words. Naturalistic researchers

draw on observation, interviews, and descriptive data to create evocative interpretations of social phenomena (Armstrong, 2010). I was able to capture rich information and detail from study participants which allowed for deep insights regarding perceptions of nursing faculty and their roles working in academia. I explored facilitators and barriers for nursing faculty in community colleges to address professional perspectives regarding why the faculty shortage is increasing.

Role of the Researcher

Qualitative researchers conduct one-on-one interviews to obtain data and then further analyze information. As a doctoral candidate and a former full-time nursing faculty member and current Dean of Health Sciences/Director of Nursing working at a community college in California, I have firsthand experience with work and retention challenges of nursing faculty and concerns they create involving admission of new future nursing students. It is important for the researcher of a qualitative investigation to disclose their role and bias. The research design is influenced by the researcher's views, assumptions, and real-life experiences. Study participants and qualitative researchers interact via social processes and building relationships to collect data, which requires empathy and distance between researchers and participant for accuracy (Korstjens & Moser, 2017). I sought to access thoughts and feelings of study participants to elicit detailed information and individual perspectives that are not limited to response options provided by a researcher, so I did not use a survey. I sought to remain open to varying perspectives throughout the data collection process.

While conducting qualitative research, it is essential to recognize the importance of keeping an open mind and not influence opinions that are shared and allow for each individual experience to be presented without preconceptions. I focused on participants' points of view and not my own. Qualitative analysis is inherently subjective because the researcher is part of the analysis as a witness to accounts involving data (Starks & Trinidad, 2007). I played a significant role in the study by conducting one-on-one interviews, followed by analysis of data. It was essential as a researcher who shares a professional background with study participants, that I recognized my own bias and differentiated my feelings and past experiences from information shared by participants. I kept field notes to document my perceptions as they emerged when I listened to participant interviews so I could identify potential biases as the research developed. There was no power differential between participants and myself, and I did not have personal connections with any study participants. The study was not funded by an outside individual or organization, eliminating any conflict of interest due to funding sources. All participation in the study was voluntary. I aimed to be transparent, nonjudgmental, and nondirective in my data collection to reduce researcher influence on the research process.

Methodology

For completion of this study, the target population, sampling procedures, and appropriate data analysis plan were clearly identified.

Participant Selection Logic

Qualitative research requires proper selection of research participants to adequately obtain data needed to better understand the phenomenon of interest. For this

study, the target population consisted of nurse faculty who were employed in community college ADN programs in the western U.S. The chosen population included nurse educators who are currently employed full time and were willing to share their experiences involving working in academia. Study participants had diverse teaching experiences and varied in terms of amount of experience, nursing background, residence, and place of employment. Although generalizability is not a guiding principle of qualitative research, the participant pool was diverse, which resulted in collection of rich and unique information. Qualitative research involves understanding real-world problems through in-depth understanding of how a group or individual functions in a natural setting (Korstjens et al., 2017).

Participation in the study was completely voluntary and was based on a willingness to participate. Each participant granted their informed consent. The inclusion criteria for participation were: (a) registered nurse designation, (b) working as a full-time nursing faculty member at a community college ADN program, and (c) have worked for at least six months as a nurse educator. The study excluded: (a) part time or adjunct faculty, (b) nursing faculty who have not worked for more than 6 months as a nurse educator, (c) nursing faculty teaching within BSN, LPN/LVN, and doctorate nursing programs as the role can differ from ADN community college faculty. The intent was to ensure that a prospective appraisal happened while the experience was occurring in the participants life, rather than a retrospective perception that could change the perspective of information shared. Both transferability and dependability are enhanced by the way in which inclusion and exclusion criteria are identified showing how demographic

information may help to determine whether findings are applicable to other situations and populations (Campbell et al., 2020). Following the inclusion and exclusion criteria, the sample appropriately represented the population being studied and allowed for meaningful data to be collected.

To select participants, I used criterion-based selection, also known as purposive sampling. A relatively small and purposively sample was employed with respondents most likely to share appropriate and useful interview information. Purposive sampling helps to match the sample to aims and objectives of the research resulting in improving the rigor and trustworthiness of the collected data (Campbell, et al., 2020). Purposive sampling replaces random sampling with a sampling strategy that ensured that specific ADN community college nursing faculty were included in the final research study sample based on inclusion criteria. The intent of purposive sampling is to help with identification and selection of information-rich cases related to the phenomenon of interest to explore and gain depth of understanding (Palinkas, et al., 2015). Participant demographic information was recorded (See Appendix C). Selecting and interviewing individuals based on their knowledge or experience with the phenomenon of interest can limit generalization but can maximize efficiency and validity.

The sample size was adequate to allow for rich data collection with meaningful findings. Qualitative descriptive research studies typically have a small number of study participants compared to quantitative studies. When determining sample size, the quality of data and the number of interviews are determined by the amount of usable data obtained per participant with an inverse relationship between the number of participants

and the amount of usable data per participant (Campbell et al., 2020). Information power indicates that the more information that a sample holds that is relevant to the study, it results in a lower number of study participants that are needed (Malterud, et al., 2016). A small number of qualitative research participants can facilitate an in-depth investigation into personal experiences within a phenomenon of interest (Aspers et al., 2019). My goal was to recruit between 10-15 participants for my study. In total I conducted 14 interviews throughout the data collection process. A small and purposeful selected sample will help to achieve the aim of increasing depth of understanding, rather than focusing on the breadth of understanding (Campbell et al., 2020).

I conducted interviews until data saturation was reached and no additional themes emerge from the data. Saturation is the phenomenon that occurs when additional participant interviews will not provide any further insight into the research question and ongoing analysis will not identify new similarities or differences in the data (Malterud, et al., 2016).

Instrumentation

As the sole instrument, I conducted semi-structured in-depth interviews as the primary means of data collection. I asked open-ended questions (See Appendix D) to allow participants to contribute detailed responses with probing follow up questions to maintain the focus on exploration and understanding of the experiences shared towards satisfaction and dissatisfaction in the workplace (Turner, 2010). To enable a thorough, in-depth exploration into the phenomenon of the nurse faculty role, interview questions need to be broad and open to unexpected findings (Korstjens, et al., 2017). I asked participants

to speak in their own voice and to share as much detail as possible, to account for their experiences as nursing faculty member at a community college. Upon completing the data collection, I coded the interviews and presented the findings by category, pattern, and theme to make sense of what was collected. The coding process continued until I had a sense that saturation of the material had occurred, and I was confident that additional interviews would not provide additional insight into the phenomenon.

Procedures for Recruitment, Participation, and Data Collection

Data recruitment began with looking up the faculty members listed as current instructors on community college websites for nursing schools located in the western U.S. I sent an email (See Appendix B) with the attached recruitment flyer (see Appendix B) asking for research participants to each listed community college nursing faculty member. I provided each ADN faculty with a recruitment flyer (See Appendix A) that described my study and email (See Appendix B) that briefly described the intent of the study. I also posted the flyer to Facebook pages focused on nursing to bring awareness to the study and reach additional potential community college nurse educators. Throughout the study recruitment phase, I encouraged a snowball sampling effect by asking research participants to share the study with other ADN faculty that they know. A demographic data sheet (See Appendix C) was utilized to gather demographic information from research participants. The demographic information allowed the researcher to better understand the background characteristics of the research participants, ensure that the target population had been reached, and that the study findings resonate with the desired audience.

All participation in the study was completely voluntary and interviews only occurred after informed consent had been signed. All interview steps allowed for participants to change their mind and withdraw from participating at any time. I ensured study participants that I maintained confidentiality of all collected information and kept all interview recordings encrypted and secured before and after each interview. Interviews were held over an audio-recorded telephone call or on a video-recorded zoom meeting. Participants determined the data collection time, date, and location. Each interview lasted approximately 30 to 60 minutes which ensured adequate time for thorough participant answers and helped to eliminate any confusion or discrepancies with follow-up and confirmation of information provided. Participants were encouraged to participate in the interview at their own pace, highlight experiences they felt to be the most important, and articulate their experiences in a way that was comfortable to them.

Upon completion of each interview, words of the participants were transcribed verbatim using NVivo software and I also took handwritten notes during the interview process to ensure that information gathering was optimized, and no small details were missed throughout the interview process. No further clarification was needed after individual interviews. All collected data were made available to participants for review, along with scheduled arrangements, if wanted, by participant, to be certain that all words and meanings were transcribed accurately.

Data Analysis Plan

Once data have been collected, it was necessary to find meaning in the data through a clear and detailed plan. The data analysis plan involved processing the data

collected from the one-on-one interviews and field notes. I accurately transcribed collected data verbatim to obtain a general understanding of the information shared by participants. I used thematic analysis with data collected from field notes and interviews to identify overarching themes. Data collected were based on interview questions and related to notions of job satisfaction and dissatisfaction, in line with Herzberg's two-factor theory.

Analyzing the data through the process of thematic analysis produced trustworthy and insightful findings. Thematic analysis is a qualitative research method used for identifying, analyzing, organizing, describing, and reporting themes found within a data set (Nowell et al., 2017). I followed six distinct phases of thematic analysis to establish trustworthiness described by Nowell et al. (2017) which are as follows: familiarization with the data, initial code generation, searching for themes, reviewing of themes and subthemes, defining and names of themes, and production of a final report. I built a valid argument for choosing themes that refer to the literature and theoretical framework. I articulated what each theme means along with assumptions and implications to create an overall story that reveals insight about the phenomenon of interest. In addition to hand-coding, I used NVivo software to transcribe, organize and manage data to uncover deeper research insight. NVivo software helped to identify themes, trends, and the core metrics of analysis. Using hand-coding and NVivo software, I captured rich data insights and robust thematic analysis to highlight the facilitators and barriers of the role of nursing faculty in community colleges.

Issues of Trustworthiness

Trustworthiness and rigor in analysis design can help the researcher to account for bias. Accounting for bias starts with recognizing that even with the sharing of a professional background, the experiences of each individual educator that is interviewed are unique and can be influential to the shared experience of the phenomenon being studied. While conducting and analyzing the interviews, I did everything I could to avoid research bias. I followed a process of identifying and bracketing my personal feelings in a journal to help with recognizing the feelings I had as preconceived notions and personal assumptions.

Credibility (Internal Validity)

Credibility involves the amount of confidence the reader has that the findings of a study are presented truthfully and without any known inaccuracies (Polit et al., 2017). For research to be found credible, it needs to be trusted. The value of truth is an important aspect to the determination of a quality study. Qualitative research credibility is improved through the process of triangulation, which employs multiple methods, data sources, data collectors, and theories to create a more comprehensive comprehension of the phenomenon of interest that is studied (Ellis, 2019). I employed triangulation to increase credibility through the process of seeking interview participants from different academic settings, with various years of experience, and used responder validation to ensure that the data that I gathered aligned with what the participants meant to share and was interpreted accurately. Credibility is reached with a study when the findings are reflected in confidence even under scrutiny (Shenton, 2004). I enhanced credibility in the study by

clearly describing my experiences as a researcher through engagements that occurred during interviews, methods of observation used, and had an audit trail of all data that was collected. Credibility is apparent when the research is connected to the larger body of knowledge and is used to broaden the range of information, experiences, and viewpoints delivered through qualitative data.

Transferability (External Validity)

Transferability allows for study findings to be applied to different settings or within a different demographic of research participants (Cope, 2014). Qualitative research assumes transferability when readers can associate the behaviors and experiences of the study participants with their own experiences. To ensure that transferability exists within my study I provided descriptive data that was meaningful and accounts for the true experiences and behaviors of study participants. Careful and thoughtful descriptions of each step of the research process was recorded for accuracy of data sources. Precise records were kept of interview data which included participant demographic information, sample size, field notes, interview recordings, transcriptions, and data analysis (Tessier, 2012). Qualitative research is not focused on exact replication, but transferability should relate to key factors and understanding of variations from results.

Dependability

Dependability refers to data staying constant over time and conditions (Ellis, 2019). Dependability ensures that if a study were to be repeated in the same manner, similar results would be produced and is achieved through triangulation of multiple data

sources (Ravitch & Carl, 2016). Following a clearly outlined interview guide and sharing open-ended questions helped to create study findings that were dependable. I used an audit trail while conducting data collection to provide detailed descriptions of the research procedures. An audit trail is the process of collecting materials and notes that document the researcher's decisions and assumptions used throughout the research study process (Cope, 2014). An audit trail allows the reader to follow and critique the research process and see how interpretations and recommendations of the study are supported by the data received from study participants (Tessier, 2012). An audit trail is used to achieve accuracy and consistency throughout the study which are both necessary for dependability.

Confirmability

The audit trail described above was a primary factor in presenting confirmability with the study. Confirmability shows that the participants' responses are shared in the findings instead of the researcher's viewpoint or bias (Polit & Beck, 2017). I demonstrated confirmability by actively describing how conclusions and interpretations are determined from the data that is collected and not from my own personal experience as a nursing educator. I maintained an objective viewpoint and disclosed all personal bias to help validate and confirm the data that is shared. I included direct quotes from participant interviews and clearly showed how themes emerged from the analyzed data in an authentic manner. I employed the above specific strategies in each phase of the research process to enrich trustworthiness. Accurately reported data is best determined

through the process of member checking, which will occur with participant feedback of emerging themes and validation of interpreted data (Cope, 2014).

Ethical Procedures

I ensured that ethical procedures were followed and documented to increase trustworthiness of the research results. In conducting this study, I adhered to Walden University's guidelines for research conducted with human participants. I received Walden IRB approval on May 31, 2022, IRB approval # 05-31-22-0484636. Participant recruitment followed ethical concerns which included providing and collecting informed consent from participants. The informed consent was only collected after the participant had a full understanding of all aspects of the study, including risks, benefits, and how the information that they shared would be used and protected. Research participants were made aware that the participation is completely voluntary and the option of withdrawing from the study was clearly identified allowing participants to leave the study at any point without question, which prompted all previous information collected was destroyed.

Participant rights were always adhered to throughout the study. Multiple interview collection modalities were presented to the participant, such as audio-recorded zoom, audio-recorded telephone, or in-person audio-recorded interviews to allow for comfort in the interview process. I maintained strict confidentiality of all participant interactions, interviews, and consent through encrypted computer files that were password protected. I shared the role of the researcher and research participant at the beginning of each interview to promote ethical behavior and accountability. Following the ethical principles of research, I have no evidence of harm done to any research

participant and all confidentiality measures were always maintained. Pseudonyms were used in place of identifying data. All documents and collected data will be destroyed within five years after the study is concluded.

I avoided conflicts of interest by only interviewing nursing faculty outside of my own institution. I recognized, reported, and excluded researcher bias as I am closely tied to the topic of my research on nursing faculty. I employed rigor in analysis with all details disclosed without leaving assumptions to be made within the research results. Interviews were conducted until data saturation had been met and the findings filled a gap in the current understanding of facilitators and barriers of the nursing faculty role.

Summary

In this chapter, I described the descriptive qualitative research design that was used for my study and my role as the researcher. I also described the methodology that included participant selection, target population, sampling strategies, and the process for collecting and analyzing data. I collected data using semi-structured interviews and used thematic analysis. Finally, I discussed issues of trustworthiness and addressed how I managed data and promoted quality during the research process through an ethical approach. In Chapter 4, I present findings of this study.

Chapter 4: Results

The purpose of my study was to explore perceptions of nurse faculty about their role in the community college setting. The guiding question for this study was: What are perceptions of nurse faculty about their faculty role in the community college setting? In addition, the following interview questions were used to reveal participants' experiences involving working in nursing education:

Q1: What are some of the factors that contributed to your decision to choose a career in nursing education?

Q2: What is your current degree/level of education?

Q3: How long have you been working as a nurse educator?

Q4: Describe your experience of transition from the role of a clinical nurse expert to the role of a novice educator.

Q5: What factors supported your transition into the nursing faculty role?

Q6: What factors acted as a barrier to transition into the nursing faculty role?

Q7: Did you feel prepared you for your role when you began working as a nurse educator?

Q8: What are your perceptions/feelings about the various aspects of your responsibilities as nursing faculty?

Q9: What are your perceptions of work-life balance working as a nurse educator?

Q10: What are the benefits of teaching in a nursing program?

Q11: What are the negative aspects of teaching in a nursing program?

Q12: What are your future plans for your nursing career?

Q13: To what extent does job satisfaction have on your plans to stay or leave academia?

Q14: What changes if any would you like to see to your role as a nursing faculty member?

Q15: How would you describe your view on the process of retention of nursing faculty within your current program?

Q16: If there is something that you would have liked to have been asked about your role as a nursing faculty that we did not discuss, please talk about that now.

In this chapter, I discuss themes that originated from study participants' recollections of their experiences in nursing education as they related to the guiding question of this study. I used Herzberg's two-factor theory to explore perceptions of nurse faculty about their faculty role in the community college setting. I thematically analyzed data from 14 interviews to address benefits, motivation, job satisfaction, job dissatisfaction, challenges, and career plans according to nursing faculty employed in community college nursing programs in the western U.S. Major themes that emerged in the study were generated from analysis of responses shared by participants. Direct participant quotes are used to highlight community college nurse educators' personal experiences.

Setting

For this study, I interviewed 14 nursing faculty who were currently working in community college ADN programs in the western U.S. I recruited research participants using the research design as described in Chapter 3. I recruited participants by sending

out 322 individualized emails, of which 45 responded with interest, 22 participants signed consent forms, and 14 completed interviews after being identified as meeting criteria. All participants in this study had RN designation, worked as full-time nursing faculty, were employed in a community ADN program in the western U.S., and worked for at least 6 months as a nurse educator. Part time or adjunct faculty, faculty who had not worked for more than 6 months as nurse educators, and faculty teaching within BSN, LPN/LVN, and doctorate nursing programs were not considered for this study.

All interviewed participants met inclusion criteria and were employed as full-time faculty in an ADN program in the western U.S. and had a minimum of 6 months of professional experience as a nursing educator. Participants represented 10 community colleges based in the western U.S. One-on-one interviews were conducted using Zoom video conferencing, with participants choosing to use video or audio-only communication. All interviews were conducted during dates and times that were convenient and agreed upon by participants between September and October 2022. Participants described individual organizational conditions, such as changes in recruitment and retention of staff, administrative support, budget constraints, and workload responsibilities for the college in which they worked.

Demographics

The study sample consisted of 14 nursing faculty participants who were currently working as nursing educators in community college ADN programs in the western U.S. (see Table 1). All 14 participants identified as female, with ages ranging from 40-65, a mean age of 54. Participants' highest level of education ranged from bachelor's degree to

doctorate, with one participant having completed a bachelor's degree, 10 a master's degree, and three a doctorate degree. Thirteen participants reported their ethnicity as White/Caucasian, and one participant reported as Hispanic. Years of experience for participants working as RNs ranged from 17 to 37, with a mean average of 25, while the number of years participants worked as nurse educators ranged from 1 to 21, with a mean of 10. Salary reported by participants varied by state, with a salary range of $68,000 to $130,000, or a mean salary of $98,000. The lowest salary was reported in Oregon and the highest salary in Washington state (see Table 1).

Table 1

Selected Demographic Characteristics of Research Participants

Demographic	Characteristics	*f*	Percent of sample (*N = 14*)
Age	20-29 years old	0	0
	30-39 years old	1	7.1
	40-49 years old	4	28.6
	50-59 years old	7	50
	60+ years old	2	14.3
Gender	Female	14	100
	Male	0	0
Ethnicity	White/Caucasian	13	92.9
	Hispanic	1	7.1
Education	Bachelor's Degree	1	7.1
	Master's Degree	10	71.4
	Doctorate Degree	3	21.4
RN experience	1-15 years	0	0
	16-20 years	5	35.7
	21- 25 years	2	14.3
	26-30 years	5	35.7
	31+ years	2	14.3
Nursing faculty experience	1-5 years	4	28.6
	6-10 years	3	21.4
	11-15 years	3	21.4
	16-20 years	3	21.4
	21-25 years	1	7.1

Salary	<$60,000	0	0
	$61,000-$70,000	1	7.1
	$71,000-$80,000	0	0
	$81,000-$90,000	4	28.6
	$91,000-$100,000	4	28.6
	$101-000-$110,000	3	21.4
	$111,000-$120,000	1	7.1
	$121,000-$130,000	1	7.1
State	California	8	57.1
	Oregon	1	7.1
	Washington	5	35.7

Data Collection

I collected data through the process of semi-structured interviews with nursing faculty using Zoom, a video/audio conferencing platform. After I obtained IRB approval (IRB approval # 05-31-22-0484636), I sent individualized emails (See Appendix B) and a recruitment flyer (See Appendix A) to nursing faculty at community colleges in the western U.S. The recruitment of research participants was conducted as described in the research design in Chapter 3. I obtained the nursing faculty email addresses by searching staff directories on community college websites by using the words "nursing faculty." I also encouraged a snowball sampling effect by asking research participants to share the study with other ADN faculty that they know. Prospective participants responded by email, and those that met the inclusion criteria were sent the consent form. Once I obtained consent from the participant, I arranged an interview date and time that was mutually agreed upon and convenient for the participant. Interviews were conducted from September 2022 through October 2022. The response rate was low, which was not anticipated. No other unusual circumstances were encountered in data collection. Two interested participants were excluded from the study due to not meeting inclusion criteria for (1) not working as a nurse educator for a minimum of six months and (2) currently

working as a part-time nursing faculty and not meeting the full-time faculty inclusion requirement. Excluded participants were thanked for their interest.

Semi-Structured Interviews

Fourteen study participants were interviewed after meeting inclusion criteria and signing the consent form. The recording of each interview was only started after the participant agreed to the recording and was informed that all collected information would be kept confidential and interview recordings would be encrypted and stored securely. I collected demographic data from each interview participant which allowed a better understanding of the background characteristics of participants and helped to ensure the target population was reached during the study. Interviews lasted approximately 30 minutes, with the actual times ranging from 20 minutes to 45 minutes, which allowed for adequate time to answer each question at their own pace and participate in follow-up questions, if necessary, for clarification of shared information. All participants agreed to be contacted if questions arose during transcription of the interview. No clarification information was needed after completion of transcription. I asked questions that focused on both the positive and negative aspects of working in academia as a nursing faculty member. Participants were sent a $10 gift card and a thank you email upon completion of each interview.

Field Notes

While conducting interviews, I made field notes to keep track of and document activities, descriptions, interpretations, and reflections to accurately record factual data at the time of observation. I used the field notes to supplement the research data and helped

to keep track of my thoughts, ideas, questions, and concerns throughout the data collection process. The field notes focused on the research problem and were helpful to record insights and thoughts in an organized manner. I completed the field notes during and immediately following each interview to expand on observations, important facts, experiences, and reflections which allowed for all data were accurately recorded. I followed up on questions that arose during each interview and clarified with participants before concluding the interview. The field notes were reviewed during transcription and coding which brought additional clarity to the data analysis.

Research Journal

Throughout the data collection and analysis, I used a research journal to organize, refine, and reflect on data and the process of completing qualitative research. I used a research journal to increase organization and examine my experiences and thoughts. I organized the journal into three sections according to steps completed before, during and after interviews. Before interviews I recorded all potential participant names and email addresses that I used for recruitment, a list of participants who expressed interest in the study, signed consent forms, and interview dates and times. While conducting interviews, I used the second section of the journal to record demographic data, field notes collected during the interviews, and transcription of each interview. I assigned each participant a number (P1-P14) to eliminate identifying characteristics and ensure I kept strict confidentiality for all study participants. I used the third section of the journal to reflect on outcomes, thoughts, and assumptions that I encountered during analysis of the data. Emotions are an undeniable part of the human research work, with reflexivity an

important part of improving research quality by bringing awareness of the researcher's own presence to the process (Annink, 2016). I took notes for all steps I completed for the study and included details of what I thought and felt while analyzing the data to achieve a rigorous research process.

Data Analysis

I immersed myself into the participant experience by conducting one-on-one interviews with participants, I then transcribed each interview using NVivo transcription service. I double checked the accuracy of the transcription by listening to the recording while reading the transcription and correcting any errors that I encountered. Once I verified that each interview was accurately transcribed, I uploaded the transcriptions into NVivo for analysis. I used the NVivo software to collect, record, organize, and transform the data in a methodical manner. I followed six phases of thematic analysis to establish trustworthiness in the findings which included: familiarization with the data, initial code generation, searching for themes, reviewing of themes and subthemes, defining and names of themes, and production of a final report (Nowell et al., 2017). I started with familiarizing myself with the data by reviewing the transcripts, including the field notes I took during each individual interview. Next, I began the initial coding by running a word query search in NVivo, which generated the most frequently used words in the interview transcriptions. This information allowed me to have a better understanding of the key concepts that addressed the research question of "What are the perceptions of nurse faculty about their faculty role in the community college setting?". Once I had a good sense of the key concepts generated by the interviews, I started the process of hand

coding to further analyze the data. I highlighted and color-coded segments of text that were relevant, interesting, and related to the research question. Keywords, phrases, and concepts were coded into defining categories. I worked through the transcripts line-by-line to ensure that no information was missed, and the essence of each interview was clearly captured.

After I had generated the initial codes, I identified recurring themes, which helped to interpret and make sense of the data according to Herzberg's two-factor theory. My goal was to move past simply summarizing and organizing the data based on interview questions, and instead capture the significant findings of the interviews. Using the NVivo software, I created preliminary themes by identifying common properties and relationships between the coded information. Next, I reviewed the major themes to be sure they were distinct from one another and used the data associated with each theme to create subthemes. The themes that emerged describe patterns in the data that are relevant to the research question. When I refined and named each theme, I focused on the essence of the theme and how it was rooted in the overall findings. At the conclusion of my data analysis, I was able to identify four distinct themes that highlighted the facilitators and barriers to working as a nursing faculty in a community college. The four major themes included: (a) role expectations and motivation, (b) benefits and job satisfaction, (c) challenges and job dissatisfaction, and (e) career plans. I noted all discrepant cases and presented this information in the results.

Evidence of Trustworthiness

Verification of the research is an essential element of trustworthiness. I sought to uphold trustworthiness and rigor throughout the study. I maintained awareness of my personal assumptions as I conducted and analyzed interviews since I share a professional background of working as a nurse educator, like the participants within the study. I used my research journal to identify, record, and bracket feelings and preconceived notions that arose, which helped to prevent research bias.

Credibility

I ensured credibility of the study by reaching data saturation. According to Polit et al. (2017), credibility refers to the quality of the findings and not the quantity of the data collected. I concluded that data saturation had been met when similar patterns and themes began to repeat in the interviews and additional data was not being found. I used data saturation as the criterion for discontinuing data collection by stopping recruitment of additional participants. When questions arose during the transcription process, participants were contacted to ensure the experiences were captured accurately. I increased credibility of the findings through source triangulation by interviewing participants from different community colleges from three western states, with varied years of experience as an RN and nurse educator. To further validate credibility, peer review feedback was obtained from my dissertation chair and qualitative content expert committee member throughout the research process.

Transferability

In this study, I achieved transferability of the results by providing a description of each step of data collection and analysis including the central research context and assumptions. The data provided are meaningful and highlights the true experiences of study participants. I kept detailed records of data methods and procedures used including recordings, transcriptions, field notes, and data analysis along with a thorough description of participant demographic data. The precise record-keeping will help other researchers evaluate whether the results are applicable in their situations.

Dependability

Dependability is achieved in a study when there is consistency and reliability of the study results allowing for replication to occur (Lincoln et al., 1985). To confirm dependability, I used consistent research methods and reliable documentation which allows for an outside researcher to follow the processes of data collection, data analysis, and confirm the accuracy of the results. I followed a clearly outlined interview guide and created an audit trail in my research journal while conducting data collection to ensure that accuracy and consistency was achieved.

Confirmability

I addressed confirmability by keeping a research journal throughout the data collection and analysis phase. My goal was to let the data speak for itself. I maintained objectivity to be sure that the analysis of the data was not made based on personal or professional experiences as a nurse educator. I aimed to show that my research was not influenced by personal bias or assumptions and accurately portray the participants' responses by including direct quotes from participants to help ensure confirmability.

Results

Upon completion of the one-on-one interviews, I coded the data, organized, and defined to themes and subthemes to during the analysis of the study. My data aligned with Herzberg's two-factor theory as it relates to job satisfaction and job dissatisfaction. The data analysis process led me to the results of the study which showed four major themes detailed in Table 2: (a) role expectations and motivation, (b) benefits and job satisfaction, (c) challenges and job dissatisfaction, (e) career plans. Individual faculty interviews, when cited, are distinguished by the letter "P" for "participant" and include a number that is unique to each participant, such as P1. The unique identifier was assigned to each participant to protect their identity and maintain confidentiality of the encrypted data.

Table 2

Major Themes and Subthemes

Major Themes	Subthemes
Motivation and role expectations	Desire to give back to the nursing profession Create a positive change Enjoy education Being a role model Encouraged by a colleague Burnout Age/disability
Benefits and job satisfaction	Schedule Health insurance and retirement benefits Helping students succeed Supportive staff Upholding professional nursing standards and giving back to the community. Working for a community college Making connections Positive evaluations
Challenges and job dissatisfaction	Salary Role transition Lack of mentoring

	Role responsibility Excessive workload Work-life imbalance Difficulties in recruitment and retention Lack of respect Lack of administrative support Clinical load Interview and hiring process
Career plans	Staying in academia Adding an additional educational degree Retirement

Theme 1: Motivation and Role Expectations

The motivation and role expectations that drove many study participants into a role of a nurse educator stemmed from a desire to give back to the profession of nursing, create positive changes in nursing, an enjoyment of education, the desire to be a role model for future nurses, or the encouragement of a colleague who recognized the participant's abilities to teach. Aside from the motivation to become a nurse educator stemming from a passion for teaching, participants shared a feeling of a sense of burnout with bedside nursing or age and/or disability as a factor leading to pursing nursing education as a career path. The themes and the factors that relate to each theme are discussed below, including quotes taken verbatim form participant interviews.

Desire to Give Back to the Nursing Profession/Create Positive Change

The participant descriptions revealed a high level of motivation to share their level of expertise with the next generation of nurses. Creating positive changes in nursing education was expressed as a main motivating factor leading nurses into a teaching role. Many of the educators expressed a sense of pride in their chosen profession and felt a responsibility to pass on the knowledge they had acquired throughout their years of nursing experience. Upholding high standards of nursing care and instilling those same

professional standards into the way students are taught was a motivating factor for some participants.

P5 shared the following:

I love working with new students or students in general, and I loved new nurses and so all those factors together and the fact that I'm aging and not wanting to be at the bedside as much and I feel like with 20 years of nursing, I have a lot to instill in the younger generations.

P7 shared the following:

I really, really wanted to, you know, make it better somehow for other nursing students. I think that was my main motivation in the beginning. And then going back to school as an older student here in Washington state, I went to BSN program. I just started over. And to see that things hadn't really changed in nursing education. So that was really my main motivation to hopefully make some needed change.

P8 shared the following:

One factor is, as I have aged, just having a lot of knowledge, and wanting to share that and seeing a lot of different backgrounds and interested, and I've done education within the hospital that I was working at and preceptor students. So, I've always enjoyed that, and I saw how students or nurses often gravitated towards me because I just have that kind of personality that's OK to ask questions to, not too intimidating.

P9 shared, “First and foremost, that passion for passing on knowledge. Looking at my instructors and what their experience and my experience was learning from them.”

Enjoying Education

Another main motivator participants (P10, P12, P13, P14, P6) shared as a reason for pursing or continuing to teach in a community college stemmed from the enjoyment they felt for education. Having the opportunity to help students in an academic setting seemed to relate to having a positive experience while in school with past instructors or a desire to teach like someone they admired. P10 shared, “My first semester teacher, make me cry, my first semester teacher in nursing school. She was inspirational, and I stood up there on that stage and I said, I'm going to teach this one day. And I did.”

P12 shared the following:

As I got nursing students on the unit, I absolutely loved being with them. And so, I thought education might be something I should pursue. And so, I applied for a couple of different positions in the community for instructor as a nurse.

P13 shared the following:

My experiences working with students and precepting new graduates and liking the experience of mentoring new nurses. And that was something it's like, you know, I enjoy doing this and I taught some classes at the hospital in-service classes that I enjoyed doing that.

P14 said, “My parents were teachers and I thought I might enjoy a change from bedside nursing.”

P6 shared the following:

Growing up, I loved my teachers, so I have a positive impression of education in general. I was a first-generation college student and education was huge for me. And then there were times when my family had a very marginal existence and education gave me a, you know, a hand hold in the world beyond that and really made a dramatic difference for me personally. When I was a little kid, I thought I would be a teacher, actually, just because I looked up to my teachers so much, but then fell in love with nursing.

Being a Role Model

The desire to be seen as a positive role model in the nursing profession was another motivating factor for participants (P1, P2, P8) to choose to enter a role of teaching nursing. Participants expressed a sense of pride in being able to use their nursing knowledge to help guide future generations of nurses in a positive manner. The following quotes illustrate the feelings that participants shared related to the privilege nurse educators felt to be seen as a role model in the profession.

P1 shared the following:

I feel very happy that I'm able to do this. I feel privileged, honored. It's a big role, but it is a big, big role and you have to have people in our role who are willing to set standards and not budge in certain instances, especially when it comes to patient safety, because if you don't have a plumb line. That's going to be very difficult, and we see it. I tell my students I can't speak to the other nursing students or nurses. I can only speak to the ones I teach, but you're going to have to

meet this standard. And it's for your safety and the patients. So yeah, I feel that is a huge honor and a privilege, and you have to take it seriously. Because it's a big deal. You've got patient lives in your hands here as you train these students. So, to impart that knowledge is a big responsibility. And I'm just I feel grateful that I have that, you know, might be able to do that. It's quite an honor, actually.

P2 shared the following:

I worked part time for quite a number of years. Still working as a clinical nurse, I think I didn't really have to, but I had worked so hard to get my nursing degree and to become an expert in the field, I didn't want to give that up. I didn't want to lose the identity of being a nurse expert in my field.

P8 shared the following:

And then also the students I saw so many teachers leave, and it decreased their quality of education, and I didn't want to do that to them. So many of them were like, please don't leave us, you know? And so, I was like, I'm just definitely going to stay through this year and try to be consistent for them.

Encouragement to Teach by a Colleague

Six participants (P2, P3, P4, P5, P11, P13) indicated that encouragement from a colleague was the main motivating factor that led to pursing a role change into a nursing instructor position. Having a colleague who recognized the participant's potential to be a successful educator was shared by the following participants.

P11 shared the following:

Well, I had my masters in a related field, and a friend of mine asked me if I wanted to lead a clinical group in the hospital for a semester and I said, OK. And then I got kind of more and more into it.

P13 shared, “A former instructor of mine who taught was a clinical instructor and also worked at the hospital where I was working basically kept pestering me to teach for the college.”

P4 shared the following:

The decision factor was actually a previous instructor. They had asked me to do a clinical while I was working. They had come to my school with their students, and they had said, "Would you like to do a clinical"? And I said, "No, it doesn't make more money than at the hospital". And then my so then my previous dean, who was still working with my previous instructor, called me at work about an hour later, she says, "I hear we offered you" and I said "yes. I said, what I'm telling you, I make more money on the floor". She said, "Would you just try it just one time for me?" I said, "OK, I'll do clinical". And I fell in love with it. I love the opportunity to teach and to watch the light bulbs go on. It's just fascinating.

P5 shared the following:

I think that I had always planned on doing it, but in the end, I wasn't sure that I could accomplish a master's degree. And then I was encouraged by another faculty member because I was working as a clinical instructor and was encouraged to do it. And then I was able to teach. And I love working with new students or students in general, and I loved new nurses.

P2 shared, “I chose a career in nursing education kind of by accident, my late husband was a nursing educator and he encouraged me to apply to teach a clinical group, and I enjoyed it.”

P3 shared, “I was recruited by the department chair. And so, I felt I could contact her about any questions or other matter probably wouldn't have went into academia. I would have stayed at the hospital.”

Burnout

A description of feeling burnout in the participants role as a bedside nurse led three participants to pursue a teaching position. P7 shared, “And then it wasn't until I was older. I burned out in nursing and got out for 20 years and then came back in. And so, at that time, I knew I wanted to teach.” P6 also felt the strain of working as a nurse by expressing: “there's also quite a bit to periodically gets disillusioned with working in health care”, while P1 shared, “I got burned out being a nurse for 24 years” and described the feeling of burnout as a contributing factor to changing careers.

Age and/or Disability

Six participants (P1, P2, P5, P6, P8, P13, P14) cited that their main motivator for leaving a nursing job within a hospital setting and working in an academic role in a community college was because of their age, inability to keep up with the demands of clinical care, or a physical disability that prevented the nurse from being able to continue to comprehensively care for patients in a hospital setting. The participants shared that although they could no longer practice nursing in a clinical setting due to the physical demands, they felt that teaching was a positive way to continue with the profession. P8

said, “Hospitals are very busy and short staffed and very difficult and, also just harder on my body too as I age.” P13 shared, “I enjoy it, I physically, I feel better. And it's nice not feeling injured all the time.”

P5 shared the following:

I love working with new students or students in general, and I loved new nurses and so all of those factors together and the fact that I'm aging and not wanting to be at the bedside as much and I feel like with 20 years of nursing, I have a lot to instill in the younger generations.

P6 shared the following:

I was one of those people who developed a horrible latex allergy before the hospitals got rid of all their latex. And so I got a teaching degree, but ultimately decided that when I left that they were starting to get rid of all the latex in the hospitals. And people are saying, it's safe to come back and I thought, you know, I'd like to teach nursing.

P14 shared, “Also, my back is trashed from years of nursing and bedside nursing was not really an option anymore.” P1 shared, “Part of why I left was as you get older; it gets a little harder to keep up on the floor.”

P2 shared the following:

I enjoyed educating even when I was working as a clinical nurse, but I also realized that nursing being a very physical job. It wasn't something that I could do, you know, toward normal retirement age, I wouldn't be able to physically do clinical nursing, so I had to have a backup plan. Even when I was working full

time as a nurse educator, I was still working bedside and it took actually an on-the-job injury to stop that portion of it.

Theme 2: Benefits and Job Satisfaction

The benefits of working as a nurse educator were shared with enthusiasm by many participants, but the data showed that all stated benefits led to job satisfaction. When role expectations and motivating factors as described in theme 1 were met and the benefits associated with intrinsic value were achieved, a higher level of job satisfaction was felt. When the participant achieved a feeling of job satisfaction, it was derived from the factors closely associated from their motivations to work in academia. While the motivators or benefits such as schedule, retirement plans, health insurance, age, disability, or burnout encouraged nurses to start an academic role, the findings indicate that job satisfaction was achieved when intrinsic motivators and role expectations were achieved.

Participants positively named several quantifiable benefits associated with working as a nurse educator including the schedule, health insurance, and retirement plans. Although the schedule, health insurance, and retirement plans were positively reported to be benefits by participants, the following benefits of helping students succeed, supportive staff, upholding professional nursing standards and giving back to the community, working for a community college, making connections, and positive evaluations, were most closely shared by participants as a reason for job satisfaction and supported Herzberg's theory of motivation-hygiene.

Schedule

The schedule for eight of the participants (P3, P4, P5, P6, P9, P12, P13, P14) was cited a major benefit to staying in an academic role in a community college with participants describing that the option to not work during the summer months, while also having weekends and holidays off was viewed as a positive for the profession. P9 shared, "The schedule of working eight months out of the year is nice."

P12 shared the following:

> Well, I was bedside nursing for mostly on night shift for many years in critical care, and it wasn't really working great for my family. So, I started to not like the schedule, so I started to look at other options. I applied for a couple of different positions in the community for instructor as a nurse, and I knew it would be a better schedule for my family. I get to pick my schedule every quarter and I love that. I keep changing it up. I'm never bored.

P13 shared, "In some ways, it's easier than when I was working, just direct care because I have weekends. I have holidays. That's awesome, you know!"

P3 shared the following:

> So, I teach online Monday, Tuesdays and I teach in the lab Wednesdays, Thursdays, all day and then Fridays paperwork day. But I like it because I can schedule doctor's appointments and then work grading or whatever on Saturdays and Sundays.

P6 shared, "We have a very structured schedule too, which is really nice." P14 shared, "I sleep at night and have the holidays off."

P4 shared the following:

The huge benefits are obviously the time off and the times that coordinate with families, so your summer. We don't have summer courses and we don't have winter courses and we only admit once a year. So that's the benefit because I get all that time off to be able to have personal life or work on the upcoming semester. So, I think a benefit is the time when you're not working. So, it worked beautifully because we don't go through the summer, and we had our winter break. So, it was the same as my children. I didn't have the holidays; I didn't have the weekends. So, it was beautiful with my children, and it was beautiful with my current job in the hospital because that's when I would work would be those times that I had off from school.

P5 shared the following:

I think it offers a lot of flexibility, really. Most of the time, we can write our own schedules and decide when we're going to have our classes and, you know, within some reason. So, I think that's a huge benefit because I still have small children and want to be there for them and attend their things. So, yeah, I feel like those are good reasons that make it make me want to do it.

Health and Retirement Benefits

Health benefits were described as an improvement for some participants (P1, P5, P12) from previous jobs working as a Registered Nurse and the retirement or pension plans that are part of the community college system were described by participants (P1, P2, P12) as a benefit to working in an academic role. The participants shared during the

interviews on how they felt about the healthcare and retirement plans offered to them from the community colleges in which they were employed. P5 said “I think that if you're looking at the human resource aspect of it, I think that, you know, the junior college offers great benefits. I have great health care benefits for my family.” P2 said, “Well, depending on the organization that you work for, the tangible benefits are obviously being compensated, but also having a retirement plan and being part of building.” P12 said, “I have really great benefits financially as well. Like, I didn't even get into that. But there are great benefits for us, medical, dental, retirement, all that stuff is great.”

P1 shared the following:

> Academia had better benefits as far as insurance. Surprisingly, better insurance benefits, better retirement benefits than I had. I was able to actually look ahead and say, oh, I got really good medical insurance. And as you get older, that's important. You start to look at that more. And your family, you know, the costs I had five. So, all that actually balanced out, it was still less than if I had been at bedside, but I felt like that was a benefit.

Helping Students Succeed

A theme that was described by most participants (P1, P2, P4, P7, P8, P9, P10, P11, P12, P13) as a benefit to working as a nursing instructor was having the ability to help students succeed. The opportunity to help improve student lives was discussed heavily as a reason for job satisfaction. Nursing educators seem to derive job fulfillment from seeing students achieve the goal of graduating and becoming nursing professionals. The participants described the benefit of helping diverse community college students

graduate and begin a professional nursing role. P1 said, “I wanted to help the next generation of nurses along and not didn't want them to be panicked at the bedside like I was hearing.” P2 said, “Being able to be part of building the community and helping the community.” P4 said “And I fell in love with it. I love the opportunity to teach and to watch the light bulbs go on. It's just fascinating. P7 said, “I think it's just really helping the next generation; I feel really passionate.”

P8 shared the following:

> I think that having an emphasis on learning and always improving. So really increasing your knowledge and helping to create and foster the next generation of nurses and being there to support them and help them learn from your mistakes and the different things that you learned and learn from your experience.

P9 shared the following:

> It's really rewarding to be able to guide future nurses. The most rewarding aspect, and to me, like a huge benefit is when I work a per diem job as well because I like to still do hands on. And so, when I call the emergency room to give nurse to nurse report or to get nurses report, when our students answer as nurses like, what a benefit to see the nurses that we guide, the students that we guide as nurses in the community and for them to feel competent and just to have played a role in that. So really, it's the altruism.

P10 shared, “We change people's lives.”

P11 shared the following:

Well, to me, the biggest positive is knowing that I'm fostering the next generation of nurses. We are a small community here. One small part when I go into a hospital for my students there, they say "Hi, how are you?" you know, it's just such a good feeling to do that. It's certainly not the money. It's not the money. My students that graduate and go to the hospital in nursing making more. So, it's not the money. But it's the reward of you know, seeing the lights come on in the student's eyes.

P12 shared, “I love it. So, I've I feel incredibly, an incredible amount of satisfaction putting out good nurses into our community.”

P13 shared the following:

I never expected to love teaching like this. You know, when I first started doing the clinical instruction, I enjoyed it and I was like, Okay. And then I really did start to fall in love, but I never thought I would leave the bedside. But I am finding the magic that I had taken care of patients, I have found that with working with my students and watching those light bulb moments that they have when they've been struggling with concepts, and they get it. And I watched them move from just a very linear thinking to the kind of nurse process thinking. Is just like, oh my gosh, you know, it's like the difference I wanted to make in the world as a nurse, I'm now getting to make in such an expanded way through my students. It's like I said, you know, I took me off the floor, but I'm getting to teach lots of Me’s and put them out there, and it's like, Ooh, this is exciting, you know, so that to me, that's the goal.

Supportive Staff

Participants (P1, P6, P7, P9, P10, P11, P12, P13) shared that working in an environment with supportive staff and colleagues helped to foster job satisfaction. When participants felt valued in their role and appreciated by others a higher level of job satisfaction was felt. P1 shared, "I had a very supportive dean. And had she not been, I probably wouldn't have stayed."

P6 shared the following:

> I was mentored in a really wonderful way. I also had an amazing nursing director. But I had actually had a pretty good start because I had a director who really fostered a professional approach to nursing education among the staff educators who worked for her. And so, we had a really wonderful team.

P7 shared, "Right now, it's pretty golden. And I do like the faculty group."

P9 shared the following:

> Our team is very great, so I have specific people as far as who to reach out to. Very well supported. Once again, the support from faculty having a specific mentor and there were three of us that were new for faculty, so we got together every week and we would learn what other people were doing. And so really, the mentorship and having the faculty support was very helpful.

P11 shared, "I really like my colleagues and my school. I like my faculty. We may disagree but will respect the differences."

P12 shared the following:

> I think the best support to was also my tenure committee. They observed me all throughout the quarter for seven quarters. I'm on my last quarter of observation right now and they give me lots of feedback, like how I could do things better, different, how to question differently, how to ideas for lecture. But they always did it in the most constructive way. That made me very receptive to change my teaching.

P13 shared the following:

> The department that I work for, the college that I work for is very supportive. I have a good team of fellow faculty members and even though, especially in the pandemic years, things were chaotic. I knew that I could trust my coworkers. You know, I knew they had my back. And I had had resources like when I felt uncertain, I had people that I could rely on. I felt psychologically safe in my work environment.

Upholding Professional Nursing Standards and Giving Back to the Community

Safeguarding the future of the profession of nursing was a main talking point for interview participants (P1, P2, P3, P4, P5, P6, P7, P8, P9, P12, P13) who felt a strong sense of pride in passing on knowledge and ensuring future nurses were trained appropriately. Some participants felt that by becoming a nurse educator enabled them the opportunity to make a substantial impact to the future of nursing and give back to their local communities. Participants discussed that by instilling best practice standards into their teaching, it would help the students to enter a nursing career having high professional standards. Although participants found job satisfaction from these teaching

responsibilities, the workload associated with achieving these goals was also viewed as a challenge discussed in Theme 3. The participants viewed their role as an educator as a way to improve the common good in their communities and described their feelings of job satisfaction associated with improving the profession. P2 shared, “A benefit is being able to be part of building the community and helping the community.” P9 shared, “First and foremost, that passion for passing on knowledge.” P6 shared, “It is a joy to teach and to decide learning activities and to be able to share, and also give people that step into this professional world.”

P7 shared the following:

> Helping guide them to be patient centered nurses instead of just standing up and listening to myself talk kind of thing, it's not a power thing at all. I think it is just really gratifying that people want to be nurses. That was really like, oh my God, people still are applying. Thank goodness. It's just to really be able to probably put into play my pedagogy and what I really believe how nursing education can be better. And I also have worked on holistic admissions at our college and really just, you know, being more equitable and fair.

P12 share, “The satisfaction of putting nurses out there in a very, very tricky world right now.”

P13 shared the following:

> I feel a pretty deep sense of responsibility, because you know this. I'm training these students to be the future nurses, right? I'm not doing direct care anymore. So, I took myself as a nurse off of the floor in order to give back hundreds more.

So, trying to ensure that they have the tools they need for that entry level of competency. What can I do to again push the goal forward? To make it so that the patients in my area have the best possible trained nurses, right?

P4 shared, “Now because I don't work in the hospital anymore, teaching in the nursing program keeps me current because I'm doing clinical. So, if I wasn't teaching, I would be working in the hospital because I love patients.”

P5 shared the following:

I love working with new students or students in general, and I loved new nurses and so all of those factors together. I have a lot to instill in the younger generations. It's a lot of responsibility, but I take that partly because I really want to create the great generation vs. I want them to be active. I want them to be not just in their skill, but I try to educate them as well in current nursing politics or current nursing theories that are coming up or just help them think beyond just doing that skill and to think more broadly.

P8 shared the following:

I think that having an emphasis on learning and always improving. So really increasing your knowledge and helping to create and foster the next generation of nurses and being there to support them and help them learn from your mistakes and the different things that you learned and learn from your experience. I just want to try to teach them skills that they're going to really use. I think there's always a lot of things that need to be updated. And so, I just feel very responsible for helping to prepare them to in this role, to do skills that they'll be doing in

clinical and then further on as a nurse. And I guess as I look at students, I think of them as someone that can be taking care of me or my family, someday, my friends, anybody I care about, the people are going to take care of. And so, I want them to be able to in this role, do the skills properly, but also learn how to communicate therapeutically with those skills as they try to do them.

P1 shared the following:

It turned out to be of great benefit as well in that I could take the things that I needed improve on and better them as an educator, but also pass along some of the knowledge that I had and expertise on to my students. I feel very happy that I'm able to do this. I feel privileged, honored. It's a big role, but it is a big, big role and you have to have people in our role who are willing to set standards and not budge in certain instances, especially when it comes to patient safety, because if you don't have a plumb line. That's going to be very difficult, and we see it. I tell my students you're going to have to meet this standard. And it's for your safety and the patients. So yeah, I feel that is a huge honor and a privilege, and you have to take it seriously. Because it's a big deal. You've got patient lives in your hands here as you train these students. So, to impart that knowledge is a big responsibility. And I'm just I feel grateful that I have that, you know, might be able to do that. It's quite an honor, actually. I always want to continue to fill a need. So that's what brings me job satisfaction.

P2 shared the following:

> I have an emotionally vested interest in preparing my graduates as best I can and making them really good nurses. And so, I could dial back my expectations of the students. I could dial back my personal investiture, but I don't know how to do that.
>
> P3 shared, "I get to train the future nurses. I'm really a stickler for policies, so I get to do what I feel is the right way."

Working for a Community College

Participants (P4, P5, P7, P10, P12, P13) described the passion they felt choosing to work in the community college system. The unique academic environment that community colleges represent were a sense of pride for participants who felt devoted to helping students who come from diverse backgrounds. P10 shared the following:

We change lives. I mean. You know, we could teach at private schools making more money, we could teach at a university and have more prestige. We have students who sleep in their cars. We have students who barely are hanging on and we change lives. I mean, they do all the work, but I always call us the E.R. of education. You know, give us your tired, your poor, your hungry, and we will take care of you. And I really just believe that that's the mission of a community college. So being able to be a part of somebody's journey like that is, to me, just such a blessing. And to watch them buy their car when they get out of school and have the baby and weddings and just, you know, flourish. And I, dear God, I've been doing it long enough. I have students getting doctorates. I have students teaching with me who were my old students. I have students

who are nurse managers. I mean, it's just I have preceptors who were my students, precepting my students now. It's just a blessing.

P12 shared the following:

The community college puts students from all different aspects of life straight back into our community. It's an enormous amount of responsibility when I'm going to these floors with my new students and seeing my graduated students and seeing how they're doing, taking care of people now on their own. I really find a lot of value in it, and I think the responsibilities of getting to do lecture, lab and clinical are awesome. It keeps it varied and I have the seniority already and freedom to teach almost anything I want.

P12 shared the following:

But what I love and believe in so much is putting people right back into our community. Most of them stay. Most of them are not moving to another state and I don't have just 19-year-olds that are paid by Daddy's book. And I'm very much generalizing, but in general, we have 18-year-old's all the way to 50-year-old's. I've had teachers coming back, biochemists coming back, a construction worker right now, is one of my students for years and he decided to go into nursing lots of second career, lots of people that went through a tremendous divorce or trauma of some side and need to find a way to make money and have chosen nursing. Worked hard to get in our program. So, it's pretty exciting to be able to put people back into our community. I love that.

P4 shared the following:

I personally really like the community college is because I think that they are way more supportive of their students, not that the universities aren't. But you also get a different type of student in community colleges. So, all this research being done is really honestly on the younger students. Community colleges don't always have younger students. They have sometimes it's their second career. So, I think some of these research projects would be a different outcome if you compared community college to a bachelor's degree. I really do think that because we think differently in community college as a student, they think differently if they're older. And the reason they're going is different to where some of my bachelor students, mom and dad wanted them to be a nurse and they're paying for their college. You have a whole gamut, but the higher percent of really wanting to be a nurse and really pursuing it is my community colleges. And so, I love community colleges and it's hard to get faculty.

P5 shared the following:

I really want to stay with the junior college because if I were comparing the two, at least it's a little more, there's a little more support there and there's a couple of leadership members that I have really been able to kind of latch on to and get to know better, especially this year, working full time with the first semesters. And so, my goal is to stay there for the ADN, plus I did the ADN. And I was the first second in my family to get a bachelor's degree, first in my family to get a masters. I'll be the first anyone ever really to get that doctorate. That's why it's so exciting. And I really want encourage students of an ADN level because a lot of them are,

you know, people that were like me. They were older, going to school. They have families, they have other commitments, and I just can relate to that, and I want to encourage that.

P7 shared the following:

I love it. Yes, I do. And I really like being a mentor. That's one reason I'm staying. It's much more affordable, and now when they're making it easy to get do an RN-BSN program. It's like, you know, it needs a lot more attention because this is where and they're working. People that are single moms, they're parents. I know there's diversity, but there's, I think, a lot more diversity at the community college level

P13 shared the following:

We have a commitment to diversity in the workforce. My heart is here. To me, there's something special about the community college system and the students that I deal with. Their stories and what they're doing with their lives and where they've come from, it's amazing. I get to be part of their success story, and that is a reward for me. And nothing against the BSN programs, it's like they're great. You know what? Go BSN program. My heart's just here.

Making Connections

The connections that participants (P5, P7, P8) made working as a nurse educator were cited as a contributor to job satisfaction. P5 shared the following about the positive feelings associated with making connections with students and the community:

> I think the benefits of teaching are the relationships with the students. Maybe I was being hard on myself and that I wasn't good enough or doing enough. But in the end, they always want to have me as an instructor again, and those relationships are forever formed. And when I see them out in the community, they're always running up to say hi and talk with me. And I feel like that relationship is what is keeping me going.

P7 shared, "The connections you make. I think it's just really helping the next generation; I feel really passionate." P8 shared, "I really enjoy the creativity I can put into my job right now, and I really enjoy the students, and if I weren't satisfied, I wouldn't be here if I weren't enjoying it."

Positive Evaluations

The data indicated that being given positive feedback from students, administration, and colleagues aligned with increased job satisfaction for three participants (P4, P5, P11). Both formal and informal evaluations helped nursing faculty to feel appreciated for the work they completed and encouraged them to continue to want to improve. The nursing faculty felt appreciated when their work was rewarded with positive feedback, it motivated them to want to stay in a teaching role. P4 shared the following:

> I did get positive reviews when I had my evaluations done. The affirmation from the students with the evaluations and the dean, you know, obviously giving me positive. I'm so glad you're here and the students are really prospering. And so, it was the support emotionally and physically that I felt to stay.

P5 shared the following:

> I think the students after having done it for a semester and just being open and honest with them about what I was learning as they were learning and really opening myself to their feedback to improve as an instructor and how much they embraced that and embraced me because of that really helps me keep wanting to do it because they were receiving something from me.

Theme 3: Challenges and Job Dissatisfaction

Study participants shared openly about the many factors that supported their passion and enjoyment of teaching, but the challenges associated with working as a nursing faculty were also discussed at length. Challenges included a low salary, difficult role transition, a lack of mentorship, excessive workload, work-life imbalance, recruitment and retention of nursing faculty, a feeling of disrespect, lack of administrative support, clinical load calculation, and the interview and hiring process. Looking at Herzberg's motivation-hygiene theory, not all challenges led to job dissatisfaction but may be perceived reasons that some nurses do not pursue a teaching career contributing to the ongoing nursing faculty shortage (Herzberg et al., 1993). Having a passion for teaching and experiencing joy from helping students seemed to help outweigh some challenges, but the challenges such as feeling disrespected in the profession, having a sense of work-life imbalance, teaching without mentorship, and not feeling supported by college administration were most likely to lead to job dissatisfaction. The ten leading themes discussed by participants are listed below in order of significance and include pertinent direct quotes from the interviews.

Salary

Eleven participants (P1, P2, P3, P4, P5, P6, P8, P9, P10, P11, P13) described the salary associated with teaching as a leading negative factor leading to job dissatisfaction. Due to "2019 House Bill 2158: Creating a workforce education investment to train Washington students for Washington jobs", which when passed included a statewide salary incentive for nursing faculty in Washington state community colleges, the Washington state nursing faculty participants shared a different perspective on salary (Washington State Legislature, 2019). This different perspective can be found in the discrepant cases section. The data showed that most participants interviewed believed that nursing educators were not compensated fairly, and the pay was far below where it needed to be to recruit and retain the number of faculty necessary to overcome the current nursing shortage. Participants often described taking a considerable pay decrease when leaving a clinical role to begin teaching. Some participants noted that the low pay does not reflect accurately with the level of education needed to be hired for the position. Novice nurses are often compensated higher working in a clinical setting as compared to nurse educators who are experts in their field and hold an advanced degree. Some participants described the need for additional jobs to make up the pay difference associated with a job working in a community college. The low pay also dissuades or exclude nurses from entering to the profession who are the main income earners for their household and cannot take a pay cut to pursue a desire to teach.

P1 shared the following:

The pay was significantly reduced. I was making sixty thousand working twenty-four hours at the bedside to, I don't think I was making forty thousand and I was having to work all the time. What would help us retain faculty? Money.

P10 shared the following:

Every time you try to recruit somebody, what's the first thing they say? I can't work for that kind of money, and I get it. I'm at the end of my career, but people are trying to put kids through college, they're still working their way up in life. I'm good, I've got what I need, I don't need anything else, but I understand it. The minute you say to somebody, get your master's, you're a great teacher. No, I can't take that money. We're asking working nurses who make $100 an hour, can you make 50 bucks an hour and teach a clinical with the responsibility, and the care plans that you're not paid for to correct. (…) I work as a house supervisor (at a hospital) so, it's very easy for me to make up the difference (…) A couple of shifts and I can make that up.

P11 shared the following:

It's certainly not the money. It's not the money. My students that graduate and go to the hospital in nursing are making more. So, it's not the money. But it's the reward of seeing the lights come on in the student's eyes. (…) I'd still like us to get paid more.

P13 shared the following:

The pay. I get paid for 10 months out of the year. But. I'm only working 10 months out of the year and it's hard. People say, oh, just get a per diem job. Well,

if there's a per diem job that will allow me the schedule flexibility, sure. So that's a barrier.

P2 said, “When I first started, a very negative aspect was the salary. It was about half of what I was making as a clinical nurse.”

P4 shared the following:

A barrier to teaching is money. I'll tell you that we can't get faculty and I don't mean money just for me. I mean money as a whole because we try to get nursing faculty and the money stops a lot of people because obviously, we make more money in the hospital. We're trying to get nurses that make one hundred and twenty dollars an hour to come work at a starting salary of like sixty thousand. Are you kidding me? So, the finances are very difficult. The pay is so low compared to being in the hospital setting.

P3 said, “A barrier is definitely the pay.” P5 said “I think part of it is finances, right? We don't pay our educators very much.”

P6 shared the following:

I think that fair pay is always an issue. There was another income in my household at that time, so it was not as big of a concern for me. It became a bigger concern when I divorced. There are hurdles that I continue to work to clear, and they are primarily administrative and payroll.

P8 shared, “They need to probably up the salary scale and do different things to retain their faculty.”

Difficult Role Transition and Lack of Mentorship

Challenges associated with the difficulties in role transition for nursing faculty was a significant point of job dissatisfaction, especially during the pivotal time of starting a teaching career. As the participants (P1, P2, P3, P5, P7, P8, P9, P10, P11, P12) moved from a clinical nurse expert into the role of novice educator, many barriers were met to prevent a smooth transition. The lack of mentorship was described by many as a reason the role transition was met with difficulty. Many faculty felt they were not prepared at the beginning of their teaching careers and did not have the mentorship or support to ease into their new role. Some participants reported feeling “lost” or “unprepared” and described the learning curve of teaching as “huge” with their first year of teaching considered “very difficult”. P1 describes the challenges of role transition and inadequate mentoring by sharing the following:

> It was a hard transition. It was really hard. I'm working with nurses now who are transitioning into education, and it's really challenging there because there are things that educators think should be second nature that are not either as you enter in. So, the mentorship wasn't there. That would have been nice to have.

P10 shared the following:

> It was very hostile, very hostile. And I was like I just quit a job with 50 percent pay cut and everybody hates each other. And so that was a one-year limited term. So, it was kind of a hostile work environment. Not a lot of support, not a lot of help figuring it out for yourself.

P2 shared, “Lack of role models. (…) I didn't really have a little cohort of my own to help with that transition, so I would say that was the barrier that I just didn't have any mentoring.” P3 shared, “It was kind of difficult I didn't feel like there was any orientation.”

P5 shared the following:

What was the hardest transition was into lecture. There was really no support or mentorship, or it was just kind of like, OK, here's your class. Here you go. Have a great time. Let us know if you need anything sort of thing and I still am in that same struggle of kind of getting my bearings and having to reach out a lot to various people, but there's no true mentorship occurring. I didn't really feel, even though I had a master's degree in it, I didn't feel prepared at all.

P7 shared the following:

It's very difficult. Yeah, there's no there's no policy, but there's no playbook. There's no one to really help you through on a regular basis. It's almost like you're finding things out on the fly all the time but transitioning into full-time that was really tough in our program. I happen to be teaching for a quarter where the teacher was on her way out and really resentful and did not want to mentor. So, my very first quarter, I was like eyes are big. (…) And I was like, is this really worth it? I stuck it out and it's been really fulfilling. But yeah, no, it was really rough.

P8 shared the following:

It's been a rocky transition, just as the hospitals were pretty short staffed. (…) And we saw like five or six faculty leave. And so, it just it was hard to find mentors. So, it felt like it was difficult because even the people that were left and one or two that I really thought, oh, these are really great teachers, I want to learn from them. They tried their best, but they had such a heavy load and didn't have a lot of time to ask for help with different things. In some ways, I really felt like I was just trying to figure it out on my own. That was difficult.

P11 shared the following:

I was literally thrown in the deep end. The mentor who was assigned to me was very disorganized and the interaction was more stressful to deal with her, so I just really got to work and studied the subject matter. I reached out to a faculty member who had just retired, and she gave me some tips, but really, I was engaged on my own.

P12 shared the following:

Just learning all of the objectives that we needed to meet for state requirements was in of itself a huge learning curve to make sure that we were doing things by the law. So, particularly at all times on every sheet of paper, every program, every reporter, every single thing was recorded for good reasons to keep our school under accreditation. So that was very stressful. But as far as like the educator role specifically because that is a big part of being an educator is following all of that. But then as an educator itself, I really did feel a little thrown into it. (…) they

threw me into a class and said, "Here, teach this" and I had no idea how to frame my class. So that was hard.

P13 shared the following:

If I'm directly answering your question, did I feel prepared? No. But do I feel like I had preparation? Yes. So, I think it's I think it's like nursing in general. It's like you're never going to feel 100 percent prepared.

P14 shared, “I was totally lost all of the time.”

Even though a lack of mentorship and a difficult role transition was a prominent theme that many participants described as a challenge to starting a teaching career, participants (P1, P5, P7, P13, P10) mentioned that a goal they had as a faculty member is to help to improve mentorship within their nursing programs and help to guide future educators in a more supported orientation process. P7 shared, “I really like being a mentor. That's one reason I'm staying, so I can mentor the new faculty coming in and try to be supportive.” This shows that although many participants felt a level of dissatisfaction for the lack of mentorship they received, they hoped to change the process to improve nursing faculty retention in the future. Most of the experienced educators interviewed described their deep interest in supporting future nurse educators through ongoing mentorship before they were to leave the profession. Through robust mentoring they hoped to prevent job dissatisfaction for new nurse educators. Participants described their desire to improve faculty-to-faculty mentorship by being the mentor that many lacked when they transitioned into the role of an educator.

Role Responsibilities

Nine participants (P2, P3, P4, P6, P7, P9, P10, P13, P14) discussed the various responsibilities that nurse educators had as difficult to manage. The participants described a wide range of responsibilities that led to job satisfaction challenges. Many shared that they felt they had a lack of time to complete all the responsibilities placed on them within the classroom, clinical and other duties as assigned by administration. The expectations placed on nursing faculty created a feeling of stress for many participants, even when they viewed the responsibilities as necessary. The overwhelming nature of the responsibilities was shared by P13 with the following:

> It's interesting, it feels like it's a mixed bag in some ways, in some ways, it's so much easier than direct patient care, and in some ways, it's so much harder because it's so nebulous. You know, I feel a pretty deep sense of responsibility, because I'm training these students to be the future nurses.
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> P10 shared, “I think, probably the biggest responsibility that I perceive is not really faculty's responsibilities is all the compliance for the hospitals. You know, it's just a ton of compliance for the hospitals and all that tracking.” P3 shared, “You're in charge of lecture, communication, scheduling and keeping everybody in line, but there's no benefit financially.” P14 shared, “Instructors have to hold a high bar standard.”
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> P2 shared the following:
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> The responsibilities are kind of overwhelming. They probably don't need to be, but I have an emotionally vested interest in preparing my graduates as best I can

and making them really good nurses. And so, I could dial back my expectations of the students. I could dial back my personal investiture, but I don't know how to do that. I think that's part of the personality that nurses have. We take a personal interest in the outcome, and so it does kind of consume my life. It's not just a job that I can stop doing at five o'clock, I go home or worry about the students. And I don't know how to resolve that balance, and I probably won't. I mean that's just the way it is.

P4 shared the following:

I think it's a lot, but it depends on the school you're at (…) You had to be on certain committees as well as all of your lectures and your clinical and your grading of that. And of course, the evaluation and the development of your courses and your rubrics and your objectives. (…) they've asked me to be in some other roles like the department chair now. And so, I have that added, as well as continuing to teach in the didactic and to teach in the clinical setting. So, I think sometimes it can be hard to juggle, because you want to do your best at everything. But I can't. So, if I have to take time away to be on a tenure evaluation committee because that's my responsibility as a faculty member, then that’s so many hours taken away from me grading my papers. And then how effective am I really looking at giving the correct comments as constructive advice to the student? And like right now, we're trying to get ACEN, so we're spending hours and hours with ACEN and that's time away from my students. (…) But when I first started, I didn't know that, I thought you just did your thing.

P6 shared, “The responsibility is usually put on instructors and less on students sometimes. And we need to teach our students they are learners.”

P7 shared the following:

I understand that it needs to happen in order to make the college function effectively, but you have your student needs which come first. You have your needs to stay current and to, you know, to research, which we don't have time for really. You have your needs and your responsibilities to the college, to the department, you know, the meetings. And so, anything extra that you're really passionate about, it's really hard to make that work. While I understand it, I find it frustrating because when I when we want to make change or we want to use incorporate best practice, we want to research it more, we want to really integrate it, it's really hard to get everybody on board because we're all pulled in so many directions. And that's on top of your own life things too, that's really hard.

P9 shared the following:

There are a lot of responsibilities because I have to do clinical aspect, like scheduling the students. I also have nurses, the adjuncts that I have to schedule with the students (…) But it's rewarding as well. And I think, you know, it's a lot of work, especially for what the community college, for what they see our role as they give us less. (…) We have to deal with a lot of responsibility, a lot of the responsibilities, but also personalities sometimes. And we have to get involved with people that are struggling or sometimes we have to be blamed when they're not doing well, it's a lot on our plate.

Excessive Workload

The data showed that a significant challenge perceived by many nursing instructors in community colleges were the amount of work they were responsible for in providing quality education to the students. Most participants (P2, P4, P6, P7, P10, P11, P12, P13) described the workload as a reason teaching was viewed as a difficult profession. According to participants, the time allotted to complete the work was often not in alignment with the amount of work assigned. This resulted in most participants sharing that they were expected to work more than 40 hours per week to carry out all the necessary functions of their job. A shortage of nurse educators was the primary reason that participants reported a high workload. Having to do more with less was discussed openly and often during the interviews. Role strain related to the challenges of an excess of responsibilities was a factor relating to some participants who felt a sense of burnout and work-life imbalance. P2 shared, "The other negative aspect would be just the consumption of time and life."

P6 shared the following:

> It's certainly we are overworked as a whole. I loved the teaching and the clinical work. I love my clinical partners. Although there are times when there have been restrictions that do impact the quality of the educational experience that my students have and that can create difficulties for me as a nurse educator, (…) But it makes it harder because then I have to design and sometimes do things on the fly to make sure my students get the hours they need and the education that they need. (…) It's the fact that things like prep and grading don't count as part of your

work hours, even though they must be done. It's a very different way of being paid, then working as a nurse.

P10 shared the following:

I think COVID just really changed people's boundaries. (…) I think the bad side of going to this digital world was boundaries of time. (…) And the other thing I would say is just the extra time, tons of extra time. I have an adjunct faculty who works on the weekends on Saturday and Sunday, she does clinical then. So, I talked to her almost every Saturday and every Sunday. She has questions, she has a struggling student. Whatever it is, I'm always on call to her. And of course, I would do that, but that's still I would say a downfall that you have to do more than your actual workload, all the correcting of care plans, all the things that we do in addition.

P11 shared the following:

If you would have asked me this question pre-pandemic, I would have said overwhelming because we kept increasing enrollment in order to qualify for grants. You know, it's kind of like a wheel or treadmill that kept getting faster and faster.

P12 shared the following:

I think the really the biggest barrier for me is that I had to really look through a lot of protocols. A lot of reading and get myself up to speed. (…) I used to put in sixty-hour weeks when I first started because I had to study so much about what I was teaching.

P13 shared the following:

It sometimes feels overwhelming for me. I look at the amount of material they need to absorb for the NCLEX. And the students feel this frustration of like, well but you didn't talk about this in lecture, and we tell them at the beginning like, look, if we lectured on everything you need to know for the NCLEX, it would be a 12-year program. At the same time, feeling responsible for trying to figure out ways of how do we prepare them for that level of learning, when I have this amount of time to do it? And it's doable because we've been doing it, but sometimes it feels like we're always just barely catching up.

P4 shared the following:

It takes at least a half an hour to forty-five minutes per student to grade their care plans and their assignments every week, and that's included in our salary. But that takes up my whole time. I'm very religious, I come home from church and I'm grading papers again because I want the students to have the feedback in time. I could tell them, that it's going to take two weeks, but I don't think that's fair as a student for me to keep their grades or should I say their comments when they're trying to do one the next week.

P7 shared the following:

Colleges are cutting jobs, so we're doing more with less just like hospitals, just like they're doing at bedside. (…) I would love to have time; it would be so nice. I'm playing catch up because I'm teaching different content every quarter. So, it's been really challenging.

Work-Life Imbalance

Although the schedule of working in academia was predominately seen as a positive for many participants, participants described the schedule as a negative when the workload was taken home and the hours of teaching responsibilities spread into the evening and weekend without a clear boundary defined between work and off-work hours. Work-life balance was a challenge for some participants who felt they did not have adequate time to perform all the duties and tasks that were assigned to them. The data showed that when participants felt a sense of work-life balance it usually did not occur until after the instructor had been in their role as educator for many years. Quotes are shown from participants (P1, P2, P6, P7, P8, P13, P14) who describe the dissatisfaction and process they used to overcome challenges associated with work-life imbalance. P1 shared the following:

> I'm kind of out of coasting time, but it took me 10 years. Yeah, and all that education, and it's very odd feeling to have some work life balance finally. I didn't feel I had it really before until recently. So that's kind of sad. I don't want that for my new nurses. (…) Not much work life balance (during COVID), but sometimes you have to do that to eventually get to a point of work life balance. I do try to as an educator so that hopefully as nurses, they'll be in tune to it, like there's a time to be out of balance, but you always have to have that goal to get back in balance. You know, it's never going 100 percent in nursing. You always have those ebbs and flows.

P13 shared the following:

And the difference with acute care was just like, okay, when I clocked out, I was done. I wasn't getting emails from my patients at dinnertime, whereas I'll get emails from my students. I'll be like, well, if I deal with this now, then it's done, or I'll be thinking about. It's like, well, I've got that test coming up and shoot I'm really kind of behind on this evaluation. It's taught me a lot about setting boundaries and sticking to them and the importance of doing that. And we've actually had a lot of discussions in our faculty about (…) work-life balance. So, trying to incorporate that and just the dance of pushing back between those kind of normalized deviants, not having those good boundaries, and when you start instituting those boundaries. There's the resistance. And how do you work with that because they have different expectations and there's friction sometimes with that.

P14 shared the following:

I have no life because I have no time. This job, if you want to be excellent, takes all of your time. I have no hobbies. Everything at home is broken because I am way too busy to take care of these issues.

P2 shared the following:

It's not just a job that I can stop doing at five o'clock, I go home or worry about the students. And I don't know how to resolve that balance, and I probably won't. I mean, you know, that's just the way it is. There is no balance. It's it consumes my entire life. I'm working way more than 40 hours a week and working weekends and breaks and holidays and no balance at all.

P6 shared, “Never. None. At this time, none. I strived for (work-life balance) for a while and then I end up pitching in and it's difficult.”

P7 shared the following:

I think that it's if you want the truth, if you want to be a really student centered teacher is very hard to have that (work-life balance). Yes, you can set boundaries and say, I'm not, but there are things that come up. There’re crisis things and that's all my own time, and that's on top of managing the day-to-day stuff. So, it's not equitable or fair.

P8 shared the following:

Work-life balance is something that you really have to fight hard to keep. It's difficult. I know that's a reason why I heard from people that they left. I know one of the people that I looked up to the most who quit after winter term last year just said, I'm working 60 hours a week and definitely not being paid for that much. And also, that's not why you sign up for this job. But I really have to set firm boundaries and try my best really emphasize that with students and co-workers. I will try my best to answer this email within twenty-four hours and if it's the weekend not going to, and that definitely doesn't always happen. But just trying to follow those kinds of rules and do your best to keep that work life balance, because if you don't, then you won't want to keep on doing the job.

Difficulties in Recruitment and Retention of Nursing Faculty

Seven participants (P1, P5, P6, P8, P10, P11, P13) shared those difficulties in recruitment and retention of nursing faculty in their academic institution as a factor in job

dissatisfaction as it increased workload, placed additional stress on faculty, and left uncertainty in program stability. The reasons for challenges associated with recruitment and retention varied by institution but a high turn-over rate predominately was related to salary, retirements, the opening of tenure track positions, a lack of administration support, and difficulties in the hiring process. A high turn-over rate of nursing instructors resulted in the remaining faculty to feel that additional work was "thrown" at them and resulted in a decrease in the quality of education for the students. P1 shared, "We need to have more prepared. I think we need to prepare our nurses to be educators. Because, for instance, we have a shortage of faculty, we have a shortage of nurses in the hospital." P10 shared, "We've had so many retirements that we lose two, we gain one, we can't ever be even. (…) this is our fifth semester of overload because we haven't been able to fill positions yet."

P11 shared the following:

> We have a high turnover rate; we have lost instructors. We lost one tenured instructor this year. We have a very hard time getting adjunct instructors. The college has a really hard time attracting them and holding on to them because, you know, they can't compete financially with what nurses are making in the hospital and it's expensive.

P13 shared, "We've had a lot of turnover in the last two to three years." P5 shared, "I think that they just are like, why am I doing this and when it's not really great money? (…) And because, you know, the full time contracts can only go so long

> and then if you don't get tenure track which those positions that are not open a lot, then you have to go elsewhere."

P6 shared the following:

> I would say it's not a priority to our administrators. I don't think there's much care for that, I think the full-time nursing faculty care about retention. We are usually the leads and anchors of each nursing course in the program.

P8 shared, "I saw so many teachers leave, and it decreased their quality of education. (…) And so, they need to probably up the salary scale there and so forth do different things to retain their faculty."

Feeling of Disrespect

Some participants (P1, P5, P6, P10, P11, P12) encountered a feeling of disrespect while working in academia contributing to job dissatisfaction. Disrespect felt by the instructors was perceived to come from students, colleagues, fellow nurses, and college administrators. When the participants did not feel valued in their professional role it left some questioning if the work was worth the challenges. When nursing faculty felt disrespected, it reportedly increased feelings of stress, isolation, and negativity associated with role performance. Disrespectful behavior seemed to limit communication, collaboration, diminish joy in teaching, leading to dissatisfaction and burnout. P1 shared the following:

> We don't get respect. Sometimes when we go into the facility. You know, they think you just fall into teaching when you can't do anything else, which is totally

wrong, but you're sometimes looked a little bit down on for being an instructor, not only in the facilities but sometimes by the students.

P10 shared the following:

It was very hostile, very hostile. And I was like I just quit a job with 50 percent pay cut and everybody hates each other. (…) I have what I call a student stalker right now. This person goes on My Professor, she goes on, Rate My Professor. Like all the time and I constantly have to have reviews taken down. They're mean they're just vile and mean. (…) It's about feeling valued. I don't think we do. I just think under-recognized and undervalued.

P12 shared, “There's a lot of backbiting that I try to negate. I just say let's focus on the students and move the topic.”

P6 shared the following:

Bullying is sometimes a thing. On that particular unit, they didn't want me there and they didn't want my students there. (…) There is an emotional toll to telling even other nurses, hey, my work matters too. And that is hard, you know?

P5 shared the following:

I just feel that there's this lack of respect when you're not a tenure track or when you’re contract or adjunct. I think that they just are like, why am I doing this and when it's not really great money? And two, it's just they're not really treated respectfully.

Lack of Administrative Support

Not having the support of administration or fellow colleagues were described as points of job dissatisfaction by five participants (P2, P3, P4, P6, P10). This indicated that limited support by administration resulted in difficulties for participants to feel valued in their role as nursing educators leading educators to feel less satisfied in their job. Challenges presented by administration in the academic setting is shared by P2:

> I would like better support from the school administration. They are obviously not nurse experts. They're very concerned with retention and recruitment of students, and we're very concerned with the quality of nurses that we're producing. So, we would like to see more understanding from administration about that.
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> P10 shared the following:
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> We've had director issues. Nobody wants that job either. So, we've had limited terms. We've had faculty step to step up to the plate. There's been all sorts of piecing it together, so we haven't had that stability either, and they come in and they don't know the program, and it's just also kind of difficult for faculty, a little demeaning.
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> P3 shared by the following:
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> I would like more transparency from like the dean and the nursing department chair. Things that are coming because I feel like they need to make a decision and they present at the faculty meeting and the decision has already been made.
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> P4 shared, “I do not feel there was leadership at all. It was horrific.”
>
> P6 shared the following:

> I have found you don't always have a supportive leadership. We had a director who was put in who was trying to step over my boundaries. (…) I've also had the administrators who were not nurses who have overturned my failure of a student when the student had engaged in a behavior that would not meet state criteria, like abandoning their clinical. So, I've had that happen a couple of times with upper levels of administration, so lack of administrative support is another huge one. (…) I don't feel appreciated by upper levels of administration. (…) I would like to see the same level of advocacy from my middle managers, my associate dean and dean. I would like to see them trust in their faculty. You know, sometimes when we've had very clear violations of safety rules, we haven't necessarily it's like we're getting interrogated as to whether or not we did the right things. And, you know, sometimes we're even asked to change policies on the basis of that. (…) The responsibility is usually put on instructors and less on students sometimes. And we need to teach our students they are learners. But there are some things we can't compromise on, or we are compromising on safety and really in clinical relationships. And those are not always respected. People don't always appreciate the values of the profession.

Clinical Load

The way in which participants were compensated for clinical work was a matter of discontentment for four participants (P4, P9, P10, P13). The participants described being paid at a lower rate while teaching in a clinical or lab setting. Load calculation often resulted in a 20-30 percent reduction of hours as compared to how lecture hours

were calculated resulting in more hours having to be worked in a clinical setting to be paid the same as a load calculated for only lecture hours. This left the faculty members to feel that their work in clinical was not as valued by the college administration or other faculty members as it was when they were teaching within the classroom. Pay inequity was shared by P10:

> I think the most insulting and I'm sure that your college is the same, is the lab pay inequity. You know, we had point seven were up two point eight. You know, we fight and we fight, we fight and we're up to point eight. And it's just absolutely insulting. And I bring it up every minute I can to anybody that will listen. Well, and the college screams equity. We want to be fair and equitable equity, equity, equity, equity. How is that equitable? (…) It's like I always say which, which 20 percent of me, do you want me to leave home? An arm, a head, a foot? What part of me are you not paying for? And you know, we all know clinical is way harder than standing in a class for lecture. I mean, that is where the work is and the responsibility our students can kill people, you know?

P13 shared the following:

> It's the first hour is paid one to one, but every subsequent hours paid point eight. That's something we're actually talking about negotiating. And I think a lot of that has to do with the misunderstanding of what's involved in clinical teaching.

P4 shared the following:

> And I think that's the negative aspect because at the school that I'm at our load for clinical is point seven five. It's not even one-to-one. And I've worked at (another

college) and theirs are one-to-one. But the one I worked at (a college); it was one point five. We got one and a half for our load. It was fabulous. So, there wasn't a scarcity of faculty for clinical, where there is now, you know, it's very hard because people love to work for us, but they make more money at the hospital, So, I think that's what the negative is really is the finances.

P9 shared the following:

The base that they pay us is not as much as like some of the other instructors like, for example, chemistry and we do more like we have the clinical and all of that. And so, we're trying to figure that out. Because they have their lab and the class, which so do we. But our lab is two days of clinic a week and whereas theirs is like maybe three hours, six hours a week or something. And so, you know, I don't think that we get paid for the responsibility (…) considering the amount of hours that we do, it doesn't balance out. The way they load and pay us for that load, I really think should be more (…) for the work that we do compared to others. I don't believe that everything's ever going to be fair. But I think that they do need to look at that.

Interview and Hiring Process

There was some discussion of the barriers associated with the process of applying for, interviewing, and being hired into an academic position within a community college by three participants (P5, P7, P8). The hiring process was described as complicated, difficult to navigate and slow-moving. Participants described their desire to have a more

streamlined interview process, that was transparent and equitable. P5 shared the following:

> I would say, the other barrier is the hiring process. I think that our hiring processes really may work in an academic setting, but I think for nursing in a clinical and they have the clinical background environment shouldn't have the same interview process as academia. And I think we lose a lot of great people because of that. And even me, you know, I've been doing most of my work as contract. I haven't gotten tenure track yet and it's been full time contacts, and that's great, but I feel like I'm still learning that interview. And it's a whole new interview. It's completely different than anything you've ever interviewed in academia.

P7 shared, "Our college is also really working on social justice and equity. So, there is a little bit of a disconnect over candidates who they want versus who we think would be a good instructor, too."

P8 shared the following:

> I had to reapply for my job for this year to become full time faculty. (…) And I was like, this is ridiculous. Like, I'm kind of the one who survived and I'm still standing and you're making me feel lucky and that that did not improve retention, right? I applied to other places, and I almost left and didn't come back. That was part of the reason, and then also because of that, they say, well, we're going to keep you on the same step as last year because you weren't a full-time employee so that their pay is very much not good for retaining nurses. They should have

> treated me (better) for surviving the whole year and so forth. You know what I mean? And I told my dean that and she's like, "well, higher education is different". I'm like, well, that's why you don't retain people very well.

Theme 4: Career Plans

Staying in Academia

Although the participants shared many challenges associated with teaching as a nursing faculty member in a community college, all but one participant stated they planned to stay in academia. Most participants also stated they planned to continue to work in a community college. P9 shared, "I think I'll stay in education because of the flexibility of the schedule." P12 shared, "I will be tenured after this quarter. I plan to stay. I'll just say indefinitely at this point. I don't see any reason to leave." P13 shared, "I love my job. I plan to do this until I retire. My heart is here in the community college." P7 shared, "I feel like I'm not ready to just not do anything nursing related."

Some participants (P1, P2, P6) who stated that they planned to stay in academia also shared that they have considered leaving academia, but it was not feasible at this time. P1 shared the following:

> I like education, but I have looked at getting out, but right now it's not feasible. We're actually losing our dean. And so, I talked to her about filling in as an interim dean. Possibly. It's not what I want to do, but it's what's needed. And that's what we do as nurses. We go where we're needed.

P2 shared the following:

> If I was completely dissatisfied. I would leave, but I'm not quite sure where I would go. My education is very specialized for education. So, I could go back to clinical practice, and there doesn't seem to be any problem with job openings in those areas. So, there is there's always an occupation there, but like I said, physically, I don't know if I could do it for very long. So sometimes areas of job dissatisfaction, we just have to suck it up and move on, because this is where we are.

P6 shared the following:

> If I could, I would retire now. If I could have, I would have retired yesterday. I love my students, but sometimes everything else becomes so difficult. You know, teaching itself, I love. Everything else I would leave if I could. I would have left already if I was sure I could financially manage to leave.

Adding an Additional Degree

Four participants (P4, P5, P8, P9) discussed adding an additional advanced degree (MSN, DNP, or PhD) to further expand their careers in nursing education. P4 shared, “I am going to continue teaching and I am actually getting my PhD right now. Hopefully in two years, I'll be done. But honestly, I just want to keep teaching.”

P5 shared the following:

> I'm working on my doctorate. My goal is to get a tenure track position. At first, I was going to go with either the junior college or the State College, but I really want to stay with the junior college.

P8 shared, “I'd like to get a master's in nursing education, and I am enjoying teaching. I'm really enjoying where I am at right now.” P9 shared, “I'm working on my Doctor of Nursing Practice with an emphasis on nursing education. So, I think that that will really help strengthen my teaching abilities.”

Retirement

Six participants (P2, P6, P7, P10, P11, P14) planned to retire from academia within the next five years. Nurses traditionally enter academia later in life, which reduces the number of years that they can work as a faculty member. Having a high number of nursing educators who are nearing retirement, shows the importance of creating a work environment that encourages nurses to enter an educator position to prevent the nursing shortage from continuing to increase. P6 shared the following:

> You know, I am planning on holding tight for right now, and I'm hoping to go to part time practice when I am sixty-three in four years and then hopefully work half time to sixty-five and retire.
>
> P10 shared, “Retirement. So, I'm 58, I'm going to retire. That's kind of my next goal and pay off my student loan from my doctoral program so I can retire at 60.” P14 shared, “I will retire from teaching in six years.” P11 shared, “I'm on the downhill slide here. I'm going to finish up. I'm 64 and 1/2 and I want to make it to 70. I don't really have any more hills to climb or anything to prove to anybody.”

Discrepant Cases

Low salary was a common theme that was discussed by most nursing faculty in the study, except for the nursing educators located in the Washington state. The

Washington state study participants described the difficulties in recruitment and retention of nursing faculty leading up to the passing of the House Bill 2158: Creating a workforce education investment to train Washington students for Washington jobs, in 2019. After House Bill 2158 was passed, the nursing faculty reported a rise in income that helped to stabilize the recruitment and retention efforts of community college nursing faculty. Salary was not discussed as a barrier to entry or as a negative aspect of a teaching position by the Washington State nursing faculty. The Washington state nursing allocation is shared by P12:

> Financially, I know not all states are set up this way, but I work for Washington state, and they reallocated a lot of funds a couple of years ago. And so, any public-school teacher got about a thirty thousand dollar pay raise. We're paid very, very well. And when they offered me a position at one of the other schools and forty-eight thousand was the best they could do. Wow. Which was half of what I made at the hospital. So really pretty big benefits.

P2 shared the following:

> When I first started, a very negative aspect was the salary. It was about half of what I was making as a clinical nurse. I'm really lucky that in the state of Washington, they recognized the problem with retaining faculty. And about three years ago, we got a sizable increase in our salary, making it competitive with what somebody in the industry would be making with a graduate degree. I think we're one of the few states that have that. People are kind of surprised when they apply for a position from another state because they're used to being severely underpaid.

And so, I think that Washington is attracting educators and probably stealing them from surrounding states. But like I said in the beginning, that was a negative aspect. It's not the case anymore because I feel like we are fairly compensated now. (…) We actually have a pretty good retention rate once people come, and I think that people once they complete their tenure process, are pretty satisfied with their job, and so we don't have a problem with big turnover. Again, we did before we got an increase in salary, so we were losing people. (…) because the pay raise only applied to community colleges and not private universities we're not losing people. And so, it really all comes down to salary. I think that's why we have a good retention. (…) this pay raise was designed only for community college structures. Because we produce a lot more nurses than the universities do. They figured something out, they looked at the hemorrhaging nursing population and figured out they have to do something. (…) it's a kind of a well-kept secret, in Washington, for a long time we really struggled. We would post a job for an opening and have maybe one applicant. I've been on search committees for other departments in the college, when you post a job for a biology teacher or an English teacher, you get five hundred applicants from all over the world, and we would get one applicant for a nursing instructor. So now our pool is a little bigger.

P6 shared the following:

I mentioned that state allocation when I mentioned my pay. That was new as of three years ago because our state had a situation at that time where 70 percent of nursing programs had openings and there were three nursing programs in a major

metropolitan area that were unable to admit a new cohort of nursing students. This was because they had no faculty, and this was pre-pandemic. This allocation was signed into law by the governor as part of a larger workforce education investment at the end of May 2019 before the pandemic. Now we are getting more nursing faculty and have more nurses in our state.

P7 shared the following:

Our governor with thinking ahead to retention for nursing faculty at community college in ADN programs, so we get a nursing allocation. Part of also through the state, there's a high wage, high demand that varies and that's negotiable (…) but basically, we get another let's say, roughly around $20000 extra. And there's also a stipend. It's very much helped with retention.

Summary

In this chapter, I provide results from qualitative data obtained from one-on-one semi-structured interviews with 14 nursing faculty members from community college ADN programs in the western U.S. My findings included perspectives of nursing faculty and facilitators and barriers to working in community colleges. Overall, themes that emerged from study analysis stemmed from the guiding research question and aligned with Herzberg's two-factor theory to explore perceptions of nurse faculty about their faculty role in the community college setting. I identified four themes following participant interviews: (a) motivation and role expectations, (b) benefits and job satisfaction, (c) challenges and job dissatisfaction, and (d) career plans. These findings were used to understand what motivates nurses to teach in community colleges, benefits

to the unique role of ADN faculty, job satisfaction and dissatisfaction factors involved with teaching, challenges associated with educating the next generation of nurses, and how their current role plays into future career plans. Chapter 5 includes interpretations of findings, limitations of the study, implications for positive social change, recommendations for future research, and a conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of my study was to explore perceptions of nurse faculty about their faculty role in the community college setting. I designed this qualitative descriptive study to gain insights and better understand nursing faculty perspectives. Participants shared their experiences and perspectives via semi-structured interviews. Analysis of interview data elicited the following themes: (a) motivation and role expectations, (b) benefits and job satisfaction, (c) challenges and job dissatisfaction, and (d) career plans. Participants conveyed factors that contributed to job satisfaction and dissatisfaction in their roles as nurse educators. In this chapter, I provide interpretation of study findings, limitations of the study, recommendations from analysis, and implications for positive social change.

Interpretation of Findings

Herzberg (1966) identified two distinct types of motivating factors: satisfiers (motivators), and dissatisfiers (hygiene factors), which drive feelings of satisfaction or dissatisfaction in the workplace. According to Herzberg et al. (1993), motivation factors are meaningful to role retention and often include achievement, positive recognition, role responsibilities, growth, and promotion, while hygiene factors that contribute to dissatisfaction include salary, administrative policy, relationships, work demands, and secure employment. Findings of my study affirmed prior research (Arian et al., 2018; Bagley et al., 2018; Bice et al., 2019; Bittner et al., 2017; Candela et al., 2015; Dalby et al., 2020; Lee et al., 2017) suggesting that the role of a nurse educator is complex and diverse and deserves attention to better understand the nursing shortage.

This study contributed a rich overview of community college nursing faculty perspectives involving motivation, benefits, challenges, job satisfaction and dissatisfaction, and how they affect their decisions to remain or leave their current nurse educator role. Many participants described the importance of recruiting and retaining faculty to meet the demand of the nursing shortage. My study supported previous findings that to overcome the nursing shortage, it is vital to address challenges that nursing faculty face while working to enhance job satisfaction factors to improve recruitment and retention efforts for community college nursing programs.

Motivation and Role Expectations

Role modeling and the influence of other educators in terms of encouraging nursing faculty plays a major role in attracting nurses to become instructors (Ross et al., 2020). Motivation in the workplace is a behavioral action driven by personal internal growth. Motivating factors are considered satisfiers and when present, help to increase feelings of fulfilment in the workplace. Intrinsic motivation is influential for positive job performance, and as shown via perspectives of nursing faculty interviewed for this study, plays a role in retention. Many participants started their roles as nurse educators for four main reasons: desire to give back to the nursing profession, creating positive change, being a role model to future nurses, and enjoying education. Job satisfaction and intent to stay in teaching roles happens when role expectations are met, and achievement is felt for the work itself. The themes of motivation and role expectation connect to the reasons educators are drawn to working in education discussed by Ross et al. (2020) which

highlighted an ability to use their education, knowledge, and expertise in a meaningful manner to give back to future generations.

Benefits and Job Satisfaction

Benefits of teaching were openly shared by participants, but not all benefits of working led to the same level of job satisfaction. My findings indicated that job satisfaction was derived when expectations associated with motivation and passion to teach were met. Woodworth (2016) found job satisfaction increased through both motivational (intrinsic) and hygiene (extrinsic) factors. Professional satisfaction is linked to self-identity in terms of preserving foundational principles of compassionate and competent nursing care. Participants shared a deep sense of a responsibility to pass on practice standards to safeguard the future of nursing which was supported by Westphal et al. (2016) who found meaningfulness of work directly related to nursing faculty job satisfaction. Being able to pass on knowledge to the next generation leads to work environments for nursing faculty that support feelings of remaining productive and essential to the nursing profession.

My findings of satisfaction that participants felt for the act of helping students was supported by Thies et al. (2018) who found that interactions with students was a top component of nursing faculty job satisfaction. The meaningfulness of work is considered a satisfier, which can increase job satisfaction (Herzberg et al., 1966). Nursing faculty were encouraged to stay in their current role when they felt the work they were doing was meaningful. This helped to connect them to their community, peers, and students. Ross et al. (2020) found working with students is the primary reason that nurses begin and stay as

educators. Similarly, my findings indicated that participants derived job satisfaction when they received positive student or peer feedback. When participants worked in a supportive and collaborative environment, job satisfaction increased. Feeling valued was a highly discussed aspect to role retention for participants.

Challenges and Job Dissatisfaction

When the reasons why participants chose to enter an academic role did not align with the work conditions, job dissatisfaction with the academic role was prone to occur. Although participants enjoyed teaching, findings showed many challenges they encountered. My findings indicated that participants seemed to be unhappy with conditions involving an educator position as shown in theme 4 (challenges and dissatisfaction), as opposed to the work itself, which aligns with Herzberg's two-factor theory (Herzberg et al., 1993) Understanding challenges that nursing faculty encounter that led to job dissatisfaction is important for finding ways to improve recruitment and retention of future educators.

Even though most participants reported overall satisfaction with teaching, eleven participants discussed dissatisfaction in terms of salary, which is supported by the findings of Westphal et al. (2016) of nurse educator workforce issues. Clinical load refers to the way in which nurse educators are compensated for clinical teaching. This was an area of dissatisfaction for many participants who described feelings that clinical work they completed was not as valued as the time they spent in theory or didactic teaching. Participants felt they were not fairly compensated for the high level of expertise required to lead nursing students in a clinical or simulation setting. Nursing faculty often receive

lower levels of pay compared to industry trends, with community college nursing faculty receiving lower pay as compared to universities (Gordon, 2019). Salary may be a deciding factor for nurses choosing a career in clinical practice or education. When salary is viewed as insufficient by those currently employed, it may further dissuade nurses from pursuing careers as educators. Hygiene factors do not independently lead to satisfaction, but without hygiene factors, there is often a lack of motivation in role performance (Herzberg et al., 1993). While a higher salary will not lead to job satisfaction; a low salary may result in unmotivated and dissatisfied nurse educators. Despite salary disparities, participants were enticed to pursue academic teaching roles due to motivators that resulted in job satisfaction.

Feeling respected in a professional role was an important factor for most participants. Faculty-to-faculty, faculty-to-student, faculty-to-nurse, and faculty-to-administrator interactions were a top component of job satisfaction. Incivility in nursing education is a topic that has been heavily studied and shown to be a contributing factor to nurses leaving the profession (Arian et al., 2018; Casale, 2017; Meires, 2018; Pyles, 2016). Positive relationships were sought by participants, but when uncivil behaviors were a common part of their work environment, high levels of job dissatisfaction were shown.

Ineffective leadership styles were described by participants as a reason for job dissatisfaction and a leading influential obstacle when considering leaving a teaching position. Leadership style was shown to be a determining factor in retaining nursing faculty (Lee et al., 2017). My findings of college administration not being supportive or

understanding of the role of the nursing faculty which led to job dissatisfaction were like findings by Stegan et al. (2018) and Thies et al. (2018) who described organizational support and feeling valued as an employee were pivotal to allowing nursing faculty to feel a sense of job satisfaction.

Expectations placed on nurse educators can be vast and consuming of time and energy. Mallette et al. (2018) found that academia requires faculty to meet demands of multiple complex systems which include student needs, curriculum review, accreditation, NCLEX testing strategies, advancing technology, completing research, clinical supervision, participating in college governance, and meeting professional nursing standards which led many to feel over-worked and under-valued. My findings were similar in that workload of nursing faculty was reported to be at an all-time high during the COVID-19 pandemic, resulting in many participants exhibiting an extreme work-life imbalance. Participants described a need to fight for their free time and that it took concerted efforts to balance work responsibilities with personal life. The influence of striving for balance was often unsuccessful resulting in increased levels of stress and a desire to leave nursing education for a job that required less time commitment.

The number of years teaching also corresponded to faculty job satisfaction which was supported by Arian et al. (2018) who described higher levels of experience as an educator with higher feelings of fulfilment in an academic role. Newly hired nursing faculty that were interviewed shared a higher sense of dissatisfaction related to a lack of mentorship and difficulties in role transition. The act of becoming a nurse educator was described as very difficult and is in alignment with previous research which showed that

new educators feel unsettled in their new role which was a sharp contrast to feeling capable and self-confident as an expert nurse in their previous role (Hoffman, 2019; Ross et al., 2020; Stamps et al., 2021). This highlights the importance of mentorship and orientation for newly hired nursing faculty to prevent an isolating and overwhelming beginning to a teaching career.

Mentoring is recognized in the literature to provide support for novice faculty, encourage belonging, and create longevity in academic careers (Gentry et al., 2019; Knowles, 2020; Miner 2019; Shieh et al., 2019). My findings showed when effective mentoring occurred, the nursing faculty member was more satisfied with their job and more motivated to stay in a teaching role which was supported by Gentry et al. (2019) and Miner (2019) who described that effective mentoring promotes the building of a trusting relationship while focusing on achieving professional goals and may ease the difficulties of transition into academia. Many nursing faculty I interviewed described their desire to be a mentor for new nurses entering into academia to promote longevity in the career of nurses teaching in the future which is supported by Shieh et al. (2019) who found that development of new strategies that center around team building, institutional encouragement, and collaboration may improve job satisfaction. The benefits of mentorship are not only seen by the novice educator, but allow the mentor to share knowledge, build a respected relationship, improve communication skills, and bring a sense of personal accomplishment further increasing job satisfaction for the experienced faculty (Knowles, 2020).

The complexities connected with interviewing and hiring of faculty at community colleges were described by a few participants as a barrier to entry and a challenge new educators needed to overcome to start a teaching position. With the demand for highly qualified nurses outside of academia, employment opportunities with easier to navigate hiring processes may draw potential instructors away from teaching which is supported by research by Muirhead et al. (2021) who found that the transition of a nurse entering the role of an educator is often lengthy and challenging. Challenges of recruiting and retaining nursing faculty was at the forefront of most participant responses and barriers to hiring should be mitigated to help improve the nursing faculty shortage. As displayed by the findings of this study, there is not one factor that is responsible for job satisfaction and dissatisfaction in nursing education.

Career Plans

The findings from the study indicate that nursing faculty retention is largely determined by job satisfaction, but a concerning finding indicated that due to age, six of the fourteen interview participants planned to retire within the next five years which is supported by Fang et al. (2017) who found that one third of the current faculty workforce in baccalaureate and graduate nursing programs are expected to retire by 2025. The impending mass departure of experienced educators emphasizes the importance and earnestness of addressing the nursing faculty shortage.

Discrepant Cases

An unexpected finding from the research uncovered the fact that Washington State nursing faculty in community colleges received additional pay because of the

passing of House Bill 2158: Creating a workforce education investment to train Washington students for Washington jobs in 2019. Although nursing faculty in the other western states consistently described the salary associated with working as a nurse educator as a negative, it was not a reason that Washington state nursing faculty felt a sense of dissatisfaction, nor viewed as a barrier to entry for new nursing faculty entering an academic role. Salary was discussed at length by most participants, with many of the opinion that by increasing pay it would result in a higher recruitment, a longer retention and increase in job satisfaction for nursing faculty. However, the findings of this study show that job satisfaction is multidimensional and there are many factors that motivate a nurse to enter and remain teaching in a community college ADN program.

Analysis of Framework

The results of my study indicate support for Herzberg's two-factor theory (1966). Organizational restructures based on nursing educator feedback can be used by academic institutions to design a work environment that supports motivation through recognition and decreases challenges associated with job dissatisfaction. Nursing leaders should include nursing faculty in the decision-making on how to improve autonomy, support, mentorship, and civility within the nursing education profession. Active involvement that includes recognition of motivation and barriers to the nursing faculty role, especially for new educators, can result in a decrease of job dissatisfaction and an increase in staff retention. Creative and realistic strategies that address the concerns of nursing faculty can set the foundation for improved work environments. Herzberg's two-factor theory can be used to take notice of nursing educator concerns and rebuild a work environment that

removes barriers and supports the motivating factors that drew nurses into a role of an educator.

Limitations of the Study

My study results may not be transferable to other regions outside of the Western United States. Nursing faculty roles may differ by region or state. Although I attempted to recruit male participants, all study participants identified as female and reported an ethnicity of White/Caucasian or Hispanic. Results were, therefore, derived from the experiences of a small group of 14 female White/Caucasian or Hispanic nursing faculty which limited the findings of my study. Even though the number of research participants were low, the data showed a clear development of patterns that emphasize the value of the data.

I attempted to limit researcher bias through the process of separating my role as a nurse educator from the data gathered from my study participants. I minimized research bias by using a research journal to reflect on outcomes, thoughts and assumptions during data collection and analysis. I used the process of research journal bracketing, to mitigate potential preconceptions of past experiences to unearth research clarity. I also participated in a peer review process through discussion and consultation with other nursing professionals to develop interview questions that were appropriate to achieve the research findings in a trustworthy manner.

Recommendations

This qualitative study contributes valuable information about the nursing faculty's experiences and perspectives of working in a community college ADN program; a topic

that deserves further study to help to address the nation-wide nursing shortage. This study focused on ADN programs in the Western U.S., with information collected from nurses employed in nursing programs in three states: Washington, Oregon, and California. Advanced research should be attempted on a national level to gather data from nursing faculty working in community colleges across the United States. Although I sought to include both male, female and ethnically diverse nursing faculty in this study, all 14 participants identified as female and all, but one participant reported an ethnicity of White/Caucasian. I suggest that future research include male faculty and nursing faculty from other demographic regions and diverse ethnicities.

Mentorship During Nursing Role Transition into Academia

The findings from this study indicate that role strain occurred for many participants during their first few years as a nursing educator. Additional studies that examine the transition period from clinical practice to academia along with how mentorship programs influence nursing faculty retention may be beneficial. Future research should explore the mentorship processes that help to push nurse educators to effectively advance in their role as a strategy to address the nursing faculty shortage. Also, providing additional research into what creates a positive environment may assist faculty to feel more valued and satisfied with their job and call attention to organizational structures that promote collaboration and professional interactions. Identifying the key elements that improve job satisfaction for nursing educators may help with the goal of retaining the workforce necessary to graduate the nurses needed to overcome the nursing shortage. Additional research that is focused on understanding the reasons that nurses do

not actively pursue a teaching career can help schools of nursing improve recruitment efforts.

Implications

The findings from this study added to the body of literature by helping to identify the factors related to job satisfaction and dissatisfaction in a nursing faculty role. This study allowed the research participants to share their perspective and experiences of working in a community college ADN program. The results of this study support Herzberg's two-factor theory revealing that extrinsic and intrinsic motivation of the employee must be fulfilled for job satisfaction and career longevity (Herzberg, 1968). The importance of this study's findings exposes not only the challenges place on nurse educators, but the deep commitment and sense of pride nurse educators feel when seeing students succeed. Based on excerpts from the participants, many challenges were revealed that can disrupt job fulfillment, including salary, role transition, a lack of mentoring, an excessive workload, difficulties in recruiting and retaining staff, insufficient administrative support, and barriers to entry into teaching. Academic leaders in nursing education must address both satisfiers and dissatisfiers in the workplace to positively influence staff retention.

Insight from this study can be used to guide academic leaders to alleviate the challenges nursing educators face that result in job dissatisfaction. When the factors that contribute to job dissatisfaction are mitigated, it can allow for a positive work environment to form through an intentional redesign. The results of this study indicate support for Herzberg's two-factor theory (Herzberg, 1966). When looking to improve the

role of a nursing educator, Herzberg's (1966) theory can be used to implement changes such as equitable pay, a balanced workload, a comprehensive mentorship program, administrative support, reduced barriers to entry, and recognition for nursing faculty achievement. An improved financial reward system can be used to attract and retain nursing faculty. Based on my findings from the Washington state nursing faculty who cited an increase in salary due to the passing of House Bill 2158, salary was not viewed as a factor of discontentment resulting in the nursing faculty interviewed reporting higher levels of job satisfaction showing that equitable pay may lead to career longevity. When the institutions make improvements, it embraces the importance of an organizational commitment to positive changes for nurses which contributes to positive social change.

Taking notice of the challenges that nursing faculty have faced, also draws attention to the steps that can be implemented to help ease the nursing shortage. The nursing shortage is continuing to increase, making it increasingly important to invest in higher education policy changes. The lack of capacity within nursing schools to educate all qualified applicants is a troublesome trend that is becoming increasingly common due to not enough nurse educators (AACN, 2022). Coordinating strategies to help alleviate the pressures placed on nursing faculty may help to make our healthcare system more stable. Providing support for nursing faculty by eliminating factors that contribute to job dissatisfaction, such as role transition challenges, a lack of mentorship and administrative support, work-life imbalance, feelings of disrespect, and conflicts surrounding equitable pay can be used to address much needed imperative changes. Participants emphasized the

need for support through professional development, mentorship, and visionary modifications to the vast role responsibilities that nursing educators carry out.

Proactive strategies are needed to increase recruitment and retention of nursing faculty in community colleges to help curb and eventually reverse the nursing shortage. Promoting a positive work environment that attracts new educators is imperative. Taking notice of the feelings of nursing educators is the first step in eliminating the barriers that negatively affect the profession and give insight into the steps needed to redesign a workplace that is fulfilling and sustainable for nursing programs. The findings of this study show that when nursing faculty and higher education administration work in collaboration it increases the support and value nursing faculty feel, resulting in job satisfaction and career longevity. When nursing faculty are recognized for the positive work, they are completing by administration, students, and colleagues, it encourages empowerment and commitment to the profession (Thomas et al., 2019). By addressing the concerns shared by nursing faculty, leaders within schools of nursing can help to redesign the teaching role into a more appealing position that encourages retention of experienced educators and attracts new nursing faculty. Positive social change can be made when realistic goals and improvement strategies are implemented in conjunction with a diverse and well-supported nursing faculty workforce.

Conclusion

The nursing shortage is a complex and dynamic issue that affects the future of healthcare in the United States. Faculty shortages at nursing schools in the Western U.S. are limiting student capacity. The shortage of nurse educators drives the overall nursing

shortage. The nursing shortage cannot be solved unless nursing schools educate more nurses, which requires an adequate number of nurse educators. A future wave of nursing faculty retirements will exacerbate the educator shortage, so it is imperative that efforts are made to recruit and retain new nursing faculty. The results from this study were supported by the literature (Arian et al., 2018; Baglet et al., 2018; Muirhead et al., 2020; Ross et al., 2020; Thies et al., 2018; Thomas et al., 2019; Westphal et al., 2016) which indicate the need for nursing faculty and administrative personnel to work together to address the challenges that impact nursing education. A sustainable work environment for nursing faculty is needed to create a balanced healthcare infrastructure that can support patient care needs.

The perceptions and experiences shared by the participants in this study reveal the passion that the nurse educators have for working with the diverse community college nursing student population. The study also highlighted the struggle that community colleges are encountering to maintain an adequate nursing faculty workforce. Given the significant contribution that associate degree nurses play in the healthcare system, understanding the work conditions and specific needs of community college nurse educators is necessary to create positive changes and equitable access to nursing care. Identifying and expanding the contributing factors that relate to nurse educator job satisfaction can help to retain a skilled and proficient academic workforce that will be available to teach the next generation of nursing professionals.

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Appendix A: Recruitment Flyer

PARTICIPATE IN

NURSING RESEARCH

Involving Nursing Faculty in Community Colleges

STUDY TOPIC:
NURSES' PERCEPTION OF FACILITATORS AND BARRIERS TO THE COMMUNITY COLLEGE FACULTY ROLE

This project addresses the under-explored area of nurse faculty retention within the community college system. This research is important because if community colleges can reverse the growing faculty nurse shortage, it can directly impact the number of nurses being trained to fill the national nursing shortage. The research will focus on the positives of working as a nurse educator and the barriers that may relate to the constant decline in nursing faculty. The research is being conducted as part of my PhD dissertation at Walden University.

Are You Eligible?

- Registered Nurse
- Full-time nursing faculty
- Currently employed in a community college Associate Degree Nursing Program in the Western United States
- Have worked for at least 6 months as a nurse educator

THE STUDY INVOLVES:

AN APPROXIMATE 30-60 MINUTE ONE-ON-ONE INTERVIEW THROUGH ZOOM OR TELEPHONE

IF YOU ARE INTERESTED IN PARTICIPATING OR HAVE ANY QUESTIONS PLEASE CONTACT:

HALLIE COPPI, MSN, RN

EMAIL:
HALLIE.COPPI@WALDENU.EDU

Appendix B: Letter to Participants

Dear_____,

I am a doctoral student at Walden University PhD in nursing program. I am conducting a study for my dissertation focusing on Associate Degree Nursing faculty members' experiences working in an academic role. The purpose of the study is to explore the perspectives of full-time nursing faculty members who teach in community college ADN Programs in a western state.

I am seeking full-time nursing faculty members who currently teach in a nursing program in a community college in the Western United States who are willing to speak with me about their particular experiences working in academia. Participation in this study will require about 30-60 minutes of your time for an interview.

If you are willing to share your experience with me and participate in this very important research, please send me an email and I will send you a consent form with detailed information on the study. If you have any questions, I can be reached by email at hallie.coppi@waldenu.edu.

Thank you for your time and consideration,

Hallie Coppi, MSN, RN

Email: hallie.coppi@waldenu.edu

Appendix C: Demographic Data Sheet

Demographic Data

Name_____

Alias Name_____

Telephone Number_____

Email Address_____

Works in a Community College Y_____ N_____

What College (including location) _____

Number of years working in nursing faculty role _____

Current Salary

____Less than $50,000____$50,000-$60,000____ $61,000-$70,000

____ $71,000-$80,000____$81,000-$90,000 ____$91,000-$100,000

____$101,000-$110,000____$111,000-$120,000 ____$121,000-$130,000

____ $131,000-$140,000____$141,000+

Years of experience as a nurse _____

Highest professional degree _____

Gender_____ Age_____

Ethnicity_____

Appendix D: Interview Questions

The purpose of this qualitative study guided by Herzberg's two-factor theory based on motivation-hygiene is to explore perceptions of nurse faculty about their faculty role in the community college setting in the western United States. The research question for this qualitative study is as follows: What are the perceptions of nurse faculty about their faculty role in the community college setting? This is an open-ended question and leads to the following questions which will provide rich detail into the human experience. To accomplish the purpose of the study, the following interview questions will be used to guide, collect, and analyze the data:

Warm up Question

Q1: What are some of the factors that contributed to your decision to choose a career in nursing education?

Q2: What is your current degree/level of education?

Q3: How long have you been working as a nurse educator?

Role Transition

Q4: Describe your experience of transition from the role of a clinical nurse expert to the role of a novice educator.

Q5: What factors supported your transition into the nursing faculty role?

Q6: What factors acted as a barrier to transition into the nursing faculty role?

Q7: Did you feel prepared you for your role when you began working as a nurse educator?

Current Role

Q8: What are your perceptions/feelings about the various aspects of your responsibilities as nursing faculty?

Q9: What are your perceptions of work-life balance working as a nurse educator?

Q10: What are the benefits of teaching in a nursing program?

Q11: What are the negative aspects of teaching in a nursing program?

Future Plans

Q12: What are your future plans for your nursing career?

Q13: To what extent does job satisfaction have on your plans to stay or leave academia?

Q14: What changes if any would you like to see to your role as a nursing faculty member?

Q15: How would you describe your view on the process of retention of nursing faculty within your current program?

Follow-Up Question/Closing

Q16: If there is something that you would have liked to have been asked about your role as a nursing faculty that we did not discuss, please talk about that now.

Closing

Will you be available to contact if there are any questions that arise to verify accuracy of your shared information?

1. Once the study has been completed you may access a copy of the finished dissertation which will be provided through a website link that will be emailed to you at the email address you have provided.
2. Thank you for your time and sharing your experience. Do you have any questions?