

2015

Factors that Influence Empowerment in Adjunct Faculty Members

Lisa Murthy
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Adult and Continuing Education Administration Commons](#), [Adult and Continuing Education and Teaching Commons](#), and the [Nursing Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

COLLEGE OF EDUCATION

This is to certify that the doctoral study by

Lisa Murthy

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Kathleen McKee, Committee Chairperson, Education Faculty

Dr. Barbara Salice, Committee Member, Education Faculty

Dr. Richard Hammett, University Reviewer, Education Faculty

Chief Academic Officer

Eric Riedel, Ph.D.

Walden University
2015

Abstract

Factors that Influence Empowerment in Adjunct Faculty Members

by

Lisa Murthy

MSN, University of Toledo, 2007

BSN, Bowling Green State University, 1988

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

May 2015

Abstract

To offset the cost and meet the demand for high quality nursing graduates, adjunct faculty members are hired to educate students in the practice settings. Adjunct faculty may not have access to the resources allocated to full-time faculty and may not feel empowered to provide the most effective educational experiences for the students. The purpose of this quantitative study was to measure factors that influence empowerment in adjunct faculty members teaching in an associate degree nursing program at a community college located in the Midwestern United States. The study also examined whether there is a difference in the empowerment of novice faculty, defined as instructors who were employed 2 years or less at this institution, and expert faculty who were classified based on their employment 3 years or more. Kanter's theory of structural empowerment and Knowles's principles of adult learning provided the theoretical base for the study. The Conditions of Work Effectiveness Questionnaire-II, which was designed to measure 4 empowerment factors of the workplace, was administered to a convenience sample of 53 adjunct faculty members (20 novice and 33 expert faculty). The Mann-Whitney *U* test found no significant difference in total survey scores between novice and expert adjunct faculty members. The mean subscale scores identified that limited access to information and support were the 2 factors most influencing empowerment in this sample. Based on the results, a faculty development/mentoring program was developed to provide the adjunct faculty with the resources needed for empowerment. Future research on other factors associated with faculty effectiveness should be explored. Social change can occur by empowering the adjunct faculty members, thereby improving the quality of education afforded to nursing students in this associate degree nursing program.

Factors that Influence Empowerment in Adjunct Faculty Members

by

Lisa Murthy

MSN, University of Toledo, 2007

BSN, Bowling Green State University, 1998

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

May 2015

Dedication

I dedicate this doctoral project study to my father, Joseph Naugle, who has always instilled in me that hard work pays off. You provided the example for me to live my life as you did. This educational journey has not always been an easy one for me, but with your gentle nudges, I have persisted. I know that you are always with me in spirit.

I would also like to dedicate this doctoral project study to nurse educators everywhere. Through your gentle touch and spoken words, you have affected the lives of so many.

Acknowledgments

This doctoral project study was made possible with the guidance and support of so many people. I am particularly grateful to Dr. McKee who has served as my committee chair and has provided me with much needed guidance and direction. She was always able to calm my anxieties and point me in the right direction. Dr. Salice, thank you for being my second chair, and I appreciate Dr. Hammett for providing URR support.

I would also like to thank my classmates at Walden University who have provided the boost to keep charging forward when I felt defeated. The encouragement and advice that I received in the process proved to be invaluable. I want to recognize Nancy Urrutia and Judy Pulito. We decided to pursue this venture together and I want to thank both of you for giving me the support and push to get it done.

I would like to thank my children Joseph, Kevin, Cara, and Marissa, for giving me the time to complete this part of my educational journey. I know that I have asked you for many favors along the way. I hope that you see with hard work and dedication, all things are possible. Our family motto has always been to look forward and never back. Keep reaching for the stars; you will eventually grab one. I love you more than words can say.

Table of Contents

List of Tables	v
List of Figures	vi
Section 1: The Problem.....	1
Introduction.....	1
Definition of the Problem	4
Rationale	8
Evidence of the Problem at the Local Level.....	8
Evidence of the Problem from the Professional Literature.....	12
Definitions.....	13
Significance.....	15
Guiding/Research Question	17
Review of the Literature	18
Theoretical Framework.....	19
Adjunct Faculty.....	22
Adult Learning Concepts	25
Empowerment.....	27
Engagement.....	32
Transition from Practice to Educator	34
Implications.....	37
Summary	39
Section 2: The Methodology.....	41
Introduction.....	41

Research Design and Approach	41
Setting and Sample	42
Sampling Strategy.....	43
Sample Size.....	43
Recruitment.....	44
Characteristics of the Sample.....	45
Instrumentation and Materials	47
Demographic Survey	47
The Conditions of Work Effectiveness Questionnaire-II	48
Data Collection and Analysis.....	49
Assumptions, Limitations, Scope and Delimitations	51
Assumptions.....	51
Limitations	51
Scope and Delimitations	52
Measures to Protect Human Subjects	52
Data Analysis Results	54
Conclusion	60
Section 3: The Project.....	62
Description of the Project	62
Goals and Rationale	64
Review of the Literature	66
Theoretical Framework: Constructivism	66
Mentoring.....	67

Seminar Appropriateness	70
Alternative Perspectives.....	71
Project Design.....	71
Needs Assessment.....	72
Learning Objectives	73
Project Content.....	74
Teaching Methodologies.....	75
Portfolios.....	76
Project Description.....	77
Needs Resources	78
Existing Supports	79
Potential Barriers	81
Proposal for Implementation and Timetable.....	81
Roles and Responsibilities	83
Project Evaluation Plan.....	83
Formative Evaluation.....	84
Summative Evaluation	84
Project Implications	85
Social Change	85
Important to Stakeholders At Large.....	88
Conclusion	88
Section 4: Reflections and Conclusions.....	89
Project Strengths	89

Project Limitations.....	90
Recommendations for Alternative Approaches	91
Scholarship.....	91
Project Development.....	92
Leadership and Change.....	93
Analysis as a Scholar	94
Analysis as a Practitioner.....	95
Analysis as a Program Developer	96
Reflection of the Importance of the Work	96
Implications, Applications, and Directions for Future Research.....	97
References.....	98
Appendix A: The Project	115
Appendix B: Request for Faculty Names from ADN Program Director.....	164
Appendix C: Request for Names from Clinical Placement Liaison	165
Appendix D: Request for Names from Learning Laboratory Coordinator.....	166
Appendix E: Demographic Survey	167
Appendix F: The Survey.....	168
Appendix G: Invitation to Participate in Survey.....	170
Appendix H: Two Week Follow-up Reminder.....	171
Appendix I: Final Reminder to Participate Letter.....	172
Appendix J: Permission to Use the CWEQ-II Survey	173
Appendix K: Consent Form to Participate.....	175

List of Tables

Table 1. Adjunct Faculty Evaluation Questions and Student Response.....	11
Table 2. Descriptive Statistics of the Adjunct Faculty Members	46
Table 3. Means for Empowerment Subscales – All Participants.....	56
Table 4. Mann-Whitney <i>U</i> Scores for Empowerment Subscales	59
Table 5. Project Study Timetable.....	82

List of Figures

Figure 1. Conceptual Relationship of Structural Empowerment with Engagement.....	3
--	---

Section 1: The Problem

Introduction

Nursing education incorporates principles of physical, psychosocial, spiritual, and cultural concepts with nursing science to provide a curriculum designed to promote an environment of active learning (Billings & Halstead, 2012). Societal changes, health care reform, and a shift in demographics have all combined to require nurse educators to provide a competent graduate who can face the challenges of the complex health care environment upon graduation (Billings & Halstead, 2012; Brancato, 2007; Mariani, 2012). As a result, updated methodologies of a learning laboratory and clinical instruction need to be adopted in higher education settings focusing on a student-centered method of instruction. Nursing faculty are being charged with the task of designing educational strategies that assist the student in meeting the course objectives and ultimately, the ability to function as a safe practitioner in the workforce after graduation.

Nurse educators need to be experts in their respective clinical settings (McDonald, 2010), and also possess a strong knowledge of the core principles of adult education (Knowles, Holton, & Swanson, 2011). Effective educators are expected to have the necessary skills in the art of teaching; they need to know how to teach (Billings & Halstead, 2012). When nurse educators provide opportunities for active learning and demonstrate behaviors of the professional nurse, the student is better prepared to think critically and perform the roles of the registered nurse when entering the profession (Babenko-Mould, Iwasiw, Andrusyszyn, Laschinger, & Weston, 2012; Whalen, 2009).

Adjunct faculty are hired to provide education to nursing students in the learning laboratory and clinical setting. These faculty members are expected to function in their role within the context of the mission and vision of the nursing program. It is critical to the achievement of effective instruction that the faculty member feels engaged to the nursing program because they are empowered to fulfill the educator role. According to Kanter (1977, 1993), work settings that empower individuals are those that provide access to opportunity, resources, information, and support. These predictor variables of empowerment provide the means to help the adjunct faculty members obtain the information and resources they need to reach their full potential and exhibit power in the work setting. Access to opportunity provides individuals with the ability to increase their knowledge and skills required to formulate educational experiences for students in the learning settings. Having access to information is important for adjunct faculty members because they find themselves in the novice role of educator. Access to resources, information, and support are initially provided in the adjunct faculty orientation process to the nursing program and the learning setting. Additional access will follow from the relationships formed in the work setting. The empowered faculty member possesses the ability and commitment to create learning opportunities in the learning laboratory and clinical setting, and to fully engage students in the learning process.

A conceptual relationship of structural empowerment variables that affect faculty and student engagement is depicted in Figure 1. The column on the left identifies structural empowerment concepts with the corresponding characteristics of the engaged

adjunct faculty member in the middle column. The column on the right identifies student engagement with the empowered adjunct faculty member.

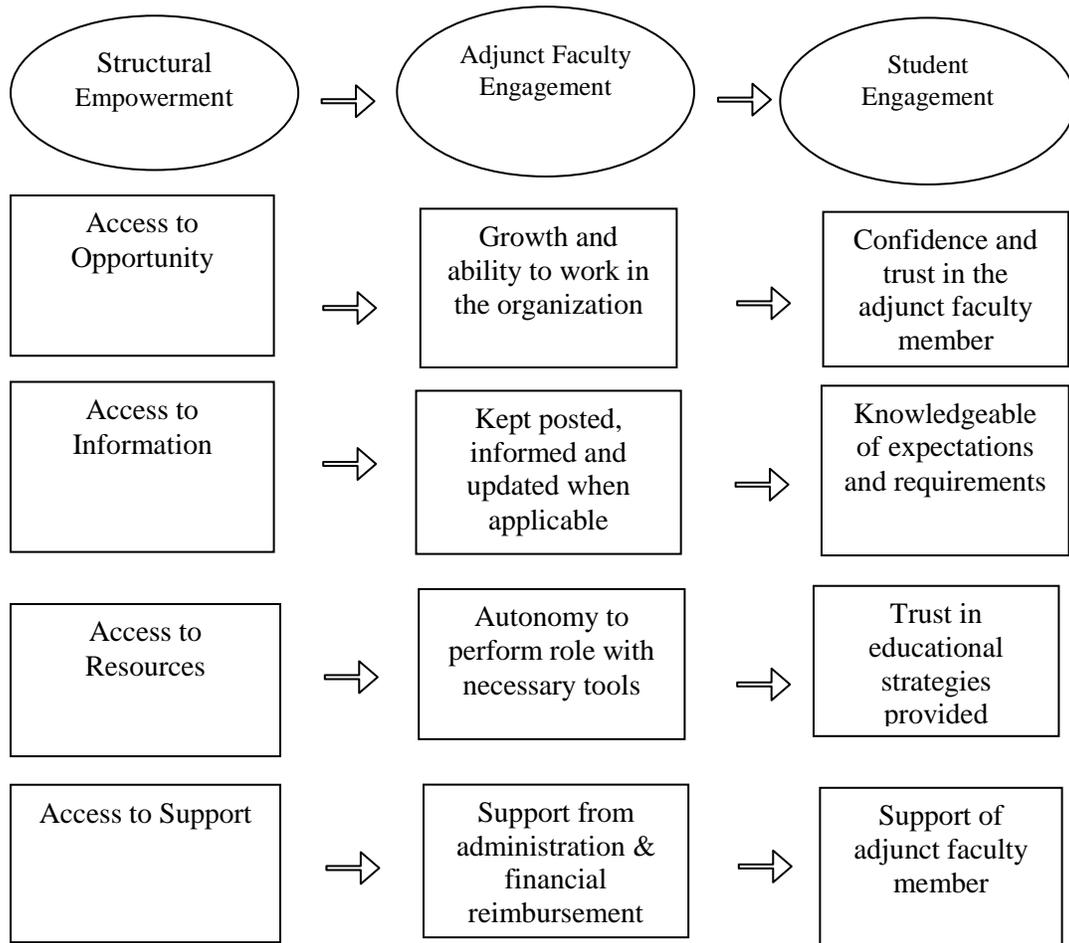


Figure 1. Conceptual relationship of structural empowerment with engagement.

Adapted from “Impact of structural and psychological empowerment on job strain in nursing work settings,” by H. Laschinger, J. Finegan, J. Shamian, & P. Wilk, 2001 *Journal of Nursing Administration*, 31(5), p.264.

Laschinger, Finegan, Shamian, and Wilk (2001) highlighted the relationship between the structural empowerment variables with engagement of the adjunct faculty

and, ultimately, the student. To be empowered, an individual is confident, has feelings of control over the work setting, and holds values that are congruent with the expectations of the job (Armellino, Quinn Griffin, & Fitzpatrick, 2010; DeVivo, Quinn Griffin, Donahue, & Fitzpatrick, 2013; Goodrich, 2014; Manojlovich, 2007; McDonald, Tullai-McGuinness, Madigan, & Shively, 2010). In addition, the empowered nurse educator possesses the tools and resources required to develop instructional strategies so students can attain successful mastery of the designated learning outcomes for the course. With access to opportunity, resources, support, and information, the adjunct faculty member will feel empowered to fulfill their role (Baker, 2010), be engaged to the nursing program, and exhibit commitment to the students. Empowerment is synonymous with heightened performance in the educational setting. The current concern is that these adjunct faculty members may not have access to opportunity, resources, information, and faculty support to develop scholarly educational strategies facilitating student learning (Baker, Fitzpatrick, & Quinn Griffin, 2011). Job dissatisfaction, disconnection, and an inability to fully engage students can result.

Section 1 is an overview of the local problem, the rationale for choosing the problem, and the purpose of the study. This section also provides the operational definitions, theoretical framework, review of literature, and anticipated implications of the study.

Definition of the Problem

According to the National Center for Education Statistics (2012), “enrollment in community college settings is expected to increase to 8.8 million students by 2021” (p.

34). As a result of these increases, reliance on adjunct faculty members will be greater (Charlier & Williams, 2011; Landrum, 2009; Monks, 2009) which is also true of this community college located in the Midwestern United States. Current budget constraints persist. The hiring of full-time faculty is limited, causing reliance on the adjunct faculty to provide education in the learning laboratory and clinical setting.

At this community college, 145 adjunct faculty members are employed to design and deliver learning laboratory and clinical instruction across the five semesters required to complete the associate degree nursing program (Institutional Data, 2013a). These adjunct faculty members are licensed nurses who are experts in their respective clinical settings, but some now find themselves in a new role as nurse educator (Gilbert & Womack, 2012; Slimmer, 2012). A master's degree is the preferred level of education for the instructor level of college teaching, as established by the Accreditation Commission for Education in Nursing (ACEN, 2013). The set standard is that 50% of all faculty are expected to hold a graduate degree. In this community college, 49% of the adjunct faculty hold a master's degree, which is below the expectations for accreditation. Measures are in place to increase this number. These measures are identified in the Systematic Plan for Program Evaluation (SPPE) that is required of this academic program to maintain accreditation (Institutional Data, 2013a).

There are approximately 500 students with an average age of 27 years, having a wide range of ethnic backgrounds, enrolled in this registered nurse program (Institutional Data, 2013b). Many of these students also face the challenges of family and work commitments that affect time management. One hundred and fifteen students are

accepted into the program in the fall and in the spring semesters. Students can attend on a full- or part-time basis. Those who choose the part-time track are required to have a progression form on file. Nursing courses must be completed within 5 years in order to be successful.

Learning laboratory and clinical groups in this program have eight students each semester. The state Board of Nursing sets the guidelines of 10 as the upper limit; therefore, the learning laboratory and clinical groups meet the state standards (OBN, 2013). Typically, adjunct faculty are hired to design and deliver instruction in the learning laboratory and clinical setting, implementing concepts taught in theory courses (Billings & Halstead, 2012; OBN, 2013). Course objectives provide a framework for evaluation of the student's performance in these settings. While working in a collaborative practice environment, skills are taught and professional behaviors of the registered nurse are modeled by the adjunct faculty member. These behaviors afford the student a seamless transition into the profession of nursing.

Adjunct faculty who are not empowered with the resources they need to design appropriate learning activities may not feel engaged to the institution or to the students. The perceived level of the adjunct faculty member's engagement to the institution can affect student learning outcomes. Engagement is defined as a commitment with a sense of belongingness (Barman & Saikat, 2011), which incorporates both psychological and behavioral components. In other words, engagement of the faculty is measured by the character and depth of responsibility and commitment (Hutchings, 2011). Students have

positive outcomes when taught by an educator who has a sense of commitment to the learning encounter (Barman & Saikat, 2011).

Kanter (1977, 1993) defined power as the proficient use of tools to achieve goals. The empowered instructor possesses the ability to engage in purposeful teaching, enabling the student to integrate theoretical concepts into successful practice. Characteristics exemplifying commitment in clinical and learning laboratory education are: building a strong collegial relationship, role modeling, providing creative teaching strategies, and delivering constructive feedback (Gaberson & Oermann, 2010; Hanson & Stenvig, 2008; Staykova, 2012). Adjunct faculty members may not be able to effectively design strategies and facilitate learning laboratory and clinical experiences based on the core principles of adult learning (Knowles et al., 2011) if they do not feel engaged to the institution (Kanter, 1977, 1993).

Feelings of empowerment promote a sense of engagement to the institution. Laschinger et al., (2001) identified job satisfaction, commitment, trust, and low burnout as terminal outcomes of an individual who is structurally empowered in the work setting. Characteristics of effective instructors are those individuals who are able to exhibit power and get the job done (Kanter, 1977, 1993). These autonomous individuals are able to mobilize resources to educate the future nurses of tomorrow. Through empowerment, the adjunct faculty members will be engaged to the nursing program and task at hand.

Rationale

Evidence of the Problem at the Local Level

Student evaluations of their clinical experiences can provide supporting data for the effectiveness of the adjunct faculty members in designing and providing meaningful educational strategies in the learning laboratory and clinical setting. Specific questions addressing the ability of the instructor to assist the student in seeking answers, applying theoretical principles, and discovering meaning have been assessed. These types of questions are structured on Knowles's (1970) core principles of adult learning: (a) the incorporation of meaningful experiences into the learning laboratory and clinical setting; (b) promoting autonomy, motivation, and self-direction; and (c) fostering individual growth while recognizing individual student differences. The lead instructor of each course is responsible for compiling and presenting a report of student evaluations to the nursing faculty. The compiled report will also be uploaded into the systematic plan of program evaluation (SPPE). According to ACEN (2013) requirements, an SPPE is required for all nursing programs that seek accreditation. Standard 2.6 (ACEN, 2013) identifies the need for faculty to maintain quality in practice, utilizing scientific principles to guide and deliver care. Discussions of ACEN standards occur at monthly faculty meetings in this nursing program.

Recent discussions have centered on the adjunct faculty members and their contributions to the instruction of students. The common theme of these discussions is the lack of consistent performance of some of the adjunct faculty members, as evidenced by the student evaluations (Institutional Data, 2013c). A frequent thread found on these

evaluations is the lack of effective and timely feedback, faculty leaving early, the students' inability to find the instructor, and unnecessary busy work (Institutional Data, 2013b). These notations are direct examples of the lack of use of Knowles's core principles of adult education and the inability of the instructor to model the behaviors required of the profession of nursing.

Another source to locate data to support the use or lack of use of adult learning principles and role-modeling by adjunct faculty is the adjunct faculty evaluation form. This self-evaluation is a requirement of the adjunct faculty member each semester. Questions on this evaluation that are pertinent to the principles of adult education include relating theory and rationale to clinical situations, supervising students in a supportive manner, holding students accountable, demonstrating respect and acceptance of students, and serving as a professional role model (Institutional Data, 2013c). The lead faculty is responsible for completing summative evaluations after the self-assessment by the adjunct faculty member has been completed. Content from these evaluations can be obtained while maintaining anonymity because a general synopsis of the results is uploaded to the SPPE.

Conversations with clinical agencies have reported that some clinical instructors are leaving the units early or they are unable to be located on the clinical unit when students need them to assist in performance of skills and/or medication administration. Instructors have been found reading newspapers in the lobby while others are not following the dress code policy of the institution (C. Cromwell, personal communication, April 12, 2013). These actions provide poor examples of the professional nurse. These

behaviors noted in Table 1 directly conflict with the professional behaviors of the registered nurse and they provide a poor example for the students.

Table 1

Adjunct Faculty Evaluation Questions and Student Response

Question asked on student evaluations.	A sample of comments received from students
1 Did your instructor serve as a positive role model?	<ul style="list-style-type: none"> • My clinical instructor prefers to talk to the nurses instead of working with us. • Why should I have to follow the dress code policy when my instructor doesn't?
2 Did your instructor respect your confidentiality?	<ul style="list-style-type: none"> • My instructor called me out on something in front of the patient and I was embarrassed. • My clinical instructor likes to talk about students to her favorite students
3 Was your instructor available and willing to assist you in the clinical setting?	<ul style="list-style-type: none"> • I couldn't find her for two hours. • I found my instructor in the cafeteria. • I was told by my instructor to have another student help me when she was talking to the staff nurses at the desk.
4 Did your instructor provide you with ongoing constructive verbal and written feedback?	<ul style="list-style-type: none"> • The only feedback that I received was "okay" and that doesn't tell me anything. • My instructor didn't fill out midterms so we didn't know where we stood and what we should focus on • I don't think that my clinical instructor liked me. She has her favorites and I wasn't one of them. • My clinical instructor said that I would never make it in nursing. After that, I didn't feel very confident.

Note. Adapted from nursing program meeting minutes (Institutional data, 2013c)

Evidence of the Problem from the Professional Literature

Laschinger (2012) developed the Conditions for Work Effectiveness Questionnaire-II based on Kanter's theory of structural empowerment that served as the theoretical foundation of the study. With the assistance of other researchers, Laschinger completed multiple studies on nurses in various practice settings. The results from these studies are consistent with the positive influence of empowerment on job satisfaction. Recommendations from these studies point to the restructuring of healthcare facilities to help the nurses complete their work efficiently.

Research on empowerment and associate degree nurse educators is limited. Johnson (2009) studied the effects of organizational culture on empowerment in associate degree nursing educators from the southeastern United States. A large sample of 407 nurses participated in this descriptive correlational study. Findings from this study are consistent with the perception of empowerment affecting how one teaches and interacts with the students. Baker, Fitzpatrick, and Quinn Griffin (2011) examined empowerment, job satisfaction levels, and the relationship between these variables among nurse educators. Results of this descriptive correlational study indicated that the majority of these associate degree nurse educators were gratified with their jobs and felt empowered (Baker, et al., 2011). The researchers found no significant differences in empowerment within educational levels. This conclusion correlates with the notion that empowered nurses are more engaged.

Ineffective communication was identified as a job stress in a multivariate correlational study of 91 clinical nurse educators in a western area of the United States

(Whalen, 2009). Although communication is not mentioned as a concept in Kanter's structural empowerment theory, communication is synonymous with access to information and resources.

Multiple factors affecting job satisfaction were found among nurse educators in 23 community colleges in Florida (Lane, Esser, Holte, & McCusker, 2010). Lack of support from administration and inconsistent policies were identified as areas that contributed to job dissatisfaction in these nurse educators. Even though the focus of this study was nurse educator job satisfaction and intent to leave, some of the implications can be correlated with the premise of this study. For example, these nurse educators were questioned about organizational policies, interpersonal relationships, experience with supervision, and working conditions. These terms parallel access to opportunity, resources, information, and support.

The purpose of this quantitative study was to identify and measure factors that influence empowerment in adjunct faculty members teaching in an associate degree nursing program at a community college located in the Midwestern United States. In addition, the study examined whether there is a difference in the engagement of novice and expert faculty members.

Definitions

Adjunct faculty members: These individuals are registered nurses who possess expertise in a clinical specialty and are hired as part-time employees of an academic institution (Monks, 2009; Penn, Wilson, & Rosseter, 2008; Pompper, 2011). Their job responsibilities include design, delivery, and evaluation of laboratory or clinical

experiences reflective of the course/program outcomes. Part-time status does not provide these individuals with any additional benefits other than a salary, which is lower than the full-time constituents (West et al., 2009).

Adult learning theory: Knowles (1970) developed the theory of andragogy (Knowles et al., 2011). This theory, utilizing six core principles, describes characteristics of the learner and focus on learner-centered instruction (Riggs, 2010; Russell, 2006).

Clinical instruction: Clinical instruction provides the hands-on application of the concepts taught in the classroom and learning laboratory to the care of patients. This practical application provides the student with the opportunity to make critical decisions and learn the roles of the registered nurse (Billings & Halstead, 2012). Student learning is characterized by a change in knowledge, skills, or attitudes. Critical thinking is the desired outcome of this experience.

Empowerment: Empowerment is the power that individuals possess to complete their work in a meaningful way, to make decisions with confidence, and influence outcomes (Baker et al., 2011; Laschinger, 2008; The World Bank, 2011). This power is derived from having the appropriate support and resources to complete the job and to pursue goals. For the purpose of this research study, empowerment is defined as having access to opportunity, information, support, and resources. Access to these areas provide the adjunct faculty member with the necessary tools to perform their job in a meaningful way and to become more engaged with the institution.

Engagement: Engagement is a feeling of connectedness to the employing institution (Barman & Saikat, 2011). The feeling of emotional and intellectual

commitment can affect how an individual performs the job. Engagement is dependent upon the institutional resources available to empower the employee to succeed.

Expert adjunct faculty member: This faculty member has knowledge of the roles of the nurse educator and functions independently (Benner, 2001). For the purpose of this project study, the expert adjunct faculty member has been employed in the nursing program at this local community college for 3 years or more.

Learning laboratory: The associate degree nursing curriculum is divided into three major areas: classroom, learning laboratory, and clinical instruction. Learning labs expose the students to skills that are performed in the clinical setting. This method of instruction affords the student the opportunity for hands on practice to facilitate safe patient care (Billings & Halstead, 2012). The skills are performed by the faculty member on a mannequin with the expectation that students return the demonstration after repeated practice. The return demonstration is known as a competency. Successful completion of competencies by the student ensures mastery of cognitive and psychomotor skills.

Novice adjunct faculty member: The novice adjunct faculty member is defined as a registered nurse with no previous experience in nursing education (Benner, 2001) and lacks the knowledge of the role of nurse educator (Weidman, 2013). For the purpose of this project study, the novice adjunct faculty member has been employed 2 years or less in the nursing program at this community college.

Significance

Walden University (2013) defined positive social change “as a deliberate process of creating and applying ideas, strategies, and actions to promote the worth, dignity, and

development of individuals, communities, organizations, cultures, and societies” (p. 5).

In-depth analysis of instructors’ level of engagement to the institution will provide insight for both the institution and adjunct faculty members.

Engagement can have a direct effect on the learning encounter designed and delivered by the adjunct faculty member. To be engaged, one needs to have the resources to perform the job. Kanter (1977, 1993) argued that access to these resources influences work attitudes and behaviors. If access to these resources is missing or insufficient, powerlessness occurs, leading to disengagement from the institution. The goal of this research study is to bring issues affecting empowerment to the forefront so that corrective measures can be taken to enhance the work environment for each faculty member. Ultimately, as a result of greater allegiance by the adjunct faculty members, student experiences in the learning laboratory and clinical setting will be enhanced, and the ability to attain mastery of course and program learning outcomes will increase. Therefore, students are provided with the highest quality of nursing care competencies and a seamless transition into their new role as a registered nurse.

Technological and societal changes have caused schools of nursing to assess how content is delivered to the students. Benner, Sutphen, Leonard, and Day (2010) have proposed recommendations for radical transformation of the nursing education discipline. Under teaching recommendations suggested by these authors, support of ongoing faculty development and improving the work environment of nurse educators were highlighted. These recommendations are congruent with the empowerment views of Kanter (1977, 1993) and such changes would attempt to leverage the construct of empowerment to

improve the attitudes and performance of adjunct faculty in learning laboratories and clinical settings. With the call for radical changes in the discipline of nursing and nursing education, this research study will provide the impetus for the nursing program at this local community college to modify policies and procedures and assure that adjunct faculty members receive the support they need to educate student nurses in preparation to practice in the evolving health care system.

I evaluated the results from the study, and proposed an action plan for this associate degree nursing program. This proposed action plan will be dependent on the responses received on the survey. Novice adjunct faculty members who experienced higher levels of disempowerment could benefit from an orientation program that supplies them with the needed information and resources to complete their job. If expert adjunct faculty experienced a higher level of disengagement, a mentoring program or other professional development initiatives may be developed.

Guiding/Research Question

To examine adjunct faculty empowerment at this local community college, the following questions are posed:

RQ1: What contributing factors have an impact on the empowerment of adjunct faculty employed in the associate degree nursing program at this local community college as measured by the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II)?

RQ2: Is there a difference in empowerment scores on the (CWEQ-II) based on the level of experience of adjunct faculty members employed in the associate degree nursing program at this local community college?

H₀2: There is no significant difference in empowerment scores on the CWEQ-II between novice and expert adjunct faculty members employed in the associate degree nursing program at this local community college.

H_a2: There is a significant difference in empowerment scores on the CWEQ-II between novice and adjunct faculty members employed in the associate degree nursing program at this local community college.

Review of the Literature

This section is a synopsis of the literature that served as the foundation for this study. Electronic databases, including CINAHL, ERIC, EBSCO, MEDLINE, Education Research Complete, and Academic Search Complete, were used as the main sources for the literature. Many combinations of keywords were used during the search with the following keywords yielding the most current, reliable, and relevant search: *adult learning theory, adjunct faculty, Knowles' theory, student-centered learning, engagement, and nursing clinical education*. In addition to these resources, bibliographies of retrieved articles were also used. By identifying theoretical frameworks and reviewing literature, a better perception of the use of adjunct faculty members in the instruction of nursing students in a community college setting is recognized.

Following the theoretical framework, the literature review is arranged into five main categories based on the process to find relevant information on the problem being studied. The categories include (a) adjunct faculty in the community college setting, (b) adult learning concepts, (c) empowerment of adjunct faculty, (d) engagement of adjunct

faculty, and (e) transition from practice to educator. A detailed review of each category provides supporting evidence for this study.

Theoretical Framework

Theories provide the explanation for a phenomenon. For this study, Knowles's principles of adult learning (1970) will be used to describe how adults learn. This theory was chosen to exemplify the framework of education utilized in this school of nursing. Kanter's structural empowerment theory (1977, 1993) provides an important connection between individual power and individual performance in organizations. This theory was chosen to illustrate the factors that can affect work satisfaction and effectiveness as related to empowerment.

Knowles' principles of adult learning. Knowles (1970) developed a theory of six core principles to describe the attributes of adult learners. Each principle addresses a unique characteristic of the adult learner.

Learner's need to know. Adult learners have a need to know why, what, and how. These learners need to see the relevance of the material presented before they are willing to participate in the activity. The emphasis is on practical application and the ability to apply the taught concepts to the present setting so successful attainment of objectives can be met. Adults come to the experience with many obligations and/or commitments that force them to manage time efficiently. As a result, adult learners do not want to waste their time on busy work that will not assist them in gaining the information or skills to complete the goals that they set out to accomplish.

Self-concept of the learner. These adult learners come to the learning experience with autonomy and self-direction (McGrath, 2009). They are in charge of their learning and take ownership. These individuals take responsibility for their actions and once again do not want to burden themselves with unnecessary work or tasks that will not contribute to the result of attaining their goals. The adult learner needs to feel valued and that his/her contribution to the experience matters

Prior experience of the learner. Adult learners come to the learning encounter with prior knowledge and experience as resources to problem solve, find meaning and learn from the current situation. These learned experiences will provide the foundation for their new identity (Kenner & Weinerman, 2011; Harper & Ross, 2011; Kasworm, 2008).

Readiness to learn. Adult learners are ready to learn and want to accomplish their goals. In the case of this research study, the completion of the associate degree nursing program provides the ability to take the national licensure examination. Successful completion of this licensure examination provides the ability to obtain gainful employment as a registered nurse.

Orientation to learning. Adult learners are problem-centered and task oriented. The impetus for obtaining an education is based on achieving a goal. For example, goals can be accomplished by performing activities designed from the learning outcomes.

Motivation to learn. Lastly, adult learners have an internal motivation. Once again, this motivation to return to school is to accomplish a goal. Other internal

motivators are success, self-esteem, quality of life and satisfaction (Knowles et al., 2011). These additional factors are strong and influential.

Adult learning theory provides the resources on how to educate adult learners. In the case of this study, the adult learners are nursing students in the learning laboratory and clinical settings. Empowerment describes the process behind the scenes of the educational setting (Hutchings, 2011). It describes the attitudes and behaviors of the adjunct faculty member and their engagement to this associate degree nursing program.

Kanter's structural empowerment theory. Kanter (1977, 1993) developed the structural empowerment theory to explain the correlation between power and performance in the workplace. The framework postulates that empowerment results from access to opportunity, resources, information and support.

Access to opportunity. Access to opportunity provides the employee with the ability for growth and mobility within the organization (Kanter, 1993). Opportunity opens the door and provides the necessary resources such as knowledge and skill acquisition. Opportunity makes things happen, leading to increased commitment to the organization. Kanter argued that those with more opportunities will be more motivated to succeed and are productive (Laschinger, 2008).

Access to resources. Access to resources ensures an employee the ability to productively perform in the work setting by having the time and tools required for the job (Laschinger, Gilbert, Smith, & Leslie, 2010). Resources provide the vehicle to drive the experience. In the context of this study, the adjunct faculty member needs to find the course learning materials and forms used in the instruction of nursing students.

Access to information. Access to information provides the knowledge of the organization's philosophy and policies. With the ability to obtain this information, the employee can make decisions and judgments based on the organizational goals (Ning, Zhong, Limo, & Qiuji, 2009). Information also includes communication using various sources such as e-mails, websites, and written documentation.

Access to support. Access to support entails receiving appropriate and constructive feedback and guidance from managers, mentors, peers, and subordinates (Laschinger, 2008). Employees need to engage in collaborative and collegial relationships with colleagues. These individuals need to function autonomously but within the guidelines of the work setting.

Formal power. Since power is a dynamic structure, formal power flows from the job description and includes the flexibility to make decisions based on the organization's policies. Formal power defines the outcome of the encounter. Formal power is flexible, visible, and central to the job (Laschinger et al., 2010).

Informal power. Informal power results from the social connections and communication with peers, mentors, and subordinates (Lane et al., 2010). Informal power is the connections and alliances made within the organization (Johnson, 2009).

Adjunct Faculty

The core competencies of nurse educators developed by the National League for Nursing (2012) provided a framework for the job description of the nurse educator. Adjunct faculty are hired to provide instruction to nursing students in the clinical setting on a part-time basis. Knowledge of these specific role descriptions is inherent to the

success of providing quality education to nursing students. Hiring of these individuals has seen an exponential increase throughout the last decade and has resulted from an increase in the number of students pursuing higher education. Financial restraints of higher education institutions have also produced a higher demand for part-time faculty. Landrum (2009) reported that from 1992 to 2003 there was a 40.6 % increase in the use of part-time faculty. It has been widely reported that 67% of all faculty at community colleges are employed part time (Christensen, 2008; Charlier & Williams, 2011; Meixner, Kruck, and Madden, 2010). Higher education institutions are experiencing cuts in federal, state, and local funding, resulting in the hiring of part-time faculty at a lower salary and without benefits.

Entrance into the educational arena can provide benefits to faculty such as a nine-month contract, additional opportunities for employment, and the opportunity to influence student success (Penn et al., 2008). These educators are eager and willing to share their expertise in patient care, but often find themselves stressed and challenged to conform to the rigors of academia. Knowledge of teaching strategies, curriculum/course development, and evaluation of nursing students are essential skills of nurse educators that challenge new faculty members (Penn et al., 2008). In addition, new faculty may have difficulty with creating an environment conducive to learning, especially relative to communication and interpersonal skills. The need for continuing education and mentoring from experienced faculty were measures identified by these authors to promote the adoption of essential skills needed for a successful transition into the role of nurse educator (Penn et al., 2008).

Factors that affect engagement of part-time instruction may evolve from a lack of administrative support, limited resources, salary, education level, and lack of physical space to perform the job (Dunham-Taylor, Lynn, Moore, McDaniel, & Walker, 2008). Multiple studies have been published on the comparison of full-time and part-time faculty. Findings from these studies confirm that part-time faculty perform in a similar fashion to full-time faculty, despite limited resources such as office space, education level, and administrative support (Landrum, 2009; Meixner et al., 2010; Monks, 2009). Rossol-Allison and Alleman Beyers (2011) took the evaluation one step further and concluded that students were able to attain learning outcomes, regardless of faculty status. These conclusions were drawn from a logistic regression analysis that measured student learning outcomes as the dependent variable.

Solutions were identified to ease the transition and limit challenges by West et al. (2009). These resolutions involved grouping the challenges into the categories of collaboration, commitment, and thoroughness. Faculty development training programs, mentorship, and the use of technology to connect the adjunct faculty member with the higher education institution are proposed solutions (West et al., 2009). Training and mentoring programs offered an avenue of education and collaboration with the administration to develop the novice faculty into experienced members of the team.

Gilbert and Womack (2012), utilizing the core competencies of nurse educators, developed a nurse education competency model. Expert nurse educator was at the center of this model surrounded by competencies. With the vision of this model, a workshop was developed for novice faculty. A mentoring program provided a follow-up to this

training workshop. The conclusions drawn from this study pointed to the need for a formal orientation for new faculty members in order to acclimate to the role of nurse educator (Gilbert & Womack, 2012).

Sawatzky and Enns (2009) completed a mentoring needs assessment of nursing faculty. Through this assessment, novice faculty identified acclimating to the academic environment as a significant stressor. Based on the findings of this study, a caring mentoring environment was proposed to ensure the quality of nursing education.

Adjunct faculty members are hired at this local community college to provide instruction to nursing students in the clinical setting. These adjunct faculty members are also typically employed in the agencies that provide the setting for instruction. As a result, faculty members are comfortable in the clinical setting. The stress lies in the acclimation of the academic requirements of the educator role. As evidenced above, various research studies and assessments point to the need for a faculty development or mentoring program to assist the part-time faculty in the role transition.

Adult Learning Concepts

Professional nursing education is rising up to the challenges of the modern day health care arena and changing demographics of students by changing the delivery of instruction provided. These new instructional strategies focus on the principles of adult education and place the learner at the center of the process, replacing the traditional pedagogical approaches (Drummond-Young et al., 2010; Riggs, 2010; Russell, 2006). Andragogy, also known as adult learning, was formulated by Knowles (1970) and

describes the process of how and why adults learn. As a result, adults are being charged with the task of taking ownership of their learning.

The Interdisciplinary Studies program at the University of Southern Mississippi provided a practical application of Knowles' adult learning principles in a study conducted by Harper and Ross (2011). This best practices application arose from a high number of students with undecided majors within the College of Arts and Letters. This Interdisciplinary Studies program allowed learners to develop a degree plan. The final or capstone course was a cumulative compilation of a research or creative project. The result was a heightened awareness by the administration that students do want to have control over their learning environments. Nursing educators can learn from this study and develop capstone experiences for graduating students within areas of choice.

McGrath (2009) discussed the use of andragogy in traditional classrooms. A detailed discussion of the differences between pedagogy (study of how children learn) verses andragogy (study of how adults learn) was presented followed by a detailed review of Knowles' principles of adult learning. Pertinent information was shared for the nursing educator who was previously exposed to the pedagogical approach to instruction. A comparison of the old method of delivering information to the learner with the new approach of providing practical application of information was identified. Conclusions drawn from this article provide methods in how to deliver instruction to the adult learner while appealing to differing learning styles.

Kasworm (2008) identified the challenges adults face when entering the collegial setting in the hopes of a new future. These challenges of seeking an identity, meeting the

demands of education with personal commitments, and construction of new meanings cause the educator to view adult learners as complex and unique. To offset these challenges, the educator is forced to alter their delivery of course content to meet the needs of adult learners.

Interviews were conducted with adjunct faculty teaching in a public relations curriculum probing philosophy, classroom practices, and challenges (Pompper, 2011). Although this setting is different from a clinical or learning laboratory nursing setting, the principles of adult learning were emphasized as an approach to provide the entry level practitioner with necessary tools.

The proponents of adult education seek to find meaningful encounters for students as they forge through the educational experience. The balance between providing educational opportunities and allowing students to have control over their learning is one that educators of today need to incorporate in their repertoire of instructional strategies.

Empowerment

A link exists between empowerment and work attitudes and behaviors (Wagner et al., 2010). These authors assessed ten articles. Findings revealed a significant connection between structural and psychological empowerment for registered nurses (Wagner et al., 2010). Access to opportunity, information, resources, and support are the major components depicting structural empowerment (Wagner et al., 2010). These four areas, coupled with formal and informal power, can influence behavior in the workplace, job satisfaction, and trust. Formal power is defined by job descriptions and organizational responsibilities. Relationships with superiors and peers are characteristic of informal

power. Those who are empowered have been found to have reduced stress and are healthy committed employees. Meaning, competence, self-determination, and impact are four key dimensions of psychological empowerment (Wagner et al., 2010). These four concepts reflect an individual's ability to manipulate their involvement in the work setting. Implications point to the creation of an environment that provides power for employees because of the direct effect on work behaviors and attitudes.

Laschinger (2008) completed multiple research studies on the effects of empowerment and work satisfaction utilizing Kanter's (1977, 1993) structural empowerment theory as the supporting framework. Two hundred thirty-four staff nurses from Ontario were studied in a predictive non-experimental design with the Conditions for Work Effectiveness Questionnaire-II measuring structural empowerment (Laschinger, 2008). The results indicated that empowering work life created positive outcomes for nurses and the patients that they cared for.

Access to opportunity was the most reported empowering factor in a study completed by DeCicco, Laschinger, and Kerr (2006) of nurses employed in nursing homes. Kanter's theory (1977, 1993) was again used as the conceptual framework. The study consisted of a nonexperimental survey to test the hypothesis of "long-term care staff nurses' perception of structural and psychological empowerment will be positively related to feelings of respect" (p. 51). Two groups of nurses were compared, registered nurses (RN's) and registered practical nurses (RPN's). Registered nurses were defined as possessing a 4 year baccalaureate degree and the RPN's, a 2 year college diploma. The results yielded moderate levels of empowerment, respect, and commitment with access to

opportunity as the one factor that contributed to empowerment for these nurses. The least empowering factor was access to resources. Results from this study support Kanter's theory that an empowered employee will have positive effects on attitude and behavior in the workplace.

Kanter's empowerment theory was put to the test in a descriptive correlational survey design of nursing staff employed in a Department of Health (Lautizi, Laschinger, & Ravazzolo, 2009). Results indicated a strong correlation between structural empowerment and job satisfaction. A model of empowerment affecting the nurse/patient relationship was proposed by Laschinger et al., (2010) for management and nursing practice to ensure a high quality of care and to promote patient control over their own health and wellness practices. Both of these studies with a nursing focus address empowerment as a motivating factor for job satisfaction and performance.

Access to opportunity promoting empowerment is exemplified by active participation in a collaborative governance committee described by Larkin, Carpal, Stack, Morrison, and Griffith (2008). Four guiding concepts, equity, ownership, partnership, and accountability, promoted empowerment within the committee members. Equity is mutual respect for each individual while supporting contributions toward a common goal. Ownership is measured through a connection of one's pride and work ethic. Partnership implicates a triangulation of respect, communication, and collaboration among the group members. The culmination of the work of the group members individually and collectively is described as accountability. Members of this collaborative governance

committee promoted their own personal growth, exemplifying access to opportunity and satisfaction with the current work environment.

A cross-sectional survey design was used to examine nursing students' and clinical teachers' empowerment (Babenko-Mould et al., 2012). Structural empowerment, professional practice behaviors, and self-efficacy provided the theoretical background for this study. Results from this study supported “Kanter’s position that structural conditions in the work setting positively influence employees” (Babenko-Mould et al., 2012, p. 222). Implications of this study draw attention to the need for nurse educators to access resources to attain their own structural empowerment.

Job dissatisfaction has been documented in the research leading to a high turnover of nurses (Zurmehly, Martin, & Fitzpatrick, 2009). These authors completed a web-based descriptive correlational design associating empowerment with plans to leave the current position and/or the nursing profession. A total of 1335 registered nurses responded to the survey from 16 counties in West Central Ohio. Of these, 1231 respondents were utilized. The nurses perceived moderate empowerment with the greatest access to opportunity as the highest factor. In addition, the RN’s with higher perceived levels of empowerment were more likely to remain in their current position. Those who reported a higher probability of leaving the profession also reported lower empowerment scores. Conclusions drawn from this research point to the need for strategies of empowerment to retain nurses in their current position and within the nursing profession.

A descriptive, quantitative study was performed by Bittner and O’Connor (2012) in the New England States to determine factors affecting job satisfaction in nurse faculty.

A 5-point Likert survey was developed, validated, and delivered via Survey Monkey to the deans or directors in schools that were members of the National League for Nursing (NLN). From the 226 respondents, the top 10 most prevalent barriers to job satisfaction were determined. Identified barriers included autonomy, feelings of accomplishment, support, interpersonal relationships, and academic freedom (Bittner & O'Connor, 2012). Implications drawn from this study include the need for fostering growth in nursing faculty, providing a smooth transition into the role of faculty member, and nurturing collegial relationships among faculty members.

Under the auspices of the NLN (2006) Healthful Work Environment toolkit and the American Association of Critical Care Nurses (2005) standards for establishing and maintaining healthy work environments, Kuehn (2010) conducted a phenomenological interview of 18 nursing faculty from the colleges and universities in the Midwestern United States. The purpose of this study was to assess perceptions of caring in the work environment by these faculty members. Suggestions for faculty development teams, collective dialogue, and collaboration were identified as potential areas promoting caring work environments.

To offset the identified variable of ineffective communication, Whalen (2009) developed multiple strategies to lessen stress in the work environment. Examples of these strategies included a structured orientation program, structured mentoring program, establishment of collaborative relationships, and development of avenues for engagement of part-time clinical nurse faculty in baccalaureate nursing education. Findings can also be applied to those teaching in a community college setting.

Adjunct faculty members are charged with the task of designing instructional strategies for students to meet course outcomes. Hebenstreit (2012) performed a correlational online survey of nurse educators and their perceptions of structural empowerment and use of innovative behaviors. Innovative behaviors were defined as the ability to adjust to new or changing situations. Since the focus of nursing education is evolving to a more learner-centered approach, this study provided knowledge of how empowerment can influence change. Results drawn from this study indicate that increasing nurse educators' empowerment will lead to a higher level of innovation.

Multiple research studies drawn from different populations of nursing all point to the positive relationship of empowerment to job satisfaction. Laschinger has been a major researcher in many of the studies identified, and she is the author of the CWEQ-II that will be implemented in this research study.

Engagement

Synonymous with commitment is engagement. The measure of how one sees themselves within the confines of a group or setting will correlate with work performance. The following articles provide evidence that a higher level of engagement will correspond with a higher level of commitment of the employee.

One area identified in the literature that affects adjunct faculty members' engagement is a disconnection between these individuals and the full-time faculty members. A private university in the Midwest recognized the limited involvement by adjunct faculty members in areas other than instruction, so an initiative was started to connect the adjunct faculty members with the institution (Johnson & Stevens, 2008).

This connection occurred as a result of attendance at a faculty development program that provided learning activities fostering social interaction. Feelings of loneliness and isolation were conveyed. To address these voiced feelings, a faculty development program was adopted which included various strategies such as conference calls, newsletters, and 1-day conferences. Conclusions from this experience indirectly benefitted the students by limiting the isolation experienced by adjunct faculty members.

A correlational study of faculty teaching in associate degree nursing programs in the southeastern United States was conducted to examine how the culture of the employing organization affected faculty empowerment (Johnson, 2009). Findings from this study found that rank and years of employment directly affected empowerment. Even though this study was completed in the southeast, the findings could be applicable to the local community college. Therefore, this study can provide supporting evidence for this proposed project with the change to the assessment of adjunct faculty members.

A multiple regression study conducted on full-time nursing faculty reported that salary, perceived stress, tenure rank, psychological empowerment, and mentoring relationships affected job contentment (Chung & Kowalski, 2012). A sample of nursing faculty in the United States were utilized to participate in this study that had Spreitzer's psychological empowerment theory as one of the theorists serving as the conceptual framework. To perform this study, four instruments were merged into one survey with Cronbach's alpha scores recorded for each instrument, providing a valid and reliable tool for data collection. The results of this survey found a positive relationship between mentoring, psychological empowerment, and job satisfaction. Likewise, job stress and

tenure had a negative association with job satisfaction. Not only does this study highlight the importance of job satisfaction within nursing education, it points to how the factors of mentoring, tenure, salary, psychological empowerment, and stress affect satisfaction.

Adjunct faculty are often novice educators who find themselves in a new role that is unfamiliar and stressful. To ease this transition, faculty and administrative support in the form of professional development or mentoring programs have been suggested. These educators also find that the traditional methods of teacher-centered instruction have been replaced with a student-centered approach guided by adult principles of education, andragogy. The final conflict for novice educators identified in the literature is a lack of support from the employing institution leading to disengagement.

Transition from Practice to Educator

Unfamiliarity exists when an expert clinician transitions into the role of nurse educator (Dumphily, 2011). This transition requires a new skill set that these nurse clinicians often do not have. The Core Competencies of Nurse Educators (NLN, 2012) build the framework for the new role. These competencies identify specific activities required of the nurse educator to provide quality instruction to students. Research has found that this transition is not an easy one to make.

Challenges in making the transition from expert practitioner to a nurse educator are explored by Penn et al. (2008). This transition is spurred by a nurse faculty shortage, which has motivated nurses to make the switch from the bedside to educator. The authors identified unfamiliarity with the new education environment, culture, and beliefs of teaching as the predominant challenge for these new educators. Solutions to these

challenges can be met through advanced education, professional development programs, and mentoring.

The transition from clinical practice to academia can result in job dissatisfaction as identified by a survey study completed by 262 faculty members at 31 nursing programs located in the southeastern United States (Cranford, 2013). *Role strain*, defined as an anxiety that occurs when job requirements do not match job expectations, was identified as a causative factor. Findings from this regression analysis study found that the transition into academia is a factor of role strain and contributes to an increased feeling of incompetence. Conclusions and implications drawn mentioned the need for support from experienced nursing faculty members and administration to these transitioning nursing faculty members.

Weidman (2013) conducted a qualitative phenomenology research study based on the premise that clinical nurse experts lack knowledge of education principles required of the nurse educator. After the data were transcribed and coded, three major themes emerged: the desire to teach, stress, and mentoring. Significant findings from this research study alluded to the need to ease transition into the educational role with a formal orientation, faculty development, and support of novice faculty.

The NLN (2012) developed core competencies for nurse educators. McDonald (2010) described the challenges and lessons learned of new educators to meet these competencies through a narrative description and literature review. Three categories of lessons were identified: knowledge deficit; culture and support; and salary and workload

(McDonald, 2010). The overwhelming theme of the article stressed the difficult journey faced by a novice educator and the need for a mentoring program to ease this transition.

Methods for easing the transition from practice role to educator are a common theme found in the literature. Billings & Kowalski (2008) suggested that a peer mentor is crucial in this transition process. A mentor is defined as an experienced faculty member who guides a novice educator in career development and facilitates transition (Chung & Kowalski, 2012; Coffman, Goodman, Thomas, & Roberson, 2013; Heinrich & Oberleitner, 2012; Reid, Hinderer, Jarosinski, Mister, & Seldomridge, 2013; Sawatzky & Enns, 2009; Slimmer, 2012; Smith, Hecker-Fernandes, Zorn, & Duffy, 2012). This new formed relationship can take on a formal or informal structure while incorporating all aspects of the educator role. Ideally, the mentor relationship will be one that is lifelong in duration. Rewards of this relationship affect the involved individuals as well as the school of nursing. For the novice educator, a smoother transition and increased satisfaction are expected outcomes. The mentor will also profit from this experience through the sharing of ideas and teaching strategies. The school of nursing will profit by increased retention and more effective teaching strategies. As a result, the overwhelming benefits of an effective mentoring program can assist all involved parties.

The change from practitioner to educator is a complex process that requires a change in social and cultural roles for the novice nurse educator. The expectations of a faculty appointment can cause feelings of uncertainty and frustration. Once again, a mentoring partnership is suggested to ease the transition to acclimate new faculty into this new environment (Dunham-Taylor et al., 2008).

Nursing education shortages are occurring in all aspects of nursing education programs, especially in the associate degree programs. A qualitative phenomenological study was performed to study the experiences of novice educators in an associate degree nursing program (Dumphily, 2011). Four predominant themes emerged from this study with one of them entitled, “From expert clinician to novice educator: The role transition” (Dumphily, 2011). Role transition is a reoccurring theme in the literature along with the need for administrative and faculty support for these new educators.

Clinical competence does not correlate with teaching expertise (Spencer, 2013). Measures, such as faculty development and mentoring, provide the resources for novice educators to lessen the burden of evolution into the educational arena. With the support and guidance from administration, the transition can be smooth.

In conclusion, research has shown that the transition from bedside nurse to nurse educator does not occur without challenges. Preparation for this role transition is the responsibility of the nurse educator and the employing institution. The employing institution needs to provide access to opportunity, resources, information, and support. With these tools of empowerment, the registered nurse will need to incorporate them in their repertoire to successfully make the change from clinician to educator.

Implications

Based on personal observations, conversations, and student feedback, empowerment of the adjunct faculty may be lacking at this local community college. A study to address empowerment of these faculty members is needed because these individuals deliver a large proportion of education to students in the learning laboratory

and clinical setting. The goal is to provide the adjunct faculty members with the ability to voice their perception of empowerment and engagement to the institution. In addition, since research has shown that levels of engagement do affect the quality of instruction provided, it will be important to investigate the reasons why engagement may be affected (Chung & Kowalski, 2012). Based on these perceptions, organizational changes can be proposed.

The findings of this study will be reported to the appropriate stakeholders. These stakeholders include the Dean of Allied Health and Nursing, Provost of Academic and Learner Services, Associate Degree Program Director, Clinical Placement Liaison, Learning Laboratory Coordinator, full-time faculty, and adjunct faculty members. The study findings will inform these stakeholders of the gaps of access to opportunity, resources, information, and support among the adjunct faculty members.

Based on the findings of this study, a project will be developed. I speculate that a professional development and/or mentoring program may be needed for the adjunct faculty members of this associate degree nursing program. Currently, there is no specific orientation program in place for the hiring of new adjunct faculty members. These new hires are given a brief orientation of the program by the clinical or learning laboratory coordinator and directed to contact the lead instructor for the assigned course. Since a formalized orientation program is not in place, it is unknown whether the philosophy and teaching beliefs of the program are understood. Resources are important and provide the means by which adjunct faculty members perform their assigned duties. A lack of resources can affect engagement and empowerment. Additionally, to maintain

engagement with the institution and empowerment to perform the role of learning laboratory and clinical student nurse educator, a faculty mentoring program could provide the ability to stay connected and empowered. The mentoring relationship is reciprocal and can continue throughout the course of employment (Billings & Halstead, 2012). The developed project will be presented to the stakeholders as a possible solution. Although this is a small study at one community college, other institutions of learning may benefit from the findings and perform a similar study of their own.

Summary

Section 1 was an introduction to the problem of adjunct faculty disengagement in the learning laboratory and clinical settings. To promote the advancement of clinical education and the integrity of nursing, it is imperative to evaluate the level of engagement in nursing adjunct faculty members and the factors that affect this engagement.

Discussion of Knowles' adult learning theory and Kanter's structural empowerment provided the theoretical support for the study. A review of the literature in the key areas of use of adjunct faculty in the educational setting and their transition from clinical to educator, adult learning, engagement, and empowerment was presented.

Section 2 includes the methodology design, data collection, and data analysis procedures. The methodology includes the specifics of design, description of sample, setting, and measures used to access participants. Within the data collection discussion, the instrument used and reason for selection is outlined. A discussion of data analysis includes details on the procedure, reasons used, and validity aspects. Section 3 contains a

description of the project that resulted from the findings of the study. Section 4 includes personal reflections, lessons learned, conclusions, and recommendations.

Section 2: The Methodology

Introduction

A quantitative descriptive survey design was used to measure the perceptions of the adjunct faculty member's empowerment and subsequent engagement to perform their duties at this local community college. Creswell (2009) described a survey research design as a method to provide a snapshot of a population. This type of research design provides a researcher with the ability to describe trends at a particular moment in time. This survey provided a glimpse of the adjunct faculty member's access to opportunity, resources, support, and information at this local community college. The information gained through the survey design used in this study identified and validated the needs of the adjunct faculty member in the learning laboratory and clinical setting, the environments of interest for this study.

Research Design and Approach

The research methodology selected for this study evolved from the local problem and research questions. Quantitative researchers use a deductive approach to measure how variables affect each other (Creswell, 2012). The purpose of this quantitative study was to identify and measure factors that influence empowerment in adjunct faculty members teaching in an associate degree nursing program at a community college located in the Midwestern United States. I examined whether there is a difference in the engagement of novice and expert faculty members. Specifically, I used a one-shot survey design (Creswell, 2009) to garner opinions of the participants that are representative of the population, also known as a sample. The sample for this survey came from the faculty

members who agreed to participate by completing a survey with specific questions measuring the factors of empowerment. From these results, assumptions were made and applied to the study population through the development of a related project. The overarching focus was to learn about the level of engagement through empowerment of these adjunct faculty members.

This choice of design was appropriate for this study because survey designs are utilized to identify opinions of the participants (Creswell, 2012). More specifically, surveys measure trends and do not seek to explain phenomena. Creswell further indicated that survey designs focus on learning about populations rather than predicting results. I recognized that the opinions of the adjunct faculty members who participated in the survey were representative of the target population by virtue of possessing common characteristics, most notably, employment at this local community college (Creswell).

Other research designs were considered. A qualitative case study approach was considered and carefully evaluated but it was thought that the use of a case study would limit the generalizable data that could be collected. The nonparametric data distribution ruled out the independent-samples *t*-test, which was also considered.

Setting and Sample

The setting for this study was the associate degree nursing program at a community college located in the Midwestern United States. Adjunct faculty members teaching in this program provided the population studied.

Sampling Strategy

Using a sample of convenience, 149 adjunct faculty members were asked to participate. Creswell (2012) defined *convenience sampling* as the selection of individuals willing to participate in the study. This method of sampling coincides with the goal of the study to provide a “snapshot” of empowerment among adjunct faculty members employed this semester. This sampling exhibited defining characteristics of belonging to the larger population. Since the focus of this research study is exclusively at this community college, only the years of employment at this institution were recognized. This recognition resulted in the formation of novice and expert status/grouping. Novice adjunct faculty members were defined as those individuals who have been employed 2 years or less at this institution. Expert adjunct faculty members were classified based on their employment of 3 years or more at this institution. To ensure a balanced representation of novice and expert adjunct faculty members, a stratified sampling method was employed. Triola (2012) defined *stratified sampling* as subdividing the participants into two different groups based on a defining characteristic. In the case of this study, stratification was defined by the length of employment at this institution.

Sample Size

An appropriate sample size is required in quantitative survey designs so generalizations can be made of the larger population. In order to achieve the appropriate sample size as identified in the power formula and Lipsey’s table identified in Creswell (2012), the goal was to have at least 66 participants complete the survey. The statistical

level of significance or alpha has been identified as $p = 0.5$, the effect size at .50, and the power criterion typically set at 0.80 for educational research (Creswell, 2012).

To meet inclusion criteria, the participant had to be over the age of 18, a registered nurse in the state, and employed at this local community college. The participant could be employed in either the learning laboratory or clinical setting. Since the participants were invited by email from a list of qualified subjects provided by the associate degree nursing program director, clinical placement liaison, and lab coordinator, there were no exclusion criteria other than those who chose not to participate in the study.

Recruitment

Institutional Review Board (IRB) approval was sought and obtained from Walden University Review Board (Approval # 08-22-14-0279353) and this local community college (Approval #1001). With this approval, the Associate Degree Nursing Program Director, Clinical Placement Liaison, and Lab Coordinator were contacted via e-mail (see Appendix B, Appendix C, and Appendix D; Appendix A was reserved for the project) to gain access to potential participant's names and email addresses. Once the list was obtained, all adjunct nursing faculty teaching in the clinical setting and learning laboratory were invited via e-mail to participate in the Survey Monkey study (see Appendix G). This invitation was sent to the e-mail on record with the college. Follow-up emails were sent out to remind participants to complete the survey after 2 and 3 weeks (Appendix H and Appendix I). These follow-up e-mails were only sent to the individuals who had not completed the survey or opted out of the study.

Characteristics of the Sample

Of the 149 invitations sent out, 53 participants completed the survey. This 35% response rate falls within the typical range of 30-50% for surveys (Lodico, Spaulding, & Voegtle, 2010). It was noted that the survey rate, although low for this population, was consistent with the tone of the working environment. Prior to sending the invitation to participate, changes were made to the working conditions in anticipation of an accreditation visit. ACEN (2013) Standard 2.2 stated that “part-time faculty hold a minimum of a baccalaureate degree with a major in nursing and a minimum of 50% of the part-time faculty holding a graduate degree with a major in nursing” (p. 2). As a result, changes in personnel and working conditions were made in the learning laboratory and clinical setting ensuring this standard was met to maintain accreditation, resulting in upheaval and angry feelings by some of the expert adjunct faculty members who have been in their roles for many years. These changes resulted in the rearrangement of teaching commitments and removal of some of the faculty from current rosters, which also decreased the number of available participants to complete the survey. Comments voiced from adjunct faculty members centered on “feelings of lack of worth” to the institution with a consequential indifference to completing the survey. Table 2 provides a description of the general characteristics of the adjunct faculty members who completed the survey. These descriptions are formulated based on the questions asked within the survey.

Table 2

Descriptive Statistics of the Adjunct Faculty Members

Characteristic	Variable	Number	Percentage
Age	25-35 years	5	9.43%
	36-45 years	11	20.75%
	46-55 years	19	35.85%
	56-65 years	15	28.30%
	66-75 years	3	5.66%
Gender	Female	52	98.11%
	Male	1	1.89%
Ethnicity	American Indian/ Alaskan Native	1	1.89%
	Asian	0	0.00%
	Black/African American	1	1.89%
	Hispanic/Latino	1	1.89%
	White/Caucasian	51	96.23%
	Other	0	0.00%
Setting Taught	Learning laboratory	11	20.75%
	Clinical	42	79.25%
Highest Level Education Obtained	BSN	18	33.96%
	MSN	23	43.40%
	Some graduate school	9	16.98%
	Other	3	5.66%

Total N= 53

Instrumentation and Materials

Descriptive surveys assign a numerical value to the answers given by participants enabling the researcher to make generalizations about the population studied (Creswell, 2009). Once calculated, the results were uploaded into the Statistical Package for the Social Sciences (SPSS) Version 21 platform (IBM, 2013) for further analysis. One survey consisting of 28 questions was administered to the study participants via Survey Monkey (Survey Monkey, 2014). This survey consisted of two parts: a demographic inquiry, and the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) survey (Laschinger et al., 2001). The demographic survey was developed by me to illicit general descriptive characteristics of the participants (See Appendix E). The CWEQ-II is a pre-established instrument that was developed by Laschinger in 2001 to measure structural empowerment (See Appendix F). This survey has been used in multiple research studies, offering reliability of the tool (Laschinger et al., 2001; Lodico et al., 2010).

Demographic Survey

The demographic questionnaire collected information on participant age, gender, ethnicity, place taught (learning laboratory or clinical setting), highest degree earned, total years taught in nursing education, and total years of employment with this institution. This information will be used to characterize the participants further. The most significant question from this demographic survey was the years taught at this local institution since this categorized the adjunct faculty member as a novice or expert educator. The results of this portion of the questionnaire were calculated using the Survey

Monkey platform and inputted into the Statistical Package for the Social Sciences (SPSS) Version 21 platform (IBM, 2013).

The Conditions of Work Effectiveness Questionnaire-II

The CWEQ-II was used to measure the six components of structural empowerment based on Kanter's theory. Structural empowerment defines the ability of the adjunct faculty members to perform their role in a productive fashion (Kant, 1977, 1993). Permission to use this questionnaire was granted by the developer (see Appendix J). The questionnaire consisted of 19 items measuring access to opportunity, information, support, resources, formal, and informal power (Baker et al., 2011; Laschinger et al., 2001; McDonald et al., 2010). Each empowerment variable (opportunity, information, support, resources, and Job Activities Scale (JAS) measuring formal power) contained three pertinent questions in groupings (Laschinger, 2012). The Organization Relationship Scale (ORS) included four questions to measure informal power (Laschinger, 2012). All subscales on the questionnaire use a five-point Likert scale. The answers are numbered one to five. One signifies *none*, three is *some*, and five *a lot*. The numbers two and four do not have an attached word. A score to measure access to opportunity, information, support, resources, and formal and informal power was derived from totaling and averaging the participant's scores. These scores were then totaled and averaged to create a total empowerment score (range 6-30). The higher the number obtained, the higher perception of empowerment. Scores that ranged from 6 to 13 were considered to be low empowerment, 14 to 22, moderate empowerment, and 23 to 30 as high levels of empowerment (Laschinger, 2012). In addition, a two question global empowerment

subscale was completed. This scale is also a five-point Likert survey with different pneumonic of one as *strongly disagree* and five, *strongly agree*. The scores obtained from the global empowerment subscale were not included in the total empowerment score. These scores were used to confirm construct validity with the six components of structural empowerment (Laschinger, 2012). Additionally, Cronbach's alpha reliability coefficient of 0.89 was calculated for the CWEQ-II, indicating a strong score for reliability of the instrument (Laschinger et al., 2001). Therefore, evidence from this study agreed with previous studies and supports the CWEQ-II as a reliable and valid instrument to measure empowerment in the work environment.

Data Collection and Analysis

Once the surveys were completed and uploaded into SPSS Version 21, descriptive and inferential statistics were utilized to analyze the responses (Creswell, 2012; Lodico et al., 2010). The descriptive statistics identified participant age, gender, ethnicity, place taught (learning laboratory or clinical setting), highest degree earned, total years taught in nursing education, and total years of employment with this institution. These statistics provided an illustrative picture of the general characteristics of the participants. Each participant was assigned a numerical value based on their total years of employment at this institution. The number one was assigned to the participants who were employed at this community college 2 years or less, *novice*. The number two was assigned to those participants who were employed at this institution 3 or more years, *experts*. This process of stratified random selection disclosed the two groups required for comparison, the independent variable (Lodico et al., 2010).

Factors that affect engagement, known as subscales, were also tabulated and noted, in response to the research question of “What are the factors that affect the adjunct faculty member’s engagement to the nursing program?” Adjunct faculty engagement scores for each group were calculated into a numerical value (e.g. *strongly agree; a lot; know a lot* = five, to *strongly disagree; none; no knowledge* = one). Each subscale was totaled and averaged to determine the total structural empowerment score. All scores were inputted into the SPSS Version 21 platform (IBM, 2013) classified by participant.

The inferential statistic, the Mann-Whitney U test with corresponding p value was calculated. The decision to use the nonparametric Mann-Whitney U test for the research design was based on the dependent variable yielding an ordinal level of data with a categorical independent variable (Creswell, 2012) and small sample size that violates parametric assumptions (Fagerland, 2012). The Mann-Whitney test was chosen over a t -test because the resultant data were treated as ordinal and the independent variable consisted of two categories (Elvers, n.d.). Additionally, the degrees of freedom, two-tailed test of significance, mean difference, standard deviation, and confidence intervals were calculated.

Research Question 1 was answered by collating and describing the contributing factors that impact adjunct faculty empowerment as determined by the CWEQ-II. Each subscale was assessed. To answer Research Question 2, the Mann-Whitney U test for nonparametric statistics was used to determine if there was a significant difference in the total scores for the CWEQ-II between novice and expert adjunct faculty members. The data collected and analyzed were used to make a determination of rejecting or failing to

reject the null hypothesis. In the case of this research study, the null hypothesis states that there is no difference between novice and expert adjunct faculty members in terms of engagement at this local community college. A statistical significance or p value was computed using the SPSS system. This value signifies the probability of a result occurring because of chance. The decision to reject or fail to reject the null hypothesis occurs by assessing the statistical U test and associated p value against the $alpha$ score which was set at 0.05. If the p value is less than $alpha$, the null hypothesis is rejected and the alternative hypothesis is accepted (Creswell, 2012; Lodico et al., 2010) indicating a significant difference between the levels of engagement in novice and expert adjunct faculty members.

Assumptions, Limitations, Scope and Delimitations

Assumptions

I assumed that all participants are registered nurses in the state and employed at this institution during the current semester of instruction. I also assumed that the participants would answer the questions in a truthful manner, without fear of retaliation from the educational environment.

Limitations

There are several limitations to this study. Since novice faculty members are defined as those individuals who have been employed 2 years or less at this institution, previous experience at another institution can affect adaptation to the current environment. These individuals might draw upon past experiences to acclimate themselves to the current position. Another limitation is the demographic makeup of the

participants. Most of the participants are Caucasian females, without a large representation of other races or males. In addition, because this is a lower constraint design, the results of this study cannot be generalized to other institutions.

Scope and Delimitations

The scope of this study is limited to a small convenience sample from one local community college. Other community colleges in the area were not taken into consideration. The focus of the study is the empowerment of adjunct faculty members employed at this local institution. Factors inherent to the working environment at this educational institution might be different from those factors at other institutions. Ideally, other community colleges could benefit from this study by recognizing the benefits of empowered faculty in the working environment which affects student attainment of course/program outcomes. Replication of this study in other settings is plausible to examine the variables unique to each institution.

Measures to Protect Human Subjects

Ethical protection was maintained throughout the project study. Institutional Review Board (IRB) approval was sought and obtained from Walden University Review Board (Approval # 08-22-14-0279353) and this local community college (Approval #1001). The college IRB synchronized efforts with those of Walden IRB to gain access and protect participants during this research study. After IRB approval, an invitational e-mail outlining the purpose of the study, the procedures to follow to participate and a consent form (Appendix K) were emailed to the adjunct faculty member's personal email. The consent form contained detailed explanations of the background information

of the study, sample survey questions, the procedures, the voluntary nature for the participant, risks and benefits, privacy, and researcher contact information. The purpose of this letter was to maintain transparency of the project study. Consent was implied with the completion of the survey. Individuals who did not want to participate could opt out or simply not complete the survey. To maintain anonymity, the participant was instructed to refrain from putting a name or any identifiable information on the survey, other than what was requested.

The risks and benefits were highlighted in the invitation to participate. Additionally, the participants were made aware that they could opt out of the study if they should endure stress or anxiety over the length of the survey and/or questions evoking personal distress or fear of retaliation. The participants were also informed that compensation would not be awarded for completing the survey, but the benefits of completing the survey could result in an empowering work environment.

Anonymity and privacy were maintained throughout the survey completion and analysis. The participant's responses will be stored and protected within the Survey Monkey site. I was the only person who had access to this password protected site account.

Participants were invited to the discussion of the results of this survey with the Associate Degree Nursing Program Director, Clinical Placement Liaison, Lab Coordinator, and full-time faculty. Details of the survey instrument and deductive inferences of the data were presented. No identifiable information was released during

these discussions. The only data that could be representative of an individual is their novice or expert status.

Data Analysis Results

Within quantitative research, data analysis is deductive with assumptions made based on numerical assignment of participant's responses on the survey (Lodico et al., 2010). The identified problem at this local community college with resultant research questions provided the framework for this research project study. Numbers were methodically assigned to the answers provided by the participant with subsequent analysis using statistical techniques.

After collection of the data, assignment of numerical values and uploading of data into the SPSS Version 21 platform (IBM, 2013), descriptive and inferential analyses were completed. The Mann-Whitney U test was carefully selected to complete this analysis based on the research questions, as well as the independent and dependent variables (Creswell, 2009). This nonparametric test compares differences between two independent groups when the dependent variable is ordinal. Assumptions for use of the Mann-Whitney U test were met. The first assumption was met by virtue of using a five-point Likert scale, resulting in a numeric value for measurement of participant's access to opportunity, information, support, and resources. The resultant value was treated as ordinal. The independent variable consisted of two independent categorical groups. The number one was assigned to the adjunct faculty members who were employed at this institution 2 years or less and the number two was assigned to those members employed 3 or more years at this institution meeting the second assumption. Assumption three

requires an independence of observations (Lund Research, 2013) which was met because the participants were assigned only one group with no crossover. Finally, the fourth assumption requires the groups to have different distributions. The novice adjunct faculty member's total number of responses ($R = 606.50$, $\mu = 26.37$, $N = 23$) were lower than the expert faculty member's totals ($R = 824.50$, $\mu = 27.48$, $N = 30$), exemplifying a different distribution meeting the criteria of the fourth assumption.

Descriptive statistics were utilized to describe the contributing factors that influence empowerment in the adjunct faculty members, thus answering Research Question 1. These contributing factors also known as subscales were measured through the use of three specific questions that were grouped together. The Survey Monkey platform provided an average value for each question on the survey. Responses on the CWEQ – II are numbered one to five. One signifies *none*, three is *some*, and five, *a lot*. The higher the score, the stronger perception of working in an empowered work environment (Laschinger et al., 2001). The groupings of questions were totaled and averaged and are identified in Table 3.

Table 3

Means for Empowerment Subscales – All Participants

Empowerment Subscales	<i>M</i>	<i>SD</i>
Access to opportunity	3.85	.82
Access to information	3.09	.82
Access to support	3.20	.87
Access to resources	3.48	.84
Job Activities Scale (formal power)	3.31	.83
Organizational Relationship Scale (informal power)	3.00	.90
Global Empowerment	3.57	.86

N = 53

All responses fall within the *some* range, which is numerically illustrated in the above table as a three or higher for the subscales of access to opportunity, information, support, resources, informal, and informal power. The global empowerment scale falls slightly higher and is indicative of a stronger perception of working in an empowered work environment (Laschinger et al., 2001). Access to opportunity, resources, and formal power were the highest recorded scores. These results signify a higher perception of growth and mobility within the organization (opportunity), possession of time and tools to complete the job (resources), and the flexibility to make decisions in the working environment (formal power). Access to information, support, and informal power are the lowest recorded scores. These results signify a slightly lower perception to possessing

knowledge of the organization's philosophy and policies, technical knowledge and expertise (information), scarcity of feedback and guidance from peers, mentors, and administration (support), and the lack of formation of social connections with peers and mentors (informal power). According to Kanter (1977, 1993), when individuals do not have access to opportunity, information, support, and resources, they become powerless. Kanter's (1977, 1993) theory focuses on two primary areas of empowerment: opportunity and power. Opportunity affects work attitudes and feeling of accomplishment (Kanter, 1977, 1993). Power was defined by Kanter (1977, 1993; Wiens, Babenko-Mould, & Iwasiw, 2014) as the ability to accomplish tasks and goals utilizing appropriate tools and resources. Power is not dominance over others.

In the case of this research study, the adjunct faculty members' role and responsibility are to provide the nursing student with an environment conducive to learning, utilizing resources such as Knowles' adult learning principles. Job performance is enhanced with opportunity and power. The significance of the outcomes from this research project study is to enlighten the institution with areas of needed improvement. Both sample groups scored low in their perception of access to information, support, and informal power. The implication of these scores address the inability of the adjunct faculty member to perform their role, highlighting the concept of role impairment resulting from a disconnection between the adjunct faculty member and learning institution (Andrew, Halcomb, Jackson, Peters, and Salamonson, 2010). Opportunities for role socialization and development are necessary to provide essential materials and

teaching strategies to ensure success in the role of nurse educator. These opportunities need to be a collaborative effort between administration, full-time, and adjunct faculty.

Research Question 2 was answered using the inferential Mann-Whitney U test. The Mann-Whitney U test was run to determine if there were differences in empowerment scores on the (CWEQ-II) based on the level of experience of adjunct faculty members employed in the associate degree nursing program at this local community college. Distributions of the empowerment scores for novice and adjunct faculty members were not similar, as assessed by visual inspection. Mean empowerment scores for novice faculty (26.35) and expert faculty (27.50) was not statistically significantly different, $U = 330$, $z = -.269$, $p = .788$. Based on these findings, the null hypothesis was accepted stating there is no difference in empowerment scores between novice and expert adjunct faculty members. To further enhance the understanding of empowerment, each variable of structural empowerment was analyzed independently using the Mann-Whitney U test. The individual mean ranks, U score, z -score, and p score were calculated for each variable of structural empowerment. See Table 4 for the results of the analysis of the variables of structural empowerment.

Table 4

Mann-Whitney U Scores for Empowerment Subscales

Subscale	Mean Ranks	<i>U</i> score	<i>Z</i> score	<i>p</i> score
Opportunity	27.37 (novice) 26.72 (expert)	336.50	-.154	.88
Information	25.37 (novice) 28.25 (expert)	307.50	-.68	.50
Support	23.96 (novice) 29.33 (expert)	275.00	-1.27	.21
Resources	28.15 (novice) 26.12 (expert)	318.50	-.48	.63
Job Activities Scale (Formal Power)	27.46 (novice) 26.65 (expert)	334.50	-.19	.85
Relationship Scale (Informal Power)	26.04 (novice) 27.73 (expert)	323.00	-.40	.69

N = 53

Findings from this analysis also suggested no significant differences in the empowerment subscales between novice and expert adjunct faculty members. Upon closer inspection of this table with a comparison of information found when assessing Research Question 1, there was some consistency between the results. Access to information and support were found to have lower statistical significance (*p* scores) in this analysis, consistent with results found when analyzing RQ 1. Results also show a trend that adjunct faculty members at this institution, although empowered to perform their job, need more assistance in the areas of information and support. Research has shown that adjunct faculty members are experts in their clinical areas, but may lack the

skills, such as Knowles' principles of adult education (Knowles et al., 2011) to perform their role of facilitating student learning (Billings & Halstead, 2012; Branagan & Oriol, 2014; Hadidi, Lindquist, & Buckwalter, 2013; McDonald, 2010; Wiens et al., 2014). In addition, mean rank scores were higher in access to opportunity, resources, and the job activities scale (formal power) for novice adjunct faculty members. The fact that the mean rank scores are higher for the novice faculty member could be resultant from a more recent hiring and orientation encounter. Even though there were no significant differences in empowerment scales for novice and expert adjunct faculty members, a development/mentoring program for all faculty members is recommended to address the lack of information and support identified by students (Goodrich, 2014). A development program will provide the adjunct faculty member with the competencies expected of the nurse educator (Baker, 2010; Brannagan & Oriol, 2014; Drummond-Young et al., 2010; Gilbert & Womack, 2012; McDonald, 2010; Penn et al., 2008; Spencer, 2013). Mentoring promotes an avenue of shared communication and collaboration for the purpose of providing support and growth within the role of nurse educator (Branagan & Oriol, 2014; Hadidi et al., 2013; Hunt & Ellison, 2010; Nickitas, 2014; Schoening, 2013; West et al., 2009). The amalgamation of these two programs will provide the adjunct faculty member with the necessary information and support to perform his or her role.

Conclusion

In summary, this section provided a detailed description of the research design: a quantitative inferential survey methodology assessing the level of empowerment in novice and expert adjunct faculty teaching in the learning laboratory and clinical setting

in an associate degree nursing program. The participant sample was composed of novice and expert learning laboratory and clinical adjunct nursing faculty. The CWEQ-II survey was utilized for data collection via the Survey Monkey platform. Once data was collected, the results were uploaded into the SPSS Version 21 platform and the Mann-Whitney *U* test provided the means for data analysis. The results indicated no statistical difference between novice and expert adjunct faculty. Factors that affect adjunct faculty member's level of empowerment were highlighted. Assumptions, potential limitations, and delimitations were also discussed.

Section 3 contains a description of the project that resulted from the findings of the study. Section 4 includes personal reflections, lessons learned, conclusions, and recommendations. Appendix A will provide the details of the project.

Section 3: The Project

Section 3 depicts the final project proposal which is based upon the findings of the research study. This section includes a description of the project, the goals and outcomes with rationale, literature review specific to the project, implementation, and evaluation.

Description of the Project

The project is an initial 3-day professional development program leading to a mentoring association that is focused on the development of adjunct faculty and their engagement through empowerment to the learning institution. The purpose of the project is to provide the adjunct faculty member teaching in the learning laboratory or clinical setting with the required tools, information, and skills needed to transition and maintain currency in the educational arena.

This development/mentoring program will be offered to adjunct faculty members at the beginning of each new semester. The inaugural development program will be provided in the upcoming fall semester. All adjunct faculty members will be asked to participate.

Two months prior to the development program, the adjunct faculty members, now referred to as *learners*, will receive a needs assessment to be completed and returned to the program developer. This structured needs assessment will align with the goal and purpose of the development/mentoring program and will identify gaps in knowledge and skill of the adjunct faculty members (Spaulding, 2008). The needs assessment will be collected via Survey Monkey sent to the learners' e-mail. The survey will be designed to

garner information identifying program content beyond the findings of the research study. Once collected, the needs assessment will be analyzed, and deficits delineated so additional learning opportunities can be incorporated into the training program. The findings of the needs assessment will be reported in a written document to the Associate Degree Nursing Program Director, Clinical Placement Liaison, Learning Laboratory Coordinator, full-time faculty, and mentors. Included in this written report will be the solutions developed to address the findings. The results of the needs assessment will be stored in a secured password protected site.

Learners will be provided with a description of the dates, times, goals and objectives of the development/mentoring program prior to the start via electronic communication sent to their e-mail. This will ensure their understanding of the purpose of the program. Learning objectives provide the framework for the program and provide a means to develop topics, educational strategies, expectations of the learners and a means of evaluation (Billings & Halstead, 2012). To be effective in acquiring new knowledge, developing problem-solving techniques and changing current attitudes, program objectives need to be clear, concise, measurable, and obtainable. After attending this development/mentoring program:

1. The learner will be able to challenge their current views of nursing education to become more effective in their educational role.
2. The learner will be able to design teaching strategies to engage the students in the learning laboratory and clinical settings based on Knowles's adult learning principles.

3. The learner will be able to identify methods to effectively evaluate students in the learning laboratory and clinical setting.
4. The learner will be able to locate and access nursing program forms to utilize in the practice setting.
5. The learner will be able to reflect upon new knowledge and create changes in their current practice setting.
6. The learner will appreciate his/her role in the education of the nursing student and promote professionalism.

These objectives will be given to the participants in a packet on the first day of the development training program and will provide the framework for planned activities in both the training and mentoring sessions. Evaluation questions for the entire program will stem from these objectives.

Goals and Rationale

The goal of the project is to create a development/mentoring program based on the specific deficiencies of the adjunct faculty member as identified by the needs assessment of the participants. Consideration will be given to the transition of the adjunct faculty member into the educational arena with the focus on principles of adult learning, the nursing program's philosophy, and available educational strategies. The project will promote a learning opportunity combined with a mentoring relationship to enrich the empowerment of the adjunct faculty member transitioning into the learning environment. This mentoring relationship consists of a collaborative interaction between the mentor

and mentee in a caring and respectful environment. Regularly scheduled meetings throughout the year will provide for the sharing of ideas.

The data analysis in the project research study identified that access to information, support, and informal power were perceived at a lower level for all faculty members. This clearly indicates a need for a structured program to be put in place for both the novice and expert adjunct faculty member. Since this nursing program does not have a structured orientation or mentoring program for adjunct faculty, a development/mentoring program is warranted addressing the gaps in knowledge and skills. The development part of the program will address the social, information needs, and technical skills required of the nurse educator. The mentoring portion will provide the adjunct faculty member with the support to stay connected and current with knowledge and expertise. Training will be provided to the chosen mentors defining the roles and responsibilities within the mentoring relationship.

The current literature also supports the notion that gaps exist in the transition of the clinical practitioner to educator. This is echoed by Derby-Davis (2014) and Goodrich (2014) in their research. These two authors highlighted the need for a smooth transition to academia with support, information, and guidance. The current literature also supports the need for a mentoring program in nursing education. Specht (2013) identified mentoring as an important tool to ease the transition of the novice educator. This project will provide the tools and knowledge for a successful evolution into the role of nurse educator via mentoring. A review of the literature will provide the necessary framework to conceptualize this project.

Review of the Literature

Frameworks and theories provide a structural foundation and guide the use of instructional activities and corresponding assessment for program planning (Billings & Halstead, 2012). As a result, a literature review was completed using guiding concepts focused on the characteristics of the participants and philosophy of the educational institution. This literature review was conducted prior to the development of the program to demonstrate alignment of theories and the most current evidence in the literature.

The literature was reviewed using electronic databases, including CINAHL, ERIC, EBSCO, MEDLINE, Education Research Complete, ProQuest, and Academic Search Complete. Many combinations of keywords were used during the search with the following keywords yielding the most current, reliable, and relevant search: *Blooms Taxonomy, constructivism, program evaluation, nursing education, mentoring, objectives, portfolios, and program planning*. In addition to these resources, bibliographies of retrieved articles were also used. By identifying a theoretical framework with validation in the current literature, a recognition of support for adjunct faculty transitioning into academia is seen through a mentoring program.

Theoretical Framework: Constructivism

Constructivism is a cognitive learning theory based on the premise that new learning is assimilated from previous knowledge (Billings & Halstead, 2012; DeCoux Hampton, 2012; Hawks, 2014). This theory is in direct relationship with Knowles' (1970) principles of adult learning (Brandon & All, 2010). Knowles postulated that adult learners are self-motivated, problem-solvers, task-oriented while possessing prior

knowledge and experience (Knowles et al., 2011). Constructivists build upon prior knowledge through self-reflection (Hawks, 2014; Merriam, Caffarella, & Baumgartner, 2007). This also applies to the adjunct faculty member participating in this development/mentoring program. The goal is to tap into the resources of these adjunct faculty members who are expert clinicians with a sound clinical base and mold them into effective nurse educators utilizing the principles of adult learning. Teaching strategies designed for this training program will foster critical thinking and reasoning with self-reflection. Evaluation strategies will provide the learner with the ability to assimilate new knowledge and self-reflect actively through case studies uploaded into a portfolio. To facilitate self-reflection and transition into the nurse educator role, a mentoring relationship will be established after the professional development portion of the program.

Mentoring

A valuable strategy to promote the transition into and socialization of the nurse educator role is through the use of mentoring (Specht, 2013). Mentoring is an interactive and collaborative relationship between a part-time and full-time faculty member. This relationship is an evolving, continuous working affiliation between a mentor and mentee. For the purpose of this program, the *mentee* is defined as a novice in his or her role and a *mentor*, an experienced nurse educator, is a full-time faculty member (Garcia, Hernandez, Shokar, & Ho, 2014; Specht, 2013). A literature search was completed to validate the effectiveness of this concept.

Evans (2013) identified mentoring as a tool to retain nurses in academia. A descriptive survey study of nurse educators was completed measuring effective strategies to increase the number of nursing faculty. Cited in the literature review of this study were recruitment and retention elements. Of the 71 items uncovered, role preparation and professional development were identified and highlighted as important to retain nursing faculty. These findings correlate with the deficits identified in the research study and will provide the content for the development/mentoring program.

Mentoring was described as a relationship that provides support, assistance, and guidance in a descriptive survey research study by Monk, Irons, Carlson, and Walker (2010). These authors also elaborated on the point that mentoring is not an evaluative process. The major themes of research, service, teaching, and collegiality emerged from their study of faculty perceptions. Findings identified mentoring as a factor affecting retention of new faculty members.

Collins and Mowder-Tinney (2012) developed a peer mentorship program for final-year doctoral physical therapy students noting that experiential learning provided the environment conducive to obtaining skills necessary for clinical learning. Although, this article focused on students in the mentor role, the lessons learned were valuable and described the benefits of the mentoring program for both the mentor and mentee. Focus groups were conducted to evaluate learning, and through reflection and dialogue, higher levels of skill attainment, critical thinking, and role confidence were obtained.

Building blocks of an effective mentoring relationship are “trust, open communication, and clear goal-setting” (Eifler, & Veltri, 2010, p. 623). These two

authors described their journey as participants in a mentoring relationship. The uniqueness of this journey lies in their expertise areas in different disciplines. Eifler is an associate professor in the School of Education, and Veltri is an instructor in the School of Nursing at the same institution. These authors equally benefited from their formed mentoring relationship and learned constructive lessons respective of their discipline.

Kohn (2014) described an emphasis on the integration of pharmacy faculty into higher education via mentoring. This report included descriptions of the inception of the program, best practices, strengths, and limitations. A survey administered to the junior level faculty members (mentees) after completion confirmed the high commitment to service, teaching, and research. Highlights for success included a firm understanding and agreement of all parties to the purpose and process of the mentoring program. Limitations existed in pre-conceived notions of the mentees to “cultural barriers of seniority” (Kohn, 2014, p. 5).

Mentorship is not exclusive to the nursing profession as exemplified by the findings of a pharmacy college located on the west coast of the United States. The focus of mentorship for this pharmacy program was to support and facilitate faculty development. In addition to providing faculty development, the mentees reported assistance with time management, prioritization, and work-life balance (Jackevicius et al., 2014). These skills are essential to the educator role but are often overlooked by the new faculty member.

Grossman (2013) defined empowerment as “being inspired with self-confidence and the knowledge that one can make a difference by one’s actions” (p. 55). Mentorship

is empowerment. The mentor provides the mentee with the strategies to be successful in the new role of nurse educator. Kanter (1977, 1993) equated structural empowerment with the ability to do one's work.

Daloz (1999) described the mentor as a guide who spreads wisdom in an attempt to search for meaning. On this journey, the mentor is an advisor who imparts knowledge, vision, hope, guidance, and caution. Daloz described learning in the changes that occur in an individual (quality), rather than how much is learned (quantity).

The development/mentoring program was conceptualized based on the identified lack of access to information, support, and formal power by the adjunct faculty members on the CWEQ-II questionnaire. Development training will provide the necessary tools for seamless transition of the adjunct faculty member. The mentoring relationship will provide the necessary ingredients for the faculty member to transition into the role of educator. Mentorship will facilitate faculty development through acquisition of knowledge and role socialization.

Seminar Appropriateness

The development portion of the program will consist of a series of seminars over the course of 3 days. A seminar is an academic meeting with a focus on learning utilizing active teaching strategies (Caffarella, 2002). The focus of this type of program is to enhance current knowledge and skills of the participant. A facilitator is the primary resource. The seminars, lasting approximately 1 to 2 hours in length will be clustered based on a topic. For example, the first day will be a didactic training focused on competencies of the nurse educator role. The second day will provide an overview of

mentoring, portfolio application, overview of the associate degree nursing program, forms used in instruction, and the college's course management system. The third day will provide a more detailed overview of the clinical and learning laboratory expectations specific to this local community college. This day will also conclude with a hands-on application of common student issues that might be encountered. This format fosters a high level of active involvement in the participants and transfer of learning is emphasized in the mentoring encounter for the use of learned knowledge and skills in the academic environment. The development program will consist of a series of seminars on topics formulated from the needs assessment and guided by the findings of the research study. Quinn Griffin and Novotny (2012) highlighted the effectiveness of a seminar method of teaching-learning as it complements the traditional lecture with active discussion and participation of the audience. This allows for an exchange of ideas and accumulation of problem-solving techniques.

Alternative Perspectives

Other designs could have been used for this project, such as a video presentation uploaded into the learning management system. Video presentations, although they would allow the adjunct faculty member to view the material at their leisure, does not promote active participation of the audience.

Project Design

The project is based on the constructivist learning theory and incorporates active learning and participation. These learners will be placed in the environment designed to generate experiences to construct new knowledge built upon previously known concepts.

Principles of adult education will also be applicable to assist in the transition of the adjunct faculty member into the role of nurse educator.

The project originated from the study findings and was designed as a development/mentoring program. The project plan was developed from the needs assessment and was aligned with the program objectives. Learning resources, such as lecture, case studies, and portfolio creation were instrumental in the creation and design of the development/mentoring program. To engage all learning styles of the participants, emphasis was placed on self-directed active learning strategies. Transfer of learning will be assessed via portfolio creation and continued guidance by the assigned mentor.

Needs Assessment

A needs assessment will be completed prior to the commencement of this program. The needs assessment will seek to identify gaps in knowledge of the participants and provide the structure for the development/mentoring program (Caffarella, 2002; Salsberg, Seller, Shea, & Macaulay, 2012). In addition to identifying needs, this systematic process will prioritize and refine particular learning needs of the adjunct faculty member (Brown, 2012). This will also provide the opportunity for the adjunct faculty member to self-evaluate, reflect on, and create new learning opportunities and skills.

The needs assessment will consist of an online survey to determine the specific learning needs which will be tied to adult principles of learning, teaching strategies, and explicit program performance requirements. On this assessment, the adjunct faculty member is asked to rate the importance of nurse educator competencies, teaching

strategies, evaluation methods, Knowles's adult learning theory, and support systems in their current role at this local community college. In addition to identifying importance in these areas, the participants are asked to rate their level of need for additional training. Since this project is grounded in constructivism, opportunities for self-reflection and motivation to advance in the role of nurse educator will be enhanced when the learners are actively involved in the formation of course content. The results of this needs assessment will be communicated to key stakeholders in a written report. These key stakeholders consist of the Dean of Allied Health and Nursing, the Associate Degree Nursing Program Director, the Clinical Placement Liaison, the Learning Laboratory Coordinator, and full-time and adjunct faculty members.

Learning Objectives

Learning objectives provide participants with the descriptions of expected learning (Gaberson, Oermann, & Shellenbarger, 2015). Program objectives provide the result of learning after attending a program, such as the development/mentoring program. These outcomes are a terminal culmination of all aspects of this program. Individual learning objectives for each seminar presented will be provided at the beginning of each session and will only include content unique to that topic. Both single session and program objectives have been derived from the constructivism theory that guided the formation of this program.

The identified program and unit objectives were developed using Bloom's (1956) domains of learning. Bloom (1956) developed these areas to determine levels of competence with a tiered level of increasing complexity (Billings & Halstead, 2012).

These domains of learning are cognitive (knowledge and intellect), affective (attitudes, beliefs, and values) and psychomotor (skills). The needs assessment contains questions that are pertinent to all three domains. Once the needs assessment is analyzed, learning objectives from all three areas will be developed with particular emphasis on the highest levels of each domain since the participants are licensed registered nurses who possess clinical expertise. The needs assessment will contain questions pertinent to each domain. The dominant areas utilized will be cognitive and affective due to the content of the program. The emphasis of material taught in the development program will focus on the acquisition of knowledge with the application demonstrated in the case study and portfolio creation. In addition to providing a hands-on application of content taught, meetings between the mentor and mentee will focus on the acquisition of attitudes and behaviors required of the nurse educator.

Project Content

Based on the findings of the survey research design, the project will focus on the acquisition of knowledge and skills for the adjunct faculty member as they transition into the academic role. In addition, the goal of this project is to present a medium for sharing and exchange of ideas and problem-solving techniques. The themes of access to information, access to support, and development of informal support networks will be covered. This personalized emphasis will provide a fuller learning experience for the adjunct faculty member to transition into the role of nurse educator in the learning laboratory and clinical setting.

Competencies of the nurse educator developed by the NLN (2005) provide the primary content for the development training. A set of lectures in a seminar format will provide the participant with concrete knowledge of these competencies. An exchange of ideas at the conclusion of each session will allow for sharing of concepts.

Mentoring will continue to allow for sharing of ideas in a structured environment over the course of the first year of employment. This relationship between the mentor and mentee will further allow for the formation of problem-solving and creative strategies to engage and educate nursing students.

Teaching Methodologies

The choice of teaching methodologies is dependent upon the objectives, characteristics of the participants and teacher, context, setting, and size of the venue (Caffarella, 2002; Farrah, 2004). The teaching strategies are selected to enhance critical thinking of the adjunct faculty members. These methods include lecture and case studies and will provide an opportunity for the learner to enhance their current clinical knowledge with principles of adult learning and policies of the associate degree nursing program. The ultimate goal is to provide the adjunct faculty member with the ability to socialize into the role of nurse educator.

Lecture. A lecture is a prepared oral presentation that is appropriate for a transfer of knowledge from teacher to learner (Farrah, 2004). In particular, a lecture is a preferred method of instruction for adult learners to facilitate further inquiry and learning activities (Long, 2012). The lecture is meant to provide the learner with the necessary concepts to assimilate knowledge for application to the educational setting. PowerPoints will be

utilized to provide a visual representation of the lecture content. The learners will receive the PowerPoint presentation on the first day of registration so they can follow along with the lecture (Billings & Halstead, 2012). The advantages of this methodology provide the teacher with the structure and ability to cover large amounts of complex material in a short period (Long, 2012). Discussion questions will be interspersed to foster active participation and engagement of the learner. At the conclusion of each session, time will be allotted for an exchange of ideas among the participants.

Case Studies. Case studies provide an in-depth analysis of a situation stimulating critical thinking and reasoning (Billings & Halstead, 2012). Through the use of case studies, learners can problem solve scenarios of student issues that commonly arise in the clinical or learning laboratory setting. The case study will be assigned to the learner (mentee) after the lecture presentation and will be discussed with the mentor at a scheduled meeting.

Portfolios

A portfolio is a collection of written material that promotes self-reflection. Portfolios provide the author with a means to evaluate learning over the course of time, thus measuring life-long learning (Michelson, Mandell, & Contributors, 2004). The impetus behind the use of a portfolio is to provide a means of communication between the adjunct faculty member and their mentor. This provides an avenue for growth and maturation in the educator role. Initial entries will be completed during the development seminar sessions. Time will be allotted at the conclusion of each session for written reflection identifying areas of strengths and weaknesses. Mentors can use these

submissions to personalize and develop a course of action for further meetings throughout the semester. Once the initial year of mentoring is complete, the adjunct faculty member will use the portfolio to reflect on their transition journey.

Project Description

The design of the development/mentoring program emanated from the findings of the project study. Consideration of the design was based on the needs of the participants, program content, program outcomes, and context of learning. These factors played a crucial role in the development of the instructional technique and resultant evaluation of learning. The primary purpose of the seminar-style program is to present large chunks of material to adjunct faculty members in the hope that they will be able to gain new knowledge and skills to incorporate into their repertoire of educational strategies. The lecture with group discussions will actively engage the participants and provide the medium for incorporation into practice. The PowerPoint enhancement of the lecture also affords the ability to have an outline of topics to follow along with and take notes, thus appealing to visual learners. Cost and availability of instructors did not place a heavy burden on design. The lecture instructors will be recruited from the faculty who possess expertise in the topic, and therefore no reimbursement for services will be required. These individuals will be recognized for their expertise and might also be selected as mentors. To foster learning and active collaboration among the presenters and participants, the environment of respect and openness will be maintained. This will encourage participation from the audience.

The mentoring aspect of the program will involve a one-to-one relationship between the mentor and mentee. The mentor will be chosen and paired with a mentee based on identified skills needed of the mentee from the needs assessment. Correlation with the attributes of the mentor is warranted to establish an active relationship where the mentor and mentee can have a continuous dialogue and sharing of ideas. The result is a collaborative exchange promoting empowerment and effective transition into the nurse educator role.

Needs Resources

Resources dictate the direction that the development/mentoring program will follow. These resources incorporate personnel, finances, and environment. The most important determinant of program development is obtaining the support of the key stakeholders, the Dean of Allied Health and Nursing, the Associate Degree Nursing Program Director, the Clinical Placement Liaison, the Learning Laboratory Coordinator, and full-time faculty from within the institution. Approval and support for this program should not be a hindrance since the idea for this project originated from student evaluations of their experiences and full-time faculty observations and discussions.

Full-time faculty and administration of the associate degree nursing program will be solicited to provide lecture, group discussion, and mentor support. Emphasis on selection will be placed on expertise in content areas to facilitate lecture and group discussion areas. Mentor support will also come from the full-time faculty and administration of the associate degree nursing program, but the requirements will be more stringent. To be considered as a faculty mentor, individuals will have to have at

least 3 years of full-time teaching experience in the associate degree nursing program, both in didactic and experiential settings (clinical or learning laboratory). These individuals will have to possess a substantial knowledge of the program philosophy and policies. Special attention will be provided to match the mentee with a mentor of same personality traits and similar teaching positions.

Financial arrangements will be made through the Division of Allied Health and Nursing to allocate funds for supplies, equipment, and food. Supplies will include folders, copies of PowerPoints, pens and highlighters. Equipment includes a podium, computer, flat screen monitor, i-clickers, and projector. A continental breakfast and afternoon snack will be included and budgeted for, including tableware and beverages. Lunch will not be provided, but there are facilities within the college to purchase food.

The physical environment is the most conducive to learning (Caffarella, 2002). Special attention will be used to attain a conference room that is comfortable, quiet, well-lit and large enough to accommodate the learners and planned activities. The layout of the room will be circular tables in a team style. The chairs at the tables will be arranged in a configuration to provide visibility of the speaker while allowing for discussion among the participants.

Existing Supports

Existing supports will provide the means for successful formation, completion, and evaluation of the development/mentoring program. Conversations among the faculty and administration have been ongoing for many semesters alluding to the difficulty of adjunct faculty transitioning into the role of nurse educator and the need for a training

program. As a result, commitment and active participation from administration and faculty will provide the vehicle for planning and orchestrating this required program. Outcomes, consistent with the ACEN standards will connect the needs for the program with data to maintain and continue in the future.

Faculty facilitators will be solicited in the initial planning stages. Areas of interest and content expertise will provide the parameters for selection criteria. Faculty will need to submit a current curriculum vitae along with a portfolio of their work for consideration. This will ensure a dynamic and engaging presentation to hold the participant's interest in presented topics.

Faculty mentors will also be solicited in the initial planning stages. These faculty members will also have to submit a curriculum vitae. To be considered as a faculty mentor, individuals will have to have at least 3 years of full-time teaching experience in the associate degree nursing program, both in didactic and experiential settings (clinical or learning laboratory). Care will be ensured to match the mentor with the mentee based on characteristics, availability, and assigned area of coursework. The designated area of coursework is necessary because instruction varies with the level of student. Cognitive, affective, and psychomotor behaviors of the students become increasingly complex as they advance through the program, affecting teaching and evaluation strategies.

Printed materials will be provided by the Division of Allied Health and Nursing. The PowerPoint resources will be loaded into the course management system for downloading into personal devices and future access.

Potential Barriers

Since most of the adjunct faculty members have other work responsibilities, scheduling of the development part of the program might be difficult to execute. The goal is to inform these individuals at least 8 weeks prior to the commencement of the program allowing them to adjust their work schedules. This notification will be completed with the delivery of the needs assessment. Another foreseeable barrier is the 3-day length of the development program. Hopefully, the adjunct faculty members will envision this program as a definite need to facilitate the transition into their new role and will be able to attend for the three days. Continuing education hours needed for licensure renewal will be awarded to participants.

Proposal for Implementation and Timetable

Implementation involves delivering the developed materials to the adjunct faculty member. These materials have been carefully selected and designed to meet the objectives of the program based on a needs assessment completed by the participants. Teaching strategies and resources will be relevant, current, and utilized to appeal to the different learning styles of the audience. Each topic will be presented with a lecture and accompanying PowerPoint presentation. Reflective and creative thinking will be stimulated with the use of discussion questions and case studies. This implementation process will be adhered to as exemplified by the Project Study Timetable (see Table 5).

Table 5

Project Study Timetable

Task	Time	Stakeholder
Analysis (needs assessment)	8 weeks prior	Program Planner Participants Instructional Facilitators
Design (develop objectives, determine content and schedule, obtain conference room)	6 weeks prior	Program Planner Instructional Facilitators
Development (develop instructional materials, select resources including speakers, and obtain supplies)	5 weeks prior	Program Planner Instructional Facilitator
Implementation	8 hours/3 days - development program	Program Planner Instructional Facilitators Participants
	2 hours/twice a semester for 2 semesters– mentoring relationship	Mentors Media Services
Evaluation- formative	Conclusion of each day/3 days	Program Planner All Facilitators Participants
Evaluation – summative	At conclusion of mentoring relationship	Program Planner Participants Mentors

Roles and Responsibilities

To ensure success of this program, each stakeholder will have a clearly delineated role and responsibility. The stakeholders include nursing administration, program planner, instructional facilitators, participants, and mentors. Key to the success of the planning and implementation is the direction provided by the program planner, myself. I will provide the commitment, time, and energy to this venture with the support of nursing administration. The instructional facilitators are responsible for developing specific content, objectives, and materials for their topics. The participants, also known as learners, need to come to this program with an open mind ready to incorporate new teaching strategies in the clinical and learning laboratory settings. These participants will also be known as mentees and are required to complete the case study assignments to facilitate discussions with their assigned mentors. The assigned mentors will need to be organized, flexible, and accommodating to meet and share ideas with the mentees. The successful completion of these roles and responsibilities will all contribute to an efficient transition into the role of the nurse educator.

Project Evaluation Plan

Paramount to any program is the evaluation. Evaluation is an important element in determining the effectiveness of meeting outcomes, but most importantly for program improvement (Lee & Nelson, 2006; Spaulding, 2008). Caffarella (2002) describes the purpose of evaluation to determine effectiveness, quality, and culpability. The evaluation will be utilized to establish program worth and usefulness in providing the adjunct faculty with the necessary tools and knowledge to become empowered in the instruction of

nursing students in the clinical and learning laboratory settings. Formative and summative evaluation will be utilized in both the development and mentoring aspects of the training program.

The type of program drives the evaluation method used. For this development/mentoring program, the primary focus was on participant learning measured through the attainment of prescribed objectives (Lee & Nelson, 2006). In addition to gathering data to determine mastery of outcomes, evaluation was also used to collect data for improvement decisions. Evaluation should be continuous and on-going. Formative and summative evaluations were used in this project study. These methods provided information during and after the program. An evaluation form was provided to the participant on the first day of the course. This evaluation form contained sections for each session and a cumulative evaluation of the entire program. The mentoring program has an additional evaluation that was completed at the conclusion of the mentoring relationship.

Formative Evaluation

Formative evaluation is a systematic method to evaluate a performance at incremental times during the presentation. At the conclusion of each lecture, time was allotted to assess the facilitator's subject content and presentation. This type of evaluation assists in modifying a program while it is in progress (Caffarella, 2002). Informal conversations with participants during the program also provided valuable feedback.

Summative Evaluation

Summative evaluations assess the program and program outcomes in entirety. This type of evaluation measures the worth of the program. In the case of this

development/mentoring program, there were two summative evaluations obtained. The first evaluation occurred at the end of the second day of the development program. This evaluation provided a means to determine if the program outcomes were met. Additionally, once tabulated, the results provided additional information for future programming. The second summative evaluation was completed at the end of the mentoring session. This evaluation assessed the mentoring encounter in entirety and the ability of the mentee to garner information and skills to empower themselves in the educational arena.

Project Implications

This project has major implications within the associate degree nursing program. The mission of Walden University (2013) focuses on the transformation of students as scholar-practitioners while impacting the world around them. This is evident in advertising with “A higher degree. A higher purpose” in the caption (Walden, 2013). The higher purpose resonates with me. Adjunct faculty members provide instruction to the associate degree nursing students, who in turn care for patients and families in multiple settings. This impacts the healthcare system in ways that can’t be measured. A mere touch from a nurse, student nurse, or other healthcare professional can have profound lasting ramifications on patients and their families. The impact of this project study not only affects the local stakeholders, but the stakeholders at large.

Social Change

Walden’s mission (2013) is to “provide a diverse community of career professionals with the opportunity to transform themselves as scholar-practitioners so that

they can effect positive social change” (p. 5). Social change has been threaded through each course of the Walden doctoral program and includes a change in behavior, attitudes, values, and norms. This project clearly falls within the realm of social change. The outcomes of this project study will impact many stakeholders within the healthcare community. By improving the teacher-learner relationship in the learning laboratory and clinical setting, associate degree nursing students and the patients they are assigned to care for will be directly affected. Healthcare institutions will also benefit from the improved quality of care administered to patients resulting in increased patient satisfaction scores. Data from this quantitative survey research study revealed a lack of access to information, access to support, and lack of ability to establish networks. By providing a development program, the transition to the educator role will be eased creating a positive social change for these faculty members by creating opportunities for access to information, exchange of ideas, formulation of teaching strategies and problem-solving techniques. Support for and within the role will be provided through the mentoring aspect of the program. Empowerment leads to engagement that promotes social change.

Importance to Local Stakeholders

It is noted in the nursing literature that academic nursing is a unique subculture with specific role expectations and competencies (Danna, Schaubhut, & Jones, 2010). Also noted from this research is the need for training and development of practice nurses into the role of nurse educator since they are inadequately prepared (Patston, Holmes, Maalhigh-Fard, Ting, & Ziccardi, 2010; Vitale, 2010). Mentoring is the vehicle that can

make this transition happen. The need for a development/training program was brought to the forefront as a result of student evaluations and conversations with personnel in clinical agencies. It became evident that some of the adjunct faculty members were not providing a high level of quality education to nursing students. Many factors were considered for this lack of performance. Brainstorming of nursing administration and full-time nursing faculty resulted in the vision for this project study. Since most of the adjunct faculty spend more contact time with the students in the learning laboratory and clinical, they are in a position to make a powerful impact in the application of theory to practice for nursing students. As a result, the adjunct faculty members will make a lasting impression on the student.

The findings of the completed research study measuring empowerment of the adjunct faculty members in this associate degree nursing program identified access to information and support as elements that were lacking. A 3-day professional development and a faculty mentoring program will provide key information to assist the adjunct faculty member to gain an appreciation of the competencies required of the nurse educator role, as well as to have the support of administration and the assigned mentor within the division. Knowledge of adult learning principles, effective teaching strategies, and evaluation methods coupled with enhanced problem-solving abilities will provide the necessary tools of empowerment to perform the job. Changes in attitude will provide the foundation to be a positive role-model for the student nurse now and in the future when the student graduates and enters the nursing profession. This empowerment leads to engagement and a fulfilling experience for both the student and educator.

Important to Stakeholders At Large

The implications for social change have far reaching consequences as a result of this project study. The performance of the adjunct faculty in the educator role reaches far beyond the “walls” of the academic setting. Nurse educators will touch the lives of many individuals through the hands of those they educate. Students graduate and venture off in many directions, but will always keep the memories, good and bad, of those who participated in their nursing school journey.

Although, this project study was conducted at one local community college in the Midwestern United States, similar knowledge gaps may occur in other areas. The results of this study are not transferable, but other community colleges can learn and benefit from it (Lodico et al., 2010). With the current need for faculty and the financial restraints of educational institutions, part-time faculty will always be needed. The need for development and mentoring will also exist.

Conclusion

Section 3 included the project, goals, supporting literature, resources, evaluation methods and implications to practice that guide this project study. Section 4 will include personal reflections, personal analysis, and recommendations regarding this project.

Section 4: Reflections and Conclusions

The final section of the project study includes the strengths, limitations, and recommendations of the study findings and the project that resulted from the study. In addition, the study's implications and call for future research will be highlighted. Personal reflections on my journey towards scholarship, project development, and leadership will be provided.

Project Strengths

The adjunct faculty members employed at this institution were able to voice their perceptions of access to opportunity, information, support, and resources in their work setting. It was apparent that the basic information needs and continued guidance from full-time faculty and administration were missing, resulting in a lack of empowerment and disengagement. This voice gave them an opportunity to make an impact to improve conditions.

The development/mentoring program is the answer to the lack of empowerment and a viable means to eliminate the disconnection. This training program provided the necessary information for the adjunct faculty members to effectively perform their role in the learning laboratory and clinical settings. The main strength of this project was the ability to design a 3-day seminar lecture plan that incorporated the competencies of nurse educators specific to the adjunct faculty role along with the capacity to apply learned principles. Portfolio entries provided a visual vehicle for self-reflection and dialogue. The mentoring relationship provided a means of consistent support in the environment of mutual respect and understanding.

Easing the transition to the educational arena and mentoring were well documented in the literature. The evolving healthcare environment is demanding that nurse educators provide a graduate nurse ready to face the rigors of the nursing profession upon entering. Benner et al. (2010) discussed the need to fully support faculty development programs to answer this society demand.

Project Limitations

Limitations of this project study resulted from what was being measured, engagement of the adjunct faculty member to the educational institution. The low response rate reflected the current disengagement of the faculty. Reminders were sent out which yielded a few more replies to each request, but not up to the number expected. The number of replies from novice and expert were disproportionate.

Time will also be a limitation. Most of the adjunct faculty members have other full-time positions which will limit their ability to attend the development program. Scheduling restraints and personal commitments might make it difficult to attend both days. In an attempt to enhance learning, self-reflection, and the ability to apply learned concepts, early notification of the scheduled date of the program might be beneficial and allow the faculty members time to adjust their schedules.

The project could have been placed on the college's course management system for the participants to view asynchronously, therefore accommodating the participant's schedule. However, this could limit the exchange of ideas. The use of internal faculty as facilitators may have limitations. It might have been better to secure guest faculty with specialized and advanced training. In addition to providing depth and currency in

training, these individuals might be able to offer solutions to problems not visible to current faculty.

Recommendations for Alternative Approaches

The problem related to the lack of engagement of adjunct faculty members to nursing students could have been addressed through a different data gathering approach. Lodico et al. (2010) described qualitative research as a viable method for a study of social entities and discovery of perceptions within these social settings. Case study method of data collection could have yielded definite areas of needed improvement for adjunct faculty members, eliminating the ambiguity of responses received in survey gathering.

Web-based conferences could have been implemented to share information and promote communication for and to the adjunct faculty members. This programming provides a structured format for programming that could be viewed asynchronously (Caffarella, 2002). As a result, larger numbers of adjunct faculty members might be able to partake and benefit from the conferences.

Scholarship

This educational journey that I have been on the last few years has culminated in this project study. I have discovered, integrated, and applied the principles of research design in my work. I have learned a great deal about quantitative studies. Although familiar with the elements of quantitative research from previous coursework, I experienced many challenges but was able to conquer them. I identified and operated under the theoretical principles of constructivism and Knowles's principles of adult learning as I progressed through the stages of data collection and analysis. The basic

premise underlying constructivism is that researchers “should become actively involved with participants in order to understand their perspectives” (Lodico et al., 2010, p. 11). I became an active member, and as a result, I have learned valuable lessons along the way. I was disappointed that I did not get the sample size that I needed but came to the realization that this was a product of the current dissatisfied environment and from that moment on, I knew I was going to make a difference for these faculty members.

As I was analyzing data, I questioned the use of the Mann-Whitney *U* test but quickly came to the realization that this was the correct choice. Another disappointment came with not finding statistical difference between novice and expert faculty. Many factors that were out of my control could have affected these results. As I continued on in the research process, I became confident that I had taken the appropriate research measures to solve the problems of this particular population. I knew that as a result of my endeavors, I was going to make a change in the work environment for these adjunct faculty members and provide them with the needed resources to attain and maintain empowerment to perform their role.

I was able to think critically and brainstorm as a result of some of the hurdles I overcame during the research process. These difficulties forced me to problem solve and critically analyze the data to formulate conclusions.

Project Development

Caffarella (2002) described change as a primary outcome for education and training programs. This change can take on many forms and occur at many levels. First, I needed to have the support from the key stakeholders, the Dean of Allied Health and

Nursing, the Associate Degree Nursing Program Director, the Clinical Placement Liaison, and the Learning Laboratory Coordinator to make this vision a reality. This was apparent in the overwhelming support and guidance I received from the higher administration. Understanding the needs of the participants helped me to design learning activities that were worthwhile and transferable to the practice settings, resulting in a social and organizational change. I needed to keep focused on the program and organization's mission and philosophy when planning the program.

The evaluation methods implemented were traditional methods. The choice to utilize these techniques stemmed from familiarity of use. I wanted to ensure a comprehensive evaluation and did not want to make this a tedious process for the recipients. The evaluation process assessed if attainment of the program outcomes was met and if the program was sustainable. Additional sections were included to provide written feedback to assess the quality and worth of the program to the participants. The ultimate evaluation is the empowerment of the adjunct faculty member with the application of the concepts learned in practice settings.

Leadership and Change

As a result of partaking in this journey, I have emerged as a leader and voice for adjunct faculty members teaching at this community college. Through my review of the literature and research, I was able to provide valuable guidance to the training of adjunct faculty members. I recognized that there was a disconnect in the education students received from the full-time versus part-time faculty, and I wanted to make a difference. I made this my mission and now am reaping the rewards of my hard work. I am regarded

as a pioneer in adjunct faculty development within the nursing program. The organization has come to realize that the current orientation and support system in place for our adjunct faculty members is not working. As a result of my doctoral work, change is on the horizon. This change will prepare and support the learning laboratory and clinical educator, resulting in job satisfaction, motivation, and empowerment.

Excitement and anticipation of change are in the air. Meeting attendance by part-time faculty has risen since the completion of the survey. I would hope to think that the faculty members are starting to feel empowered and welcomed as a member of the teaching faculty. I want them to believe that their opinions will be heard and given consideration.

Analysis as a Scholar

My nursing journey began as a volunteer candy striper at the age of 16. I cannot remember when and why I decided to be a nurse, I just did. My dream was realized when I graduated from nursing school at the age of 21. I went to work for a local hospital and this is where my education journey began. My nurse manager asked me to precept nursing students in the clinical setting, providing the start to my educational journey. As a nurse, I have come full circle and now instruct nursing students in management and critical care didactic and experiential learning.

According to the NLN (2012), scholarship entails activities that promote education, research, and the practice of nursing. I believe I engage in these activities every time I disseminate my knowledge of the nursing process and caring practices to students. I am making a difference in the profession of nursing, one student at a time.

I have grown as a scholar as a result of my journey through this rigorous project study. I have made a difference in the lives of the adjunct faculty members employed at this community college by giving them a voice in their working conditions. My eyes have been opened up to diverse perspectives in the nursing profession. I am now regarded as an expert on the topic of empowerment of the adjunct faculty members by my peers. I will continue to educate, support, and mentor my colleagues as they transition from practice into the educator role.

Analysis as a Practitioner

Benner et al. (2010) called for a radical transformation of the way the nurses are educated. Recommendations from these authors point to the need for quality of instruction to eliminate the gap between education and practice. To be effective practitioners entering the workforce, students need to be prepared to meet the challenges they will face. Nursing programs will need to rise to the occasion and provide the students with a quality education. As a result of my work, this transformation of education has begun for this community college. By empowering adjunct faculty in their roles, they will become engaged and provide a high-quality education to the students.

As a practitioner, I will continue to instill values of lifelong learning with my students and colleagues. I will accomplish this by leading by example. I will make decisions utilizing evidence-based practice and promote the profession of nursing and education. I will be an innovative role-model.

Analysis as a Program Developer

As a program developer, I learned the steps in the program planning process. I followed the Interactive Model of Program Planning presented by Caffarella (2002). This model outlined the critical tasks that must be accomplished for a successful program. I attempted to follow the steps in order, but soon learned that sometimes this is not the case. This experience strengthened my limited knowledge of program planning. I was able to apply Knowles's principles of adult learning to myself. In addition to developing as a program planner, I developed as a leader.

Reflection of the Importance of the Work

Overall, the project study experience provided me with the opportunities to transform theoretical learning into practice. I was able to build upon foundational concepts to develop this project. I experienced a great deal of learning which will change me forever. I was able to transform the working conditions for the adjunct faculty members by giving them a chance to convey their perceptions. These perceptions were analyzed and resources were developed. Not only did I affect the adjunct faculty members, I affected nursing students and the patients and families they care for. I was able to bring about social change for a large group of people.

This project study has left me feeling empowered and proud of my accomplishments. I have grown professionally and personally as a result of completing this doctoral journey. My children have often heard me say, "Always look forward, never back." I plan on looking forward to the future, cultivating and disseminating the

information that I have learned from the instructors who I have had the privilege to learn from at Walden University.

Implications, Applications, and Directions for Future Research

The creation of a professional training/mentoring program has implications, applications, and directions for future research. The literature review contained a few studies in community colleges. Laschinger, who granted permission for the use of the CWEQ-II, performed multiple studies using this survey on nursing with only a few on educators. The design of completing the study at this local community college does not promote generalizability. However, the results obtained and the resultant development/mentoring program can be replicated in other community colleges.

These findings can also be applicable to other settings within the healthcare industry. A development/training program can be used when orienting new staff to positions within the hospital. The focus of this program is to provide the resources and support to transition. Content will have to be adjusted to meet the particular challenges, but the underlying principles of mentoring and self-reflection will dominate.

Future research on other areas affecting faculty engagement should be employed. Other factors such as wages, benefits, and time constraints could also lead to disengagement of the adjunct faculty members. These areas can also affect satisfaction, motivation, and engagement.

References

- Accreditation Commission for Education in Nursing. (2013). 2013 NLNAC Standards and Criteria. Retrieved from http://www.wacenursing.net/manuals/SC2013_ASSOCIATE.pdf
- American Association of Critical Care Nurses. (2005). American Association for Critical Care Nurses standards for establishing and sustaining healthy work environments: Executive summary. Retrieved from <http://www.aacn.org>
- Andrew, S., Halcomb, E., Jackson, D., Peters, K., & Salamonson, Y. (2010). Sessional teachers in a BSN program: Bridging the divide or widening the gap? *Nurse Education Today*, 30, 453-457. doi:10.1016/j.nedt.2009.10.004
- Armellino, D., Quinn Griffin, M., & Fitzpatrick, J. (2010). Structural empowerment and patient safety culture among registered nurses working in adult critical care units. *Journal of Nursing Management*, 18(7), 796-803. doi:10.1111/j.1365-2834.2010.01130.x
- Babenko-Mould, Y., Iwasiw, C., Andrusyszyn, M., Laschinger, H., & Weston, W. (2012). Effects of clinical practice environments on clinical teacher and nursing student outcomes. *Journal of Nursing Education*, 51(4), 217-225. doi:10.3928/014834-20120323-06
- Baker, S. (2010). Nurse Educator orientation: Professional development that promotes retention. *Journal of Continuing Education in Nursing*, 41(9), 413-417. doi:10.3928/00220124-20100503-02
- Baker, S., Fitzpatrick, J., & Quinn Griffin, M. (2011). Empowerment and job satisfaction

- in associate degree nurse educators. *Nursing Education Perspectives*, 32(4), 234-239. doi:10.5480/1536-5026-32.4.234
- Barman, A., & Saikat, R. (2011, August). Faculty engagement in higher educational institution: A proposed model. *Revista Romanascea pentru Educatie Multidimensionala*, Year 3, No 7, 143-146. Retrieved from EBSCO
- Benner, P. (2001). *From novice to expert: Excellence and power in clinical nursing practice*. Upper Saddle River, NJ: Prentice Hall
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating Nurses: A call for radical transformation*. San Francisco, CA: Jossey-Bass
- Billings, D., & Halstead, J. (2012). *Teaching in nursing: A guide for faculty* (4th ed.). St. Louis, MO: Elsevier
- Billings, D., & Kowalski, K. (2008). Developing your career as a nurse educator: The importance of having (or being) a mentor. *Journal of Continuing Education in Nursing*, 39(11), 490-491. doi:10.3928/00220124-20081101-09
- Bittner, N., & O'Connor, M. (2012). Focus on retention: Identifying barriers to nurse faculty satisfaction. *Nursing Education Perspectives*, 33(4), 251-4. Retrieved from CINAHL Plus with Full Text
- Bloom, B. (1956). *Taxonomy of educational objectives: The classification of educational goals*. New York, NY: Longman
- Brancato, V. (2007). Psychological empowerment and use of empowering teaching behaviors among baccalaureate nursing faculty. *Journal of Nursing Education*, 46(12), 537-544. Retrieved from CINAHL Plus with Full Text

- Brandon, A. & All, A. (2010). Constructivism theory analysis and application to curricula. *Nursing Education Perspectives*, 31(2), 89-92. Retrieved from CINAHL Plus with Full Text
- Brannagan, K., & Oriol, M. (2014). A model for orientation and mentoring of online adjunct faculty in nursing. *Nursing Education Perspectives*, 34(6), 128-130. Retrieved from CINAHL Plus with Full Text
- Brown, B. (2012). Development of a mentoring program for nursing students with plans for implementation and evaluation. *JOCEPS: The Journal of Chi Eta Phi Sorority*, 56(1), 5-10. Retrieved from CINAHL Plus with Full Text
- Caffarella, R. (2002). *Planning programs for adult learners: A practical guide for educators, trainers, and staff developers*. (2nd ed.). San Francisco, CA: Jossey-Bass
- Charlier, H., & Williams, M. (2011). The reliance on and demand for adjunct faculty members in America's rural, suburban, and urban community colleges. *Community College Review*, 39(2), 160-180. doi:10.1177/0091552111405839
- Christensen, C. (2008). The employment of part-time faculty at community colleges. *New Directions for Higher Education*, 143, 29-36. doi:10.1002/he.310.
- Chung, C., & Kowalski, S. (2012). Job stress, mentoring, psychological empowerment, and job satisfaction among nursing faculty. *Journal of Nursing Education*, 51(7), 381 – 387. doi:10.3928/01484834-20120509-03
- Coffman, M., Goodman, J., Thomas, T., & Roberson, D. (2013). The Robert Wood Johnson foundation nurse faculty scholars program: An opportunity for junior

- nurse faculty. *Nursing Outlook*, 61, 25-30. doi:10.1016/j.outlook.2012.06.002
- Collins, J., & Mowder-Tinney, JJ. (2012). The apprentice clinical instructor (ACI): A mentor/protégé model for capstone integrated clinical education (C-ICE). *Journal of Physical Therapy Education*, 26(3), 33-39. Retrieved from CINAHL Plus with Full Text
- Cranford, J. (2013). Bridging the gap: Clinical practice nursing and the effect of role strain on successful role transition and intent to stay in academia. *International Journal of Nursing Education Scholarship*, 10(1), 1-7. doi:10.1515/ijnes-2012-0018
- Creswell, J (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. (3rd ed.). Los Angeles, CA: Sage
- Creswell, J. (2012). *Educational research: planning, conducting and evaluating quantitative and qualitative research*. Boston, MS: Pearson.
- Daloz, L. (1999). *Mentor: Guiding the journey of adult learners*. San Francisco, CA: Jossey-Bass
- Danna, D., Schaubhut, R., & Jones, J. (2010). From practice to education: Perspectives from three nurse leaders. *Journal of Continuing Education in Nursing*, 41(2), 83-87. doi:10.3928/00220124-20100126-01
- DeCoux Hampton, M. (2012). Constructivism applied to psychiatric-mental health nursing: An alternative to supplement traditional clinical education. *International Journal of Mental Health Nursing*, 21, 60-68. doi:10.1111/j.447-0349.2011.00755.x

- DeCicco, J., Laschinger, H., & Kerr, M. (2006). Perceptions of empowerment and respect: Effect on nurses' organizational commitment in nursing homes. *Journal of Gerontological Nursing, 32*(5), 49-56. Retrieved from CINAHL Plus with Full Text
- Derby-Davis, M. (2014). Predictors of nursing faculty's job satisfaction and intent to stay in academe. *Journal of Professional Nursing, 30*(1), 19-25.
doi:dx.doi.org/10.1016/j.profnurs.2013.04.001
- DeVivo, D., Quinn Griffin, M., Donahue, M., & Fitzpatrick, J. (2013). Perceptions and empowerment among ED nurses. *Journal of Emergency Nursing, 39*(6), 529-533.
doi:10.1016/j.jen2010.10.011
- Drummond-Young, M., Brown, B., Noesgaard, C., Lunyk-Child, O., Maich, N., Mines, C., & Linton, J. (2010). A comprehensive faculty development model for nursing education. *Journal of Professional Nursing, 26*(3), 152-161.
doi:10.1016/j.profnurs.2009.04.004
- Dunham-Taylor, J., Lynn, C., Moore, P., McDaniel, S., & Walker, J. (2008). What goes around comes around: Improving faculty retention through effective mentoring. *Journal of Professional Nursing, 24*(6), 337-346.
doi:10.1016/j.profnurs.2007.10.013
- Duphily, N. (2011). The experience of novice nurse faculty in an associate degree education program. *Teaching and Learning in Nursing, 6*, 124-130.
doi:10.1016/j.teln.2011.01.002
- Eifler, K., & Veltri, L. (2010). Drawing from the outside for support in teaching. *Journal*

- of Nursing Education*, 49(11), 623-627. doi:10.3928/01484834-20100630-02
- Elvers, G. (n.d.). Using SPSS for ordinally scaled data: Mann-Whitney U, sign test, and Wilcoxon test. Retrieved from <http://academic.udayton.edu/gregelvers/psy216/spss/ordinaldata.htm>
- Evans, J. (2013). Factors influencing recruitment and retention of nurse educators reported by current nurse faculty. *Journal of Professional Nursing*, 29(1), 11-20. doi:10.1016/j.profnurs.2012.04.012
- Fagerland, M. (2012). T-tests, non-parametric tests, and large studies – a paradox of statistical practice? *BMC Medical Research Methodology*, 12, 78. doi:10.1186/1471-2288-12-78
- Farrah, S. (2004). Lecture. In M. Galbraith (Ed), *Adult learning methods: A guide for effective instruction* (3rd ed.). Malabar, Florida: Krieger Publishing Company.
- Gaberson, K., & Oermann, M. (2010). *Clinical teaching strategies in nursing* (3rd ed.). New York, NY: Springer Publishing Company
- Gaberson, K., Oermann, M., & Shellenbarger, T. (2015). *Clinical teaching strategies in nursing*. (4th ed.). New York, NY: Springer Publishing Company
- Garcia, B., Hernandez, G., Shokar, G., Ho, H. (2014). How to effectively mentor junior faculty? *Donald School Journal of Ultrasound in Obstetrics & Gynecology*, 8(1), 92-96. Retrieved from CINAHL Plus with Full Text
- Gilbert, C., & Womack, B. (2012). Successful transition from expert nurse to novice educator? Expert educator: It's all about you! *Teaching and Learning in Nursing*, 7(3), 100 - 102. doi:10.1016/j.teln.2012.01.004

- Goodrich, R. (2014). Transition to academic nurse educator: A survey exploring readiness, confidence, and locus of control. *Journal of Professional Nursing*, 30(3), 203-212. doi:10.1016/j.profnurs.2013.10.004
- Grossman, S. (2013). *Mentoring in nursing: A dynamic and collaborative process*. (2nd ed.). New York, NY: Springer publishing Company
- Hadidi, N., Lindquist, R., & Buckwalter, K. (2013). Lighting the fire with mentoring relationships. *Nurse Educator*, 38(4), 157-163.
doi:10.1097/NNE.0b013e318296dccc
- Hanson, K., & Stenvig, T. (2008). The good clinical nursing educator and the baccalaureate nursing clinical experience: Attributes and praxis. *Journal of Nursing Education*, 47(1), 38-42. doi:10.3928/01484834-20080101-04
- Harper, L., & Ross, J. (2011). An application of Knowles' theories of adult education to an undergraduate interdisciplinary studies degree program. *Journal of Continuing Higher Education*, 59,161-166. doi:10.1080/07377363.2011.614887
- Hawks, S. (2014). The flipped classroom: Now or Never? *AANA Journal*, 82(4), 264-269
Retrieved from Academic Search Complete
- Hebenstreit, J. (2012). Nurse educator perceptions of structural empowerment and innovative behavior. *Nursing Education Perspectives*, 33(5), 297-301.
doi:org/10.5480/1536-5026-33.5.297
- Heinrich, K., & Oberleitner, M. (2012). How a faculty group's peer mentoring of each other's scholarship can enhance retention and recruitment. *Journal of Professional Nursing*, 28(1), 5-12. doi:10.1016/j.profnurs2011.06.002

- Hunt, C., & Ellison, K. (2010). Enhancing faculty resources through peer mentoring. *Nurse Educator*, 35(5), 192-196. doi:10.1097/NNE0b013e3181ed8143
- Hutchings, P. (2011, September/October). From department to disciplinary assessment: deepening faculty engagement. *Change*, 43(5), 36. doi:10.1080/00091383.2011.599292
- IBM. (2013). SPSS software. Retrieved from <http://www-01.ibm.com/software/analytics/spss/>
- Jackevicius, C., Le, J., Nazer, L., Hess, K., Wang, J., & Law, A. (2014). A formal mentorship program for faculty development. *American Journal of Pharmaceutical Education*, 78(5), p. 1-7. Retrieved from CINAHL Plus with Full Text
- Johnson, B. (2009). Empowerment of nurse educators through organizational culture. *Nursing Education Perspectives*, 30(1), 8-13. Retrieved from EBSCOhost Academic Search Complete
- Johnson, C., & Stevens, C. (2008). Creating links: An inclusive faculty development initiative. *Adult Learning*, 19(1), 26-29. Retrieved from Sage Publications
- Kanter, R. (1977). *Men and women of the corporation*. New York, NY: Basic Books
- Kanter, R. (1993). *Men and women of the corporation*. (2nd ed.). New York, NY: Basic Books
- Kasworm, C. (2008, winter). Emotional challenges of adult learners in higher education.

New Directions for Adult and Continuing Education, 120, 27 – 34.

doi:10.1002/ace.313

- Kenner, C., & Weinerman, J. (2011). Adult learning theory: Applications to non-Traditional college students. *Journal of College Reading and Learning*, 41(2), 87-96. Retrieved from Academic Journal
- Knowles, M. (1970). *The modern practice of adult education: Andragogy versus pedagogy*. New York; NY: Associated Press
- Knowles, M., Holton, E., & Swanson, R. (2011). *The adult learner: The definitive classic in adult education and human resource development* (6th ed.). Boston, MA: Elsevier
- Kohn, H. (2014). A mentoring program to help junior faculty members achieve scholarship success. *American Journal of Pharmaceutical Education*, 78(2), p. 1-6. Retrieved from CINAHL Plus with Full Text.
- Kuehn, M. (2010). Creating a healthy work environment for nursing faculty. *Creative Nursing*, 16(4), 193-197. doi: 10.1891/1078-4535.16.4.193
- Landrum, R. (2009, winter). Are there instructional differences between full-time and Part-time faculty? *College teaching*, 57(1), 23- 26. doi:10.3200/CTCH.57.1.23-26.
- Lane, K., Esser, J., Holte, B., & McCusker, M. (2010). A study of nurse faculty job satisfaction in community colleges in Florida. *Teaching and Learning in Nursing*, 5, 16-26. doi:10.1016/j.teln.2009.05.001
- Larkin, M., Carpal, C., Stack, J., Morrison, V., & Griffith, C. (2008). Empowerment

theory in action: The wisdom of collaborative governance. *The Online Journal of Issues in Nursing*, 13(2). doi:10.3912/OJIN.Vol13No02PPT03.

Laschinger, H. (2008). Effect of empowerment on professional practice environments, work satisfaction, and patient care quality: Further testing the nursing work life model. *Journal of Nursing Care Quarterly*, 23(4), 322-330.
doi:10.1097/01.NCQ.0000318028.67910.6b

Laschinger, H. (2012). The Conditions of Work Effectiveness Questionnaire I and II: User Manual. Retrieved from CWEQ I & II user manual.pdf.

Laschinger, H., Finegan, J., Shamian, J., & Wilk, P. (2001). Impact of structural and psychological empowerment on job strain in nursing work settings. *Journal of Nursing Administration*, 31(5), 260-272. doi: 10.1097/00005110-200105000-00006

Laschinger, H., Gilbert, S., Smith, L., & Leslie, K. (2010). Towards a comprehensive theory of nurse/patient empowerment: Applying Kanter's empowerment theory to patient care. *Journal of Nursing Management*, 18.4-13. doi:10.1111/j.1365-2834.2009.01046.x

Lautizi, M., Laschinger, H., & Ravazzolo, S. (2009). Workplace empowerment, job satisfaction and job stress among Italian mental health nurses: An exploratory study. *Journal of Nursing Management*, 17, 446-452. doi:10.1111/j.1365-2834.2009.00984.x

Lee, H., & Nelson, O. (2006). *Instructional analysis and course development*.
Homewood, IL: American Technical Publishers, Inc

- Lodico, M., Spaulding, D., & Voegtle, K. (2010). *Methods in educational research: From theory to practice*. San Francisco, CA: Jossey-Bass
- Long, T. (2012). Overview of teaching strategies for cultural competence in nursing students. *Journal of Cultural Diversity, 19*(3), 102-108. Retrieved from CINAHL Plus with Full Text
- Lorain County Community College. (2013a). Associate of Applied Science Degree. Retrieved from <http://www.lorainccc.edu/Academic+Divisions/Allied+Health+and+Nursing/Allied+Health+and+Nursing+Programs/Associate+Degree+Nursing.htm>
- Lorain County Community College. (2013b). Student demographics. Retrieved from Systematic Plan of Program Evaluation at <https://campusnet.lorainccc.edu/departments/alliedhealth/nursing/SPPE%20Committee/Forms/AllItems.aspx?RootFolder=%2fdepartments%2falliedhealth%2fnursing%2fSPPE%20Committee%2fAnnual%20Reporting%20Table&FolderCTID=%26View=%7b3D0B330D%2d32A2%2d4241%2dAA30%2dD30103BB292C%7d>
- Lorain County Community College. (2013c) Student evaluations. Retrieved from Systematic Plan of Program Evaluation at <https://campusnet.lorainccc.edu/departments/alliedhealth/nursing/SPPE%20Committee/Forms/AllItems.aspx?RootFolder=%2fdepartments%2falliedhealth%2fnursing%2fSPPE%20Committee%2fAnnual%20Reporting%20Table&FolderCTID=%26View=%7b3D0B330D%2d32A2%2d4241%2dAA30%2dD30103BB292C%7d>
- Lund Research Ltd. (2013). Mann-Whitney *U* Test in SPSS. Retrieved from

<https://statistics.laerd.com/premium/account.php>

- Mariani, B. (2012, June). Our ethical responsibility in the transition to practice for new RNs. *Pennsylvania Nurse*, 67(2), 4-7. Retrieved from CINAHL plus with full text
- Manojlovich, M. (2007). Power and empowerment in nursing: Looking backward to inform the future. *The Online Journal of Issues in Nursing*, 12(1).
doi:10.3912/OJIN.Vol12No01Man01
- McDonald, P. (2010). Transitioning from clinical practice to nursing faculty: Lessons learned. *Journal of Nursing Education*, 49(3), 126-131, doi: 10.3928/01484834-20091022-02
- McDonald, S., Tullai-McGuinness, S., Madigan, E., & Shively, M. (2010). Relationship between staff nurse involvement in organizational structures and perception of empowerment. *Critical Care Nursing Quarterly*, 33(2), 148-162.
doi:10.1077/CNQ.0b013e3181d9123c
- McGrath, V. (2009). Reviewing the evidence on how adult students learn: An examination of Knowles' model of andragogy. *Adult learner: The Irish journal of adult and community education*, 99-110. Retrieved from:
<http://www.eric.ed.gov/contentdelivery/servlet/ERICServlet?accno=EJ860562>
- Meixner, C., Kruck, S., & Madden, L. (2010). Inclusion of part-time faculty for the benefit of faculty and students, *College Teaching*, 58, 141-147.
doi:10.1080/87567555.2010.484032
- Merriam, S., Caffarella, R., Baumgartner, L. (2007). *Learning in adulthood: A comprehensive guide*. (3rd ed.). San Francisco, CA: John Wiley & Sons, Inc.

- Michelson, E., Mandell, A., & Contributors. (2004). *Portfolio Development and the Assessment of Prior Learning*. Sterling, VA: Stylus
- Monk, P., Irons, E., Carlson, N., & Walker, C. (2010). Mentoring: A safety-net for retention and tenure for faculty in institutions of higher education. *National Social Science Journal*, 33(2), 126-132. Retrieved from www.nssa.us/journals/2010-33-2/pdf/33-2%2015%20Monk.pdf
- Monks, J. (2009). Who are the part-time faculty? *Academe*, 95(4), 33-37. Retrieved from EBSCOhost
- National Center for Education Statistics. (2012). The Condition of Education 2012. Retrieved from: <http://nces.ed.gov/pubs2012/2012045.pdf>
- National League for Nursing. (2006). *Healthful work environment tool kit*. New York, NY: Author
- National League for Nursing (2012). *The scope of practice for academic nurse educators: 2012 revision*. New York, NY: Author
- Nickitas, D. (2014). Mentorship in nursing: An interview with Connie Vance. *Nursing Economics*, 32(2), 65-69. Retrieved from CINAHL with Full Text
- Ning, S., Zhong, H., Libo, W., & Qiujie, L. (2009). The impact of nurse empowerment on job satisfaction. *Journal of Advanced Nursing*, 65(12), 2642-2648, doi:10.1111/j.1365-2648.2009.05133.x
- Ohio Board of Nursing. (2013). Ohio Administrative Code (OAC) - Chapter 4723. Retrieved from <http://codes.ohio.gov/oac/4723-5>
- Patston, P., Holmes, D., Maalhigh-Fard, A., Ting, K., & Ziccardi, V. (2010). Maximizing

the potential of the part-time clinical teachers. *The Clinical Teacher*, 7, 247-250

Retrieved from CINAHL Plus with Full Text

Penn, B., Wilson, L., & Rosseter, R. (2008). Transitioning from nursing practice to a teaching role. *Online Journal of Issues in Nursing*, 13(3),
doi:10.3912/OJIN.Vol13No03Man03

Pompper, D. (2011). "Cheap labor" speaks: PR adjuncts on pedagogy and preparing Millennials for careers. *Public Relations Review*, 37, 456-465.
doi:10.1016/j.pubrev.2011.09.015

Quinn Griffin, M., & Novotny, J. (2012). *A nuts- and-bolts approach to teaching nursing*. (4th ed.). New York, NY: Springer Publishing

Reid, T., Hinderer, K., Jarosinski, J., Mister, B., & Seldomridge, L. (2013). Expert clinician to clinical teacher: Developing a faculty academy and mentoring initiative. *Nurse Education in Practice*, 13, 288-293.
doi:10.1016/j.nepr.2013.03.022

Riggs, C (2010). Taming the pedagogy dragon. *Journal of Continuing Education in Nursing*, 41(9), 388-389. doi:10.398/00220124-20100825-02

Rossol-Allison, P. & Alleman Beyers, N. (2011). The role of full-time and part-time faculty in student learning outcomes. Association for Institutional Research, Paper presented at the Annual Forum of the Association for Institutional Research (51st, Toronto, Ontario, May 21-25, 2011). Retrieved from
<http://www.eric.ed.gov/PDFS/ED531726.pdf>

Russell, S. (2006). An overview of adult-learning processes. *Urological Nursing*, 26(5),

349-353. Retrieved from EBSCOHost

Salsberg, J., Seller, R., Shea, L., & Macauley, A. (2012). A needs assessment informs development of a participatory research faculty development workshop. *Journal of Higher Education and engagement*, 16(1), 183-194. Retrieved from CINAHL Plus with Full Text

Sawatzky, J., & Enns, C. (2009). A mentoring needs assessment: Validating mentorship in nursing education. *Journal of Professional Nursing*, 25(3), 145-150, doi:10.1016/j.profnurs.2009.01.003

Schoening, A. (2013). From bedside to classroom: The nurse educator transition model. *Nursing Education Perspectives*, 34(3), 167-172. Retrieved from CINAHL with Full Text

Slimmer, L. (2012). A teaching mentorship program to facilitate excellence in teaching and learning. *Journal of Professional Nursing*, 28(3), 182-185. doi:10.1016/j.profnurs.2011.11.006

Smith, S., Hecker-Fernandes, J., Zorn, C., & Duffy, L. (2012). Precepting and mentoring needs of nursing faculty and clinical instructors: Fostering career development and community. *Journal of Nursing Education*, 51(9), 497-503. doi:10.3928/0148434-20120730-04

Spaulding, D. (2008). *Program practice in practice: Core concepts and examples for discussion and analysis*. San Francisco, CA: Jossey-Bass

Specht, J. (2013). Mentoring relationships and the levels of role conflict and role ambiguity experienced by novice nursing faculty. *Journal of Professional*

Nursing, 29(5), 25-31. doi:10.1016/j.profnurs.2013.06.006

Spencer, C. (2013). From bedside to classroom: From expert back to novice. *Teaching and Learning in Nursing*, 8, 13-16. doi:10.1016/j.teln.2012.10.004

Staykova, M. (2012). Community college education through the looking glass of associate degree nursing. *Teaching and Learning in Nursing*, 7, 93-97. doi:10.1016/j.teln.2012.01.005

Survey Monkey. (2014). Retrieved from <https://www.surveymonkey.com>

The World Bank. (2011). What is Empowerment? Retrieved from <http://go.worldbank.org/V45HD4P100>

Triola, M. (2012). *Elementary Statistics*. San Francisco, CA: Pearson Education, Inc

Vitale, A. (2010). Faculty development and mentorship using selected online asynchronous teaching strategies. *Journal of Continuing Education in Nursing*, 41(12), 549-556. doi:10.3928/00220124-20100802-02

Wagner, J., Cummings, G., Smith, D., Olson, J., Anderson, L., & Warren, S. (2010). The relationship between structural empowerment and psychological empowerment for nurses: A systematic review. *Journal of Nursing Management*, 18, 448-462. doi:10.1111/j.1365-2834.2010.01088.x

Walden University. (2013). Mission and Vision. {internet resource}. Laureate International Universities. Retrieved from http://inside.waldenu.edu/c/Files/DocsGeneral/EdD_Handbook_Final.pdf

Weidman, N. (2013). The lived experience of the transition of the clinical nurse expert to

the novice nurse educator. *Teaching and Learning in Nursing*, 8, 102-109.

doi:10.1016/j.teln.2013.04.006

West, M., Borden, C., Bermudez, M., Hanson-Zalot, M., Amorim, F., & Marmion, R.

(2009, July). Enhancing the clinical adjunct faculty role to benefit students.

Journal of Continuing Education in Nursing, 40(7), 305-310.

doi:10.3928/00220124-20090623-05

Whalen, K. (2009). Work-related stressors experienced by part-time clinical affiliate

nursing faculty in baccalaureate education. *International Journal of Nursing*

Education Scholarship, 6(1), 1-18. doi:10.2202/1548-923X.1813

Wiens, S., Babenko-Mould, Y., & Iwasiw, C. (2014). Clinical instructor's perceptions of

structural and psychological empowerment in academic nursing environments.

Journal of Nursing Education, 53(5), 265-270. doi:10.3928/01484834-20140421-

01

Zurmehly, J., Martin, P., & Fitzpatrick, J. (2009). Registered nurse empowerment and

intent to leave current position and/or profession. *Journal of Nursing*, 17, 383-

391. doi:10.1111/j.1365-2834.2008.00940.xc

Appendix A: The Project

Faculty Development/Mentoring Program Outline

Purpose: The purpose of this 3-day development program is to develop and maintain nurse educator competence skills for use in the learning laboratory and clinical setting by adjunct faculty members. The purpose of the mentoring program is to provide an environment of support and guidance to promote practical application of the skills learned in the development program.

Mission: The mission of the development/training program is to improve the working conditions of the adjunct faculty member by providing them with access to opportunity, information, support, and resources to increase empowerment and increase engagement with the nursing students in the practical settings.

Goal: The overall goal is to provide the adjunct faculty members with the resources to promote work empowerment.

Target Audience: The target audience for this training program are the Nursing Administration Team, full-time faculty and the adjunct faculty members employed in the associate degree nursing program. The Nursing program team include the Associate Degree Nursing Program Director, Clinical Placement Liaison, and Learning Laboratory Coordinator. The adjunct faculty members teach in the learning laboratory and clinical setting.

Program Outcomes:

1. The outcome of the professional development program is to develop effective nurse educator competency skills that can be used in the practical settings to increase work empowerment.
2. The outcome of the mentoring program is to develop a collaborative relationship to guide and ease the transition into the role of nurse educator for the adjunct faculty member.

Learning Objectives:

After completion of the development program:

1. The learner will be able to challenge his/her current views of nursing education to become more effective in their educational role.
2. The learner will be able to design teaching strategies to engage the students in the learning laboratory and clinical settings based on Knowles's adult learning principles.
3. The learner will be able to identify methods to effectively evaluate students in the learning laboratory and clinical setting.
4. The learner will be able to locate, access, and utilize associate degree nursing program forms to utilize in the practice setting.

5. The learner will be able to reflect upon new knowledge and create changes in their current practice setting.
6. The learner will appreciate his/her role in the education of the nursing student and promote professionalism.

Program Instructions for Development Program:

1. Distribute a needs assessment to the adjunct faculty members 8 weeks prior to the commencement of this program. This will provide them with a schedule for planning purposes.
2. Select and secure a facility. Include in this contract, audiovisual and seating configuration.
3. Select and secure catering – breakfast and snack items. This is to include all plates and utensils.
4. Once needs assessments are tabulated, advertise for faculty facilitators. These individuals need to submit their current curriculum vitae and expressed interest of topic to present.
5. After selection of facilitators is completed, they need to submit a copy of the PowerPoint to program planner at least one week in advance.
6. Print and assemble packets.
7. Contact media services to determine who will set up and check the equipment.
8. Morning of – program planner should ascertain that the room arrangement and media equipment are correct. The program planner is also responsible to make sure that all presenters and staff have a clear understanding of their role.
9. The facilitator will designate individuals to greet participants, check them in and provide them with a packet of information. This will promote a positive climate for learning.
10. Opening the program - The program planner will be responsible for providing the introductions and welcomes. In addition, any housekeeping items need to be addressed at this time. (i.e. exits and bathrooms). The program planner will also remind participants to complete the evaluation after each session.
11. Monitoring the program – It is important for the program planner to be constantly visible for questions and to problem solve any issues that arise and communicate any changes.
12. Concluding the program – The program planner will ensure that the formative and summative evaluations have been completed. The program planner will recognize the participants for taking part in the program and award them a certificate of completion (an incentive to complete the evaluation). Lastly, the program planner will thank the participants and facilitators for being a part of the program.
13. After the program is complete- The program planner will return equipment, clean up the meeting room and pay the bills. Additionally, notes should be taken for program improvements.

14. The program planner will summarize evaluations and make recommendations for future programs.

Participants Request to Complete Needs Assessment

To *Participant's Name*,

I am excited to invite you to participate in a faculty development/mentoring program. The purpose of this program is to provide you with the necessary knowledge and skills to transition into the role of nurse educator. If you choose to participate in this program, you will be asked to complete an electronic Survey Monkey questionnaire. This survey should take less than 10 minutes to complete. You will be asked to complete this survey one time. Reminder e-mails will be sent.

Please feel free to contact me if you have any additional questions. If you choose to participate, you will be given an informed consent to review. All of the answers received will be used to develop the topics for the training program. I look forward to hearing from you and I hope you will participate in the development/training program.

Lisa Murthy MSN RN
Walden University Doctoral Candidate



Adjunct Faculty Needs Assessment

Directions: Please use your current experiences as an adjunct faculty member at [REDACTED] to rate the following items. The competencies are identified below. In *Column A*, rate the importance of each competency. When rating, base your decisions on the frequency that you use the competency and how vital it is to perform your role. In *Column B*, rate the extent to which you feel a need for training related to the competency. There will be space provided at the end of this assessment to add comments. Use the following ratings:

A: Importance

- 1= NI= Not important
- 2= MI = Moderately Important
- 3= I = Important
- 4 =VI = Very Important
- 5= E= Essential

B: Training Need

- 1 = N= None/No Need
- 2= S = Slight Need
- 3= M= Moderate Need
- 4= H= High Need
- 5= VH = Very High Need

Competency	A. Importance					B. Training Need				
	NI	MI	I	VI	E	N	S	M	H	VH
Current knowledge of nurse educator competencies:										
1. Facilitate learning	1	2	3	4	5	1	2	3	4	5
2. Facilitate learner development	1	2	3	4	5	1	2	3	4	5
3. Use of assessment and evaluation strategies	1	2	3	4	5	1	2	3	4	5
4. Role in the education Environment	1	2	3	4	5	1	2	3	4	5
Design of teaching strategies:										
1. Concept mapping	1	2	3	4	5	1	2	3	4	5
2. Portfolio development	1	2	3	4	5	1	2	3	4	5
3. Case studies	1	2	3	4	5	1	2	3	4	5
4. Poster presentations	1	2	3	4	5	1	2	3	4	5
5. Reflection journals	1	2	3	4	5	1	2	3	4	5
6. Clinical conferences	1	2	3	4	5	1	2	3	4	5
Evaluation methods:										
1. Formative	1	2	3	4	5	1	2	3	4	5
2. Summative	1	2	3	4	5	1	2	3	4	5
3. Difficult Students	1	2	3	4	5	1	2	3	4	5

Competency	A. Importance					B. Training Need				
	NI	MI	I	VI	E	N	S	M	H	VH
Current knowledge of forms used in instruction:										
1. Location of forms	1	2	3	4	5	1	2	3	4	5
2. Evaluation forms	1	2	3	4	5	1	2	3	4	5
3. Anecdotal forms	1	2	3	4	5	1	2	3	4	5
4. Clinical assignment	1	2	3	4	5	1	2	3	4	5
5. Deficiency points	1	2	3	4	5	1	2	3	4	5
6. Completion of forms	1	2	3	4	5	1	2	3	4	5
7. Other _____	1	2	3	4	5	1	2	3	4	5
Knowles's Adult Learning Theory	1	2	3	4	5	1	2	3	4	5
Support systems:										
1. Within clinical agency	1	2	3	4	5	1	2	3	4	5
2. Full-time faculty	1	2	3	4	5	1	2	3	4	5

Which area do you teach in?

- _____ 1. Clinical
- _____ 2. Learning Laboratory

How long have you been employed at [REDACTED]

- _____ 1. 0-2 years
- _____ 2. 3-5 years
- _____ 3. 5 to 10 years
- _____ 4. Greater than 10 years

Any additional comments/needs:

Your comments are greatly appreciated and will be utilized to design the development/mentoring program that will commence in the fall prior to the start of the semester. Thank you for responding.

DAY 1: Program Agenda

Time	Content	Instructional Strategies	Evaluation Strategy	Resources
8:00 – 8:30 a.m.	Registration	None	Summative (Question on form – Was the registration process easy to navigate?)	Entrance to conference room Program Planner Participants
8:30 – 8:45 a.m.	Welcome, Introduction, and Overview of Conference	Interactive discussion	Summative (Question on form- Did the development program meet your needs?)	Conference Room Program Planner ADN Program Director Participants
8:45 – 9:00 a.m.	Discussion of Mission and Philosophy of the Nursing Program	Copy of mission and philosophy given to the mentees to place in portfolio Interactive discussion	Summative	Conference Room Media Equipment Program Planner ADN Program Director Participants
8:45 -9:15 a.m.	Overview of the NLN Nurse Educator Competencies	Power-Point presentation with handouts	Formative	Conference Room Media Equipment Session Facilitator

				Program Planner Participants
9:15-10:15 a.m.	Core Competency of Nurse educator #1: Facilitate Learning	Power-Point presentation with handouts Interactive discussion Case study for participants to complete for further exploration	Formative	Conference Room Media Equipment Program Planner Session Facilitator Participants
10:15 -10:30 a.m.	Break	None	Summative – Question on form- (Was the physical environment conducive to your learning?)	Adjoining room to conference room
10:30 – 11:30 a.m.	Core Competency of Nurse Educator #2 – Facilitate Learner Development and Socialization	Power-Point presentation with handouts Interactive discussion Case study for participants to complete for further	Formative	Conference Room Media Equipment Program Planner Session Facilitator Participants
11:30 a.m. - 12:30 p.m.	Lunch			Participants on their own.
12:30 – 1:30 p.m.	Core Competency of Nurse Educator #3 – Use Assessment and	Power-Point presentation with handouts Interactive	Formative	Conference Room Media Equipment

	Evaluation Strategies	discussion Case study for participants to complete for further		Program Planner Session Facilitator Participants
1:30– 2:30 p.m.	Core Competency of Nurse Educator #8 –Function Within the Educational Environment	Power-Point presentation with handouts Interactive discussion Case study for participants to complete for further Hands on demonstration	Formative	Conference room Media equipment Course management system Program Planner Session Facilitator Participants
2:30 – 2:40 p.m.	Break	None	Summative – Question on form- (Was the physical environment conducive to your learning?)	Adjoining Room
2:40 – 3:30 p.m.	Associate Degree Nursing Program Overview and Designed Course of Study	Hands on demonstration	Formative	Conference room Media Equipment Program Planner Session Facilitator

				Participants
3:30 – 4:00 p.m.	Question/Answer session.	Interactive discussion	Summative – (question on form – Did the development program meet your needs?)	Conference room Program Planner Session Facilitators Participants

Day 2: Program Agenda

Time	Content	Instructional Strategy	Evaluation Strategy	Resources
8:30 – 8:45 a.m.	Overview of program for the day	Interactive discussion	Summative – Question on form- (Was the physical environment conducive to your learning?)	Conference Room Program Planner Participants
8:45 – 9:45 a.m.	Mentoring Relationship	Power-point presentation with accompanying handouts Interactive discussion	Formative	Conference room Media Equipment Program Planner Session Facilitators Participants
9:45 – 10:45 a.m.	Time frame for Mentoring Relationship	Power-point presentation with accompanying handouts Interactive discussion	Formative	Conference room Media Equipment Program Planner Full – time faculty chosen as mentors Participants
10:45 – 11:00 a.m.	Break		Summative – Question on form- (Was the physical environment conducive to your learning?)	Adjoining room to conference room

11:00 a.m. - 12:00 p.m.	Portfolio Creation	Power-point presentation with accompanying handouts Interactive discussion	Formative	Conference room Media Equipment Program Planner Session Facilitators Participants
12:00 – 12:30 p.m.	Faculty/Student Handbook	Presentation using media equipment Interactive discussion	Formative	Conference room Media equipment Program Planner Session Facilitators Participants
12:30 – 1:30 p.m.	Lunch	None		Participants on their own
1:30 – 3:30 p.m.	Overview of ANGEL- the course management system Forms library Review of clinical and laboratory points system	Hands on demonstration Interactive discussion Participant will be supplied with the forms to be used in their prospective setting	Formative	Conference room Media Equipment Program Planner Session Facilitator Program Director Clinical Placement

				Liaison Participants
3:30 – 4:00 p.m.	Wrap up	Final questions and answers Time allotted for participants to complete evaluations	Summative	Conference Room Program Planner All Facilitators Faculty mentors Participants

Day 3: Program Agenda

Time	Content	Instructional Strategy	Evaluation Strategy	Resources
8:30 – 8:45 a.m.	Overview of program for the day	Interactive discussion	Summative – Question on form- (Was the physical environment conducive to your learning?)	Conference Room Program Planner Participants
8:45 – 9:45 a.m.	Definition of Clinical and Learning Laboratory Teaching Ethical and Legal Obligations for both the Instructor and Student	Power-point presentation with accompanying handouts Interactive discussion	Formative	Conference room Media Equipment Program Planner Session Facilitators Participants
9:45 – 10:45 a.m.	Clinical and Learning Laboratory Teaching Strategies/Implementation	Power-point presentation with accompanying handouts Interactive discussion	Formative	Conference room Media Equipment Program Planner Full – time faculty chosen as mentors Participants
10:45 – 11:00 a.m.	Break		Summative – Question on form- (Was the physical environment	Adjoining room to conference room

			conducive to your learning?)	
11:00 a.m. - 12:00 p.m.	Student Incivility and Misconduct	Power-point presentation with accompanying handouts Interactive discussion	Formative	Conference room Media Equipment Program Planner Session Facilitators Participants
12:00 – 12:30 p.m.	Multicultural Components of Education	Power-point presentation with accompanying handouts Interactive discussion	Formative	Conference room Media equipment Program Planner Session Facilitators Participants
12:30 – 1:30 p.m.	Lunch	None		Participants on their own
1:30 – 3:30 p.m.	Handling Problem Students Breakout Sessions	Skit Interactive discussion Case study questions to be answered by mentees and discussed with mentors	Formative	Conference room Program Planner All Facilitators Participants
3:30 –	Wrap up	Final questions	Summative	Conference

4:00 p.m.		and answers Time allotted for participants to complete evaluations		Room Program Planner All Facilitators Faculty mentors Participants
-----------	--	--	--	---

Mission and Philosophy

Lisa Murthy MSN RN

Reference

The following website was used in the development of this presentation.

<http://www.lorainccc.edu/academic+division/allied+health+and+nursing/allied+health+and+nursing+programs/associate+degree+nursing.htm>

Mission Statement

- Supports the mission of Lorain County Community College
- Constructs:
 - High quality learner centered education
 - In response to the needs of the community
- Taken from:
<http://www.lorainccc.edu/academic+division/allied+health+and+nursing/allied+health+and+nursing+programs/associate+degree+nursing.htm>

Philosophy

- Website will be brought up so the audience can view

Constructs

- Provider of Care
- Manager of Care
- Member of Profession
- Note: these will be brought up on the screen and each section discussed in entirety with audience participation

Final discussion

- Each clinical course uses these 3 constructs to guide instruction and evaluation in both the didactic and clinical setting.
- Can you provide examples of concepts and/or skills that pertain to each section?

<p style="text-align: center;">NLN Standards for Nurse Educators Lisa Murthy MSN RN</p>	<p>Competency #2: Facilitate Learner Development and Socialization</p> <ul style="list-style-type: none"> • Assists the student in their development as nurses • Integrates values and behaviors expected of the professional nurse in education.
<p>Definition of Academic Nurse Educator</p> <ul style="list-style-type: none"> • An individual who fulfills the role of educator in an academic setting. • This education takes place in diverse settings <ul style="list-style-type: none"> • Lecture • Clinical • Laboratory 	<p>Competency #3: Use Assessment and Evaluation Strategies</p> <ul style="list-style-type: none"> • Nurse educators use a variety of strategies to assess and evaluate student learning. • Provides timely and constructive feedback to learners.
<p>Ohio Board of Nursing</p> <ul style="list-style-type: none"> • Chapter 4723-5 • Faculty means a registered nurse who meets the faculty requirements set forth in rule 4723-5-10 of the Administrative Code for a registered nursing education program. • Faculty: <ul style="list-style-type: none"> • Plan and teach all courses containing nursing objectives or direct the teaching of those courses provided by teaching assistants • Report to the program administrator or associate • Contribute to the evaluation and implementation of, or changes in program curriculum. <ul style="list-style-type: none"> • Taken from codes.ohio.gov/oac/4723-5. 	<p>Competency #4: Participate in Curriculum Design and Evaluation of Program Outcomes</p> <ul style="list-style-type: none"> • Formation of program and course outcomes. • Design a curriculum that reflects contemporary health care trends to prepare graduates to function in the role of the professional nurse. • The design should align with the college and program mission and philosophy.
<p>Standards of Practice</p> <ul style="list-style-type: none"> • Define/describe the responsibilities of the academic nurse educator. • NLN has 8 core competencies 	<p>Competency #5: Function as a Change Agent and Leader</p> <ul style="list-style-type: none"> • Nurse educators need to create a learning environment that will prepare graduates for their new roles. • Participates in an interdisciplinary effort to address health care and educational needs. • Possesses leadership skills.
<p>Competency #1: Facilitate Learning</p> <ul style="list-style-type: none"> • Creation of an environment conducive to learning that facilitates the attainment of course and program outcomes. • Meets cognitive, affective, and psychomotor domains. • Models critical and reflective thinking. • Serves as a role model. 	<p>Competency #6: Pursue Continuous Quality Improvement in the Nurse Educator Role</p> <ul style="list-style-type: none"> • Recognize that the role of nurse educator is multidimensional with an ongoing commitment to develop and maintain competence. • Commitment to life-long learning. • Participates in professional development opportunities. • Use feedback to improve one's self. • Mentors and supports others.

Competency #7: Engage in Scholarship

- Teaching is a scholarly activity.
- Use of evidence-based practices.
- Spirit of inquiry.
- Qualities of a scholar: integrity, courage, perseverance, vitality, and creativity

11

Competency #8: Function Within the Educational Environment

- Knowledgeable about the educational environment.
- Recognize how political, institutional, social, and economic forces impact their role.

12

Bibliography

- Billings, D., & Halstead, J. (2012). Teaching in Nursing: A Guide for Faculty.
- Gaberson, K., Oermann, M., & Shellenbarger, T. (2015). Clinical Teaching Strategies in Nursing.
- National League for Nursing. (2012). The Scope of Practice for Academic Nurse Educators 2012 Revision.
- Ohio Board of Nursing.

13

<p style="text-align: center;">Core Competency #1: Facilitate Learning</p> <p style="text-align: center;">Facilitated by Lisa Murthy MSN RN</p>	<p>Learning</p> <ul style="list-style-type: none"> • A change in behavior as a result of experiences. • The student should be actively involved. <p>• Notes: Active learning stimulate higher cognitive processes, such as critical thinking</p>
<p>Characteristics of the Nurse Educator</p> <ul style="list-style-type: none"> • Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, and context • Grounds teaching strategies in educational theory and evidence-based teaching practices • Recognizes multicultural, gender, and experiential influences on teaching and learning • Engages in self-reflection and continued learning to improve teaching practices and facilitate learning • Uses information technology skillfully to support the teaching-learning process • NLN, 2012, p. 14 	<p>Knowles' Principles of Adult Learning</p> <ul style="list-style-type: none"> • Learner's need to know. Adult learners have a need to know why, what, and how. • Self-concept of the learner. These adult learners come to the learning experience with autonomy and self-direction. • Prior experience of the learner. Adult learners come to the learning encounter with prior knowledge and experience as resources to problem solve, find meaning and learn from the current situation. • Readiness to learn. Adult learners are ready to learn and want to accomplish their goals. • Orientation to learning. Adult learners are problem-centered and task oriented. • Motivation to learn. Lastly, adult learners have an internal motivation.
<p>More Characteristics</p> <ul style="list-style-type: none"> • Practices skilled, oral, written, and electronic communication that reflects an awareness of self and others, along with an ability to convey ideas in a variety of contexts • Models critical and reflective thinking • Creates opportunities for learners to develop their critical thinking and critical reasoning skills • Shows enthusiasm for teaching, learning, and nursing that inspires and motivates students • Demonstrates interest in and respect for learners • NLN, 2012, p 14-15 	<p>Components of Teaching</p> <ul style="list-style-type: none"> • Identifying the outcomes for learning • Assessing learning needs • Planning clinical/laboratory learning activities • Guiding students • Evaluating learning an performance <p>• Gaberson, Oermann & Shellenbarger, 2015, p.96-97</p>
<p>Characteristics Continued</p> <ul style="list-style-type: none"> • Uses personal attributes (e.g., caring, confidence, patience, integrity, and flexibility) that facilitate learning • Develops collegial working relationships with students, faculty colleagues, and clinical agency personnel to promote positive learning environments • Maintains the professional practice knowledge base needed to help learners prepare for contemporary nursing practice • Serves as a role model of professional nursing • NLN, 2012, p 15. 	<p>Identifying outcomes of learning</p> <ul style="list-style-type: none"> • Outcomes provide a: way to develop educational strategies basis for evaluation of the student <p>• Notes: Objectives for the learning environment specify expectations for the performance and a means of evaluation. These objectives will flow from the overall course objectives.</p>
<p>Teaching</p> <ul style="list-style-type: none"> • A process that involves strategies intended to facilitate learning <ul style="list-style-type: none"> • Instructor provides opportunities for students to gain the knowledge for successful mastery of pre – determined outcomes. • Teaching involves a set of skills that are essential to facilitate student learning. The key term here is facilitator of learning – the student should engage in active learning. • The golden term used now is that the teacher is the “guide on the side”, assisting the learner to achieve the goals and outcomes. 	<p>Assessing learning needs</p> <ul style="list-style-type: none"> • Goal of the educator is to assess the student's level of knowledge and skills. • Areas of assessment: <ul style="list-style-type: none"> • Current level of knowledge and skills • Individual styles of learning • Notes: A dynamic and ongoing process that provides the educator with the opportunity to meet the learning needs and tailor teaching strategies for the student. • Strategies – there are formal and informal styles. Formal methods will make use of checklists that the students complete

<p>Cognitive domains of learning</p> <ul style="list-style-type: none"> • Categories include: <ul style="list-style-type: none"> • Knowledge • Comprehension • Application • Analysis • Synthesis • Evaluation 	<p>Psychomotor domain</p> <ul style="list-style-type: none"> • Fine motor • Manual • Gross motor <p>• Notes: Psychomotor is concerned with the development of motor skills</p> <p>• Teaching strategies include: step-by-step demonstrations, videos, simulations, opportunity to practice</p>
<p>Problem solving</p> <ul style="list-style-type: none"> • An important outcome of teaching in nursing education is problem solving. 	<p>Psychomotor domains of learning</p> <ul style="list-style-type: none"> • Categories include: <ul style="list-style-type: none"> • Perception • Set • Guided response mechanism and complex overt response • Adaptation • Origination
<p>Critical thinking (reasoning)</p> <ul style="list-style-type: none"> • Another important outcome of nursing education. • The definition of critical thinking is vague and can be ambiguous. <p>• Notes: I have a question for the audience – would anyone be willing to share their definition of critical thinking????</p>	<p>Planning learning outcomes</p> <ul style="list-style-type: none"> • Dependent on: <ul style="list-style-type: none"> Outcomes of the course Learner Needs Relationship of method and activities Characteristics of the learning environment Teacher availability <p>• Notes: Look at the means (learning activities) and the ends (outcomes). Variety of strategies helps the student from becoming bored and makes it more likely that different learning styles will be accommodated.</p>
<p>Affective Domain</p> <ul style="list-style-type: none"> • Encompasses attitudes, beliefs, and values • Attitudes – represent feelings about an object, person, or event • Beliefs – what an individual perceives as reality • Values – operational beliefs that guide actions and ways of living 	<p>Guiding students</p> <ul style="list-style-type: none"> • This is also known as the instructional phase of the teaching-learning process. • Involves: <ul style="list-style-type: none"> • Observing clinical and laboratory performance, evaluation of this performance and development of additional activities if needed • Questioning students to promote critical thinking
<p>Affective domains of learning</p> <ul style="list-style-type: none"> • Categories include <ul style="list-style-type: none"> • Receiving • Responding • Valuing • Organization • Characterization 	<p>Evaluation</p> <ul style="list-style-type: none"> • Formative • Summative

Effective teachers

- Knowledge
- Competence
- Skill in teaching
- Interpersonal skills
- Personal characteristics

3

Case study

- Reflect upon Knowles Principles of Adult Teaching and how you feel they apply to you in this development-training program.

4

References

- The following references were used in the development of this presentation
- Gaberson, K., Oermann, M., & Shellenbarger, T. (2015). *Clinical teaching strategies in nursing*. (4thed.). New York: Springer Publishing Company.
- National League for Nursing (2012). *The scope of practice for academic nurse educators: 2012 revision*. New York: Author.

5

<p style="text-align: center;">Facilitate Learner Development and Socialization</p> <p style="text-align: center;">Facilitated by Lisa Murthy MSN</p>	<p>Evaluations of responses received on the needs assessment</p> <ul style="list-style-type: none"> • Measuring knowledge of the core competencies of the nurse educator <p>• Notes: This is where I would report the results that I received for importance and need for training</p>
<p>Definition</p> <ul style="list-style-type: none"> • Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill their role. 	<p>Evaluations of responses received on the needs assessment</p> <ul style="list-style-type: none"> • Measuring knowledge of teaching strategies <p>• Notes: This is where I would report the results that I received for importance and need for training</p>
<p>Characteristics</p> <ul style="list-style-type: none"> • Identifies individual learning styles and unique learning needs of learners • Creates learning environments that are focused on socialization to the role of the nurse and facilitate learner's self-reflection and personal goal setting • Fosters the cognitive, psychomotor, and affective development of learners • Recognized the influence of teaching styles and interpersonal interactions on learner outcomes • Assists learner to develop the ability to engage in thoughtful and constructive self and peer evaluation • Models professional behaviors for learners • NLN, 2012, p.16 	<p>Evaluations of responses received on the needs assessment</p> <ul style="list-style-type: none"> • Measuring evaluation methods <p>• Notes: This is where I would report the results that I received for importance and need for training</p>
<p>So what does this all mean?</p> <ul style="list-style-type: none"> • You are taking the first step by participating in this development and mentoring program • Many of the characteristics or specifications of this competency will be highlighted in other sessions 	<p>Evaluations of responses received on the needs assessment</p> <ul style="list-style-type: none"> • Measuring usage and location of forms used in the Associate Degree Nursing Program <p>• Notes: This is where I would report the results that I received for importance and need for training</p>
<p>The Needs Assessment</p> <ul style="list-style-type: none"> • The needs assessment that you completed a few months ago provided the framework for this development program • Each section questioned your perception of importance when performing your educational role and your need for additional training 	<p>Evaluations of responses received on the needs assessment</p> <ul style="list-style-type: none"> • Measures knowledge of Knowles's Principles of Adult Learning <p>• Notes: This is where I would report the results that I received for importance and need for training</p>

Evaluations of responses received on the needs assessment

- Measuring level of support

- Notes: This is where I would report the results that I received for importance and need for training

Professional development program

- Each of these areas will be covered throughout the 3-day development program. Time will be given for hands –on application

References

- The following reference was used in the development of this presentation
 - National League for Nursing (2012). *The scope of practice for academic nurse educators: 2012 revision*. New York: Author.

<h2 style="text-align: center;">Use Assessment and Evaluation Strategies</h2> <p style="text-align: center;">Facilitated by Lisa Murthy MSN RN</p>	<h3>Formative Evaluation Advantages and Disadvantages</h3> <ul style="list-style-type: none"> • An advantage of use is that it occurs during the learning outcome and changes can be made before incorporation. • A disadvantage is that it is disruptive and interrupts the flow of performance.
<h3>Specific Characteristics</h3> <ul style="list-style-type: none"> • Use extant literature to develop evidence-based assessment and evaluation practices • Uses a variety of strategies to assess and evaluate learning in the cognitive, psychomotor, and affective domains • Implements evidence-based assessment and evaluation strategies that are appropriate to the learner and to learning goals • Uses assessment and evaluation data to enhance the teaching-learning process • Provides timely, constructive, and thoughtful feedback to learners • Demonstrates skill in the design and use of tools for assessing clinical practice • Taken from National League of Nursing, 2012 	<h3>Summative Evaluations</h3> <ul style="list-style-type: none"> • Occurs at the end of the learning encounter. • Focus is on entirety • For clinical – focus is on the students meeting the expected outcomes of the clinical piece of the course and is completed on the comprehensive final evaluation • For learning laboratory – the completion of the competency of the skill
<h3>Purpose of evaluation</h3> <ul style="list-style-type: none"> • Evaluations are useful tools to measure performance. • Most people shy away from evaluations, but consider the vast wealth of knowledge that comes from evaluations. • Means of empowerment • Evaluations are a means of improvement. 	<h3>Summative Evaluation Advantages and Disadvantages</h3> <ul style="list-style-type: none"> • Advantages – All work has been completed and findings show results. • Disadvantages – Since this evaluation is at the end of the encounter, nothing can be done to change the results of the encounter.
<h3>Evaluation of Student Performance</h3> <ul style="list-style-type: none"> • A process by which judgments are made about a student's knowledge, skills, and attitudes in the learning encounter. • Typically criterion- referenced evaluation • Each course will have determined outcomes for the learning laboratory (if included in the course) and clinical settings. 	<h3>Self-appraisals</h3> <ul style="list-style-type: none"> • You will be asked to complete an evaluation of yourself at the end of each semester. • An adjunct evaluation form is uploaded in the forms section in ANGEL. • You are expected to complete this evaluation and turn it in to the lead instructor of the course. The lead instructor will complete their appraisal and a copy will be given to you. These evaluations are turned into the Dean for review and placed in your file.
<h3>Formative Evaluation</h3> <ul style="list-style-type: none"> • Refers to an evaluation that is taking place during the learning encounter • For clinical evaluation- formative evaluation is completed with the weekly clinical experience record that the student completes after the learning encounter. Another example is the mid-term evaluation is course that are 16 weeks. The midterm highlights deficits of the student so an action plan can be made. • For clinical laboratory- formative evaluation is completed with the skills checklist and is used when demonstrating a skill and observing the student practice. • The focus is on progression to meeting the outcomes of the course. 	<h3>Student Evaluations</h3> <ul style="list-style-type: none"> • The students will evaluate your performance at the conclusion of each semester. • The students will complete these in the lecture section of the course. • The rating and received comments will be attached to the self appraisal and placed in your file. • The lead instructor will compile results of the evaluation and upload into the Systemic Plan of Program Evaluation, which is used for accreditation purposes

References

- The references used in making this presentation were:
- Gaberson, K., Oermann, M., & Shellenbarger, T. (2015). *Clinical teaching strategies in nursing*. (4thed.). New York: Springer Publishing Company.
- National League for Nursing (2012). *The scope of practice for academic nurse educators: 2012 revision*. New York: Author.

<p style="text-align: center;">Functions Within the Education Environment</p> <p style="text-align: center;">Facilitated by Lisa Murthy MSN</p>	<p>The Scholarship of Application</p> <ul style="list-style-type: none"> • Connects theory with practice which is your role in this process • Includes the development of teaching strategies that are pertinent to the learning encounter and are based on the course outcomes and expectations • Includes service to the profession of nursing
<p>Characteristics</p> <ul style="list-style-type: none"> • Uses knowledge of history and current trends and issues in higher education as a basis for making recommendations and decisions on educational issues • Identifies how social, economic, political, and institutional forces influence higher education in general and nursing education in particular • Develops networks, collaborations, and partnerships to enhance nursing's influence within the academic community • Determines own professional goals within the context of academic nursing and the mission of the parent institution and nursing program <p>- Taken from NLN, 2012, p. 22</p>	<p>The Scholarship of Teaching</p> <ul style="list-style-type: none"> • Effective communication • Developing innovative teaching strategies that actively involve the students • Dissemination of knowledge • Evaluation of student performance
<p>Why is this important?</p> <ul style="list-style-type: none"> • Your clinical expertise is recognized as valuable to our institution and we want to capitalize on this to provide a quality experience for our students • We want to ease the transition into this new position • Our hopes are that we can provide you with the information and support that you need to make the transition into the role of nurse educator, a flawless one 	<p>You make the difference</p> <ul style="list-style-type: none"> • As a result of the interactions with your students, you are a role model to shape their knowledge, skills, and attitudes required of the professional nurse • You are the key to providing the profession of nursing with a competent graduate ready to meet the challenges of this rewarding profession that they are entering into
<p>The Faculty Role</p> <ul style="list-style-type: none"> • This role is being redefined as technology and healthcare institutions demand a better prepared graduate ready to face the challenges that comes with their new role. • The new role of faculty is coined "learning mentor" <p>• Notes: The shift is getting away from teacher-centered instruction to a student-centered approach</p>	<p>Transition</p> <ul style="list-style-type: none"> • Reflective activity: What are you going to do to ease your transition into the education arena • Does anyone want to share some ideas – audience response requested • After this discussion, time will be given to record notes so the participant will be able to upload into their portfolio for further discussion with their mentor
<p>The Scholarship of Discovery</p> <ul style="list-style-type: none"> • Foundation of the learning encounter • Scientific methods are used to develop a knowledge base for the discipline of nursing • Evidence-based practice 	<p>References</p> <ul style="list-style-type: none"> • The following references were utilized in the development of this presentation • Billings, D., & Halstead, J. (2012). <i>Teaching in nursing: A guide for faculty</i> (4th ed.). St. Louis, Missouri: Elsevier. • National League for Nursing (2012). <i>The scope of practice for academic nurse educators: 2012 revision</i>. New York: Author.

<p style="text-align: center;">Mentoring Facilitated by Lisa Murthy 2014</p>	<p>Requirements of the mentor</p> <ul style="list-style-type: none"> The mentor will: <ul style="list-style-type: none"> Be employed in a full-time position at least three years A desire to mentor, coach, inspire, and guide Possess sincerity and impartiality 		
<p>Mentoring Orientation Objectives</p> <ul style="list-style-type: none"> Identify the roles and responsibilities of the mentor Identify the roles and responsibilities of the mentee (protégé) Describe the process of the mentoring relationship Identify the outcomes of the mentoring relationship 	<p>Requirements of the Mentee</p> <ul style="list-style-type: none"> The mentee will: <ul style="list-style-type: none"> Be an adjunct faculty member hired to provide instruction to nursing students in the learning laboratory or clinical setting Have attended a general college orientation Have attended a three day development program focused on the competencies of nurse educators 		
<p>Definition of Mentoring</p> <ul style="list-style-type: none"> A relationship between an experienced and less experienced nurse educator. <ul style="list-style-type: none"> Experienced educator is a full-time faculty member : <ul style="list-style-type: none"> Who has been employed at the college for three or more years Who has knowledge of the mission and philosophy of the College Less experienced nurse educator is: <ul style="list-style-type: none"> A new hire into the educational setting 	<p>Stages of the Mentoring Process</p> 		
<p>Components of the Mentoring Process</p> <ul style="list-style-type: none"> Reciprocity Collaboration and Partnership Mutually Defined Goals Learning Development of both the Mentor and Mentee Relationship <p>-Grossman, 2013</p>	<p>Stages of the Mentoring Relationship</p> <ul style="list-style-type: none"> Mentoring <ul style="list-style-type: none"> Initiation – the stage where the mentor and mentee get to know each other Cultivation – the mentee is working on developing themselves and achieving their goals Separation – mentee starts to separate from the mentor and gain an identity Redefinition – there is more equality between the mentor and mentee. The relationship will continue on in a different level 		
<p>Characteristics of the Effective Mentor</p> <table border="0"> <tr> <td> <ul style="list-style-type: none"> Confident in the educator role A good listener Resourceful Knowledgeable Positive Enthusiastic Professional Committed </td> <td> <ul style="list-style-type: none"> Professional Facilitator Guide Advisor, counselor Support Role model Effective communicator </td> </tr> </table>	<ul style="list-style-type: none"> Confident in the educator role A good listener Resourceful Knowledgeable Positive Enthusiastic Professional Committed 	<ul style="list-style-type: none"> Professional Facilitator Guide Advisor, counselor Support Role model Effective communicator 	<p>Bibliography</p> <ul style="list-style-type: none"> Grossman, S. (2013). <i>Mentoring in nursing – A dynamic and collaborative process. (2nd ed.)</i> New York: Springer Publishing Company
<ul style="list-style-type: none"> Confident in the educator role A good listener Resourceful Knowledgeable Positive Enthusiastic Professional Committed 	<ul style="list-style-type: none"> Professional Facilitator Guide Advisor, counselor Support Role model Effective communicator 		

<p style="text-align: center;">Mentoring Time Frame Facilitated by Lisa Murthy MSN RN</p>	<p>Final Meeting</p> <ul style="list-style-type: none"> •Review portfolio and progress made •Develop an action plan if problems arise in the clinical or learning laboratory setting •Identify areas of support for the mentee beyond the current mentor •Complete faculty mentoring worksheet
--	---

<p>Initial Meeting</p> <ul style="list-style-type: none"> •Get acquainted – professionally, personally •Set goals for the experience •Identify key areas to focus on •Establish schedule for meetings •Review job description

<p>Mid First Semester Meeting</p> <ul style="list-style-type: none"> •Review portfolio and discuss problematic areas •Review progress on identified goals •Identify new areas of concern or interest •Complete faculty mentoring worksheet

<p>End of First Semester Meeting</p> <ul style="list-style-type: none"> •Review portfolio and discuss problematic areas •Review progress on identified goals •Identify new areas of concern or interest •Discuss annual requirements of faculty regarding health requirements and performance appraisal •Complete faculty mentoring worksheet

<p>First Second Semester Meeting</p> <ul style="list-style-type: none"> •Review progress made thus far •Review goals •Identify new areas of concern or interest •Complete faculty mentoring worksheet
--

<p>Portfolio Creation Facilitated by Lisa Murthy MSN RN</p>	<p>References</p> <ul style="list-style-type: none">•The following reference was used in the development of this presentation:•Grossman, S. (2013). <i>Mentoring in nursing: A dynamic and collaborative process.</i> (2nd ed.). New York: Springer publishing Company
---	--

<p>Purpose of a portfolio</p> <ul style="list-style-type: none">•The purpose of the portfolio is to provide a means of empowerment. The portfolio is a culmination of your efforts in transitioning into the nurse educator role.•Instructions will be provided on how to complete for use in the meetings with your mentor
--

<p>A few rules</p> <ul style="list-style-type: none">•Keep simple and conservative•Use a 3 ring binder to store your work•Keep updated
--

<p>Items that should be included in the portfolio</p> <ul style="list-style-type: none">•The Mission of the School•The Philosophy of the School•Your Philosophy of Nursing Education•Blank forms used in the instruction of students•Blank forms for note taking
--

Handbooks

Facilitated by Lisa Murthy MSN RN

Introduction

This Power Point will include the links to the Faculty and Student Handbook. These sites will be accessed and discussed during the presentation

Faculty handbook

- https://angel.lorainccc.edu/section/default.asp?id=Nursing_Adjunct_Education
- Notes: This site is Accessible in the ANGEL course management system

Student handbook

- <http://www.lorainccc.edu/nr/rdonlyres/a9b3f876-f317-4a10-90a9-513f473a4b29/19248/adnstudenthandbook20142015.pdf>.

ANGEL Course
Management System
Facilitated by Lisa Murthy MSN
RN

Introduction

The ANGEL site will be accessed through this link. This is a password protected site so the facilitator will need to sign in. The participants will see how to access the site and each section. Forms will be included in the folder that the participants were given at registration.

Link

•<https://angel.lorainccc.edu/default.asp>

<p style="text-align: center;">Definition of Clinical and Learning Laboratory Teaching Power Point</p> <p style="text-align: center;">Lisa Murthy MSN RN</p>	<p>Your philosophy of learning laboratory teaching</p> <ul style="list-style-type: none"> •What is your philosophy of learning laboratory teaching and your role in this educational setting? •Note: This is a reflective activity and the participant is encouraged to record this philosophy in their portfolio for further discussion with their mentor.
---	---

<p>What is clinical teaching?</p> <ul style="list-style-type: none"> • Clinical means involving direct patient care or observation • Central activity is instruction or teaching • Learning is active by the student. Each student will experience these learning activities in different ways. • Teacher's role is to provide the opportunity for the experience. Role is to plan and provide appropriate activities that will facilitate learning • Provide real life experiences 	<p>Rules to follow in these settings</p> <ul style="list-style-type: none"> • Nursing students in these settings are learners not nurses. • Clinical education should reflect professional and real life experiences • Sufficient learning time should be provided before performance is evaluated • A climate of mutual trust and respect should be maintained in these settings • Teaching should focus on the knowledge, skills, and attitudes of the professional nurse • Quality is more important than quantity
---	--

<p>What is learning laboratory teaching?</p> <ul style="list-style-type: none"> • Activities centered on providing the students with the necessary skills to facilitate safe practice. • Mannequins are used to provide real life experiences. • Equipment is used that in these activities that are similar to that which is used in healthcare institutions • Checklists provide the means of instruction and evaluation. 	<p>References</p> <p>The following references were used to develop this presentation</p> <ul style="list-style-type: none"> • Billings, D., & Halstead, J. (2012). <i>Teaching in nursing: A guide for faculty</i> (4th ed.). St. Louis, Missouri: Elsevier. • Gaberson, K., Oermann, M., & Shellenbarger, T. (2015). <i>Clinical teaching strategies in nursing</i>. (4thed.). New York: Springer Publishing Company.
--	---

<p>Philosophy of Nursing Education</p> <ul style="list-style-type: none"> • Includes a statement of goals of education • Includes a reference to teaching and learning • Identifies the role of the learner • Identifies the role of the educator • Gives meaning to practice • Provides a basis for decision making

<p>Your philosophy of clinical teaching</p> <ul style="list-style-type: none"> • What is your philosophy of clinical teaching and your role in the clinical setting? • Note: This is a reflective activity and the participant is encouraged to record this philosophy in their portfolio for further discussion with their mentor.
--

<p style="text-align: center;">Ethical and Legal Obligations Facilitated by Lisa Murthy MSN RN</p>	<p>Substantive due process</p> <ul style="list-style-type: none"> • Decision should be fair, objective, and nondiscriminatory
<p>Key Elements</p> <ul style="list-style-type: none"> • Take a proactive approach to anticipate student concerns • Provide honest, open, and frequent communication about progress • Promote empowerment • Address the needs of the students to get them to meet prescribed course outcomes • Understand and appreciate cultural diversity • View students as partners in this collaborative process • Promote respect and equality • Establish an environment conducive to learning 	<p>Fair treatment</p> <ul style="list-style-type: none"> • Students have the right to be treated: <ul style="list-style-type: none"> • Fairly • Consistently • Objectively
<p>Student rights</p> <ul style="list-style-type: none"> • Due Process • Fair treatment • Confidentiality • Privacy • Notes: Students also have rights in the educational process 	<p>Confidentiality</p> <ul style="list-style-type: none"> • Based on the same Code of Ethics that protects patients • Students can expect that information regarding their performance, progression and person concerns will not be shared.
<p>Due Process</p> <ul style="list-style-type: none"> • Fourteenth Amendment of the U.S. Constitution • Ensures that procedures are fair under the circumstances • Procedural due process and substantive due process 	<p>Privacy</p> <ul style="list-style-type: none"> • Any personal information shared from the student is to remain private and not shared with others. • This includes sharing information with future instructors. It needs to be in the student's best interest to divulge strengths and weaknesses to another faculty member. • Student records need to be handled appropriately and in a secured place.
<p>Procedural due process</p> <ul style="list-style-type: none"> • Students are notified with concerns • Have the opportunity to be heard or present their case 	<p>Grievances</p> <ul style="list-style-type: none"> • We have a formal grievance policy at the College and it is located in the student handbook. Strict adherence to this policy is promoted and students are expected to follow the chain of command. • The student is expected to discuss concerns with the faculty member in question first and then follow the chain of command <p>Notes: There is a form currently in development that outlines this process. Students who do not follow the appropriate chain of command will be referred back to the appropriate faculty member.</p>

Failures in the clinical and learning laboratory setting

- Documentation is the key support for both the student and faculty member
- Provide weekly feedback of the student progression to meeting the prescribed outcomes of clinical or the learning laboratory
- Anecdotal notes provide a means of identifying problem areas and concerns of the instructor.
- Deficiencies are awarded for performance that does not meet the course outcomes and/or expectations. Include an action plan
- Please notify the lead instructor or Learning Laboratory Coordinator about any at-risk students. This will provide you with the support you need.

Important notes

- Intervene quickly
- Document often and clearly.
- Safety is an outcome of this nursing program.
- If a student does not meet safe practice guidelines, they need to be removed from the setting.
- If the documentation is clear- you will have full support from the full-time faculty and administration.
- If you have questions on how to intervene, contact the appropriate faculty member or administrator immediately.

References

The following references were used in the development of this presentation:

- Billings, D., & Halstead, J. (2012). *Teaching in nursing: A guide for faculty* (4th ed.). St. Louis, Missouri: Elsevier.
- Gaberson, K., Oermann, M., & Shellenbarger, T. (2015). *Clinical teaching strategies in nursing*. (4thed.). New York: Springer Publishing Company.

<p>Teaching Strategies/Implementation Facilitated by Lisa Murthy MSN RN</p>	<p>Disadvantages of passive learning</p> <ul style="list-style-type: none"> • Difficult to gauge assimilation of the content taught • Little ability to apply the concepts taught
--	--

<p>Active versus passive learning</p> <ul style="list-style-type: none"> • Active learning involves the student through participation. The students explore knowledge and are engaged. • Passive learning is the acquisition of knowledge and information that become available through recall. <p>• Notes: The current push in nursing education is to shift the focus to learner centered activities from teacher-centered instruction. This shift engages and empowers the student to take an active part in their learning. Knowles Principles of Adult Learning apply to this.</p>	<p>Matching strategies to desired outcomes</p> <ul style="list-style-type: none"> • Learning strategies should be developed with the outcomes in mind • A variety of methods should be employed
--	--

<p>Advantages of active learning</p> <ul style="list-style-type: none"> • Greater interest in learning • Increased attentiveness • Greater assimilation of learning • Increased retention • Use of multiple senses to learn • Increased critical reasoning • Enhanced teamwork ability • Greater sense of accomplishment 	<p>Principles for selecting learning activity</p> <ul style="list-style-type: none"> • Content focus • Learning outcome/objective • Domain • Level of student • Type of activity • Time allotted for activity • Number of students involved • Type of Resources Needed • Is the activity structured or unstructured?
---	--

<p>Disadvantages of active learning</p> <ul style="list-style-type: none"> • This can be a stressful area for faculty • Faculty need to be aware of content areas that pose difficulties for students • Students are often resistant to change and want to be "spoon-fed" what they need to know 	<p>Activities specific to the learning laboratory setting</p> <ul style="list-style-type: none"> • Simulation • Demonstration • Films and u-tube videos • Games • Concept Mapping • Poster • One-minute paper <p>• Notes: each one of these activities will be discussed and examples provided for the participants.</p>
--	--

<p>Advantages of passive learning</p> <ul style="list-style-type: none"> • Faculty is able to present a great deal of information in a short period of time • Advanced preparation • Faculty and students are comfortable with this type of learning 	<p>Activities specific to clinical</p> <ul style="list-style-type: none"> • Case Study • Storytelling • Dialogue • Concept Mapping • Poster • Clinical logs/reflection • Role play • Small group discussions • Standardized patient scenarios • Guided observation • One – minute paper <p>• Notes: each one of these activities will be discussed and examples provided for the participants.</p>
--	--

Reflective activity

•Reach out of your comfort zone and develop a new learning strategy respective of the setting that you will be teaching in. Place this strategy in your portfolio and discuss with our mentor at future meetings.

References

- The following references were utilized in the development of this presentation
- Billings, D., & Halstead, J. (2012). *Teaching in nursing: A guide for faculty* (4th ed.). St. Louis, Missouri: Elsevier.
- Gaberson, K., Oermann, M., & Shellenbarger, T. (2015). *Clinical teaching strategies in nursing*. (4thed.). New York: Springer Publishing Company.

<p style="text-align: center;">Student Incivility Facilitated by Lisa Murthy MSN RN</p>	<p>How to handle annoying acts</p> <ul style="list-style-type: none"> • Communicate with the students – identify and confront the student about the behavior • The faculty member needs to stay in the moment and not let the student affect the learning encounter • Stay on top of these behaviors at this level because they could escalate and follow into the work setting • The sooner the student is confronted, the better
<p>Introduction</p> <ul style="list-style-type: none"> • Incivility is increasing in institutions of higher learning. To be a productive encounter, safety and respect must be ensured to provide a quality level of instruction. • Incivility can occur in the context of the learning setting but also extend beyond the walls of the classroom 	<p>Administrative violations</p> <ul style="list-style-type: none"> • Violate an administrative code of behavior • Can be a variety of behaviors
<p>3 categories</p> <ul style="list-style-type: none"> • Annoying acts • Administrative violations • Criminal conduct 	<p>Examples of administrative violations</p> <ul style="list-style-type: none"> • Cheating • Plagiarism • Fabricating results • Coming to the learning encounter with alcohol on their breath
<p>Annoying acts</p> <ul style="list-style-type: none"> • Poor interpersonal communication skills • Poor time management skills • Poor life management skills 	<p>How to handle administrative violations</p> <ul style="list-style-type: none"> • Depends on the type of incident and the student's willingness to change • Document the occurrence and refer to the appropriate individual. In our institution, you would need to contact the lead faculty member of the course. • The student needs to be notified of your concerns immediately. If you feel uncomfortable, contact your lead instructor and a meeting with you, the student and lead instructor will take place.
<p>Examples of annoying acts</p> <ul style="list-style-type: none"> • Sleeping in class • Walking in late to clinical or the learning laboratory • Repeated excuses for poor performance • Talking at the wrong time • Uncooperative • Discourteous behaviors 	<p>Criminal conduct</p> <ul style="list-style-type: none"> • Behaviors that violate local, state, and federal laws • These behaviors significantly disrupt learning

Examples of criminal conduct

- Threats of violence
- Intimidation
- Stalking
- Possession of firearms
- Possession of drugs or alcohol
- Theft

How to deal with criminal conduct

- Due to the seriousness of this violation, the immediate supervisor needs to be notified
- Security will be alerted
- If this occurs in the hospital setting, the security within the organization will also need to be notified

Prevention

- Review the institution Code of Conduct- located in the Student Handbook and the Adjunct Faculty Handbook. (This link can be brought up and viewed)
- Be transparent – students need to know your expectations
- Establish a trusting environment
- Provide effective feedback on behaviors
- Know when and who to contact for consultation
- Communicate
- Document

How to respond to student misconduct

- Gather and document information
- Engage and confront the student about behaviors
- Focus on the behavior
- Outline an action plan and required new behaviors
- Outline consequences of compliance and noncompliance with the established plan of action
- Inform the lead instructor for the course
- If needed, notify the Associate Degree Nursing Program Director, Clinical Placement Liaison or Learning Laboratory Coordinator

References

The following reference was utilized to develop this presentation

- Billings, D., & Halstead, J. (2012). Teaching in Nursing: A Guide for Faculty.

<p style="text-align: center;">Multicultural Components of Nursing Education Facilitated by Lisa Murthy MSN RN</p>	<p>Cultural competence</p> <ul style="list-style-type: none"> • Knowledge about a patient's cultural affiliations • Incorporation of the skills necessary to integrate this knowledge into the plan of care • The culturally competent nurse can communicate with their diverse patients in ways to meet their needs
---	--

<p>Introduction</p> <p>The United States is becoming more diverse in its population. Trends show the current population to be changed with more individuals of African, Asian and Hispanic descent doubling or tripling by the year 2050. As a result, nursing students need to be educated on the diversity of the patients that they will encounter in their practice.</p>	<p>Multicultural Workplace Competence Model</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • <u>C</u>aring • <u>O</u>ngoing • <u>M</u>ultidimensional • <u>P</u>roactive • <u>E</u>thics • <u>T</u>rust </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • <u>E</u>ducation • <u>N</u>etworking • <u>C</u>onfidence • <u>E</u>valuation </td> </tr> </table>	<ul style="list-style-type: none"> • <u>C</u>aring • <u>O</u>ngoing • <u>M</u>ultidimensional • <u>P</u>roactive • <u>E</u>thics • <u>T</u>rust 	<ul style="list-style-type: none"> • <u>E</u>ducation • <u>N</u>etworking • <u>C</u>onfidence • <u>E</u>valuation
<ul style="list-style-type: none"> • <u>C</u>aring • <u>O</u>ngoing • <u>M</u>ultidimensional • <u>P</u>roactive • <u>E</u>thics • <u>T</u>rust 	<ul style="list-style-type: none"> • <u>E</u>ducation • <u>N</u>etworking • <u>C</u>onfidence • <u>E</u>valuation 		

<p>Culture</p> <ul style="list-style-type: none"> • What is culture? • The customary beliefs and traits of a racial, religious or social group • The environment that one finds themselves in 	<p>Why do we talk about this?</p> <p>Beginning nursing students are challenged to learn the culture of nursing education and the nursing profession within the context of the cultural norms and expectations of a nursing student."</p> <ul style="list-style-type: none"> • Jeffreys, 2008, p. 38.
---	--

<p>Cultural awareness</p> <ul style="list-style-type: none"> • The recognition that people live within a context that is representative of their group • Our own values and beliefs can affect the way we see other people or groups of people 	<p>Cultural competence knowledge</p> <ul style="list-style-type: none"> • Knowledge of epidemiology and manifestation of diseases in various ethnic groups • Knowledge of the effects of treatment in various ethnic groups
---	--

<p>Cultural sensitivity</p> <ul style="list-style-type: none"> • The recognition that differences and similarities exist. • These differences and similarities will have an effect of values, learning and behavior. • Patient care and outcomes of this care will be affected. 	<p>Cultural competence attitudes</p> <ul style="list-style-type: none"> • Awareness of how culture shapes individual's behavior and thinking • Awareness of the social contexts in which specific ethnic groups live • Awareness of one's own prejudices and stereotype feelings
---	--

Cultural competence skills

- Ability to transfer information in a way the patient can understand
- Ability to adapt to new situations

Reflective activity

You have assigned one of your students a Mexican patient who is a newly diagnosed diabetic on insulin. The outcome of the learning encounter is to educate the patient on how to administer the insulin and diet teaching. What are you going to do to assist this student in the care of this patient?

References

References used in developing this presentation

- Gaberson, K., Oermann, M., & Shellenbarger, T. (2015). *Clinical Teaching Strategies in Nursing*.
- Jeffrey, M (2008). Dynamics of Diversity: Becoming Better Nurses through Diversity Awareness. *NSNA Imprint*, 36-41.

<p style="text-align: center;">Handling Problem Students Facilitated by Lisa Murthy MSN RN</p>	<p>Use of improper language</p> <p>The student who is disruptive by using improper language</p>
<p>Common student issues</p> <ul style="list-style-type: none"> •The purpose of this session is to highlight some common student issues and have an interactive discussion on how to handle in the clinical and learning laboratory setting. 	<p>Lying about documentation</p> <p>The student who is caught lying about documentation</p>
<p>The unprepared student</p> <ul style="list-style-type: none"> •The student who comes unprepared to the learning encounter 	<p>Social media infractions</p> <p>The student who posted pictures of their clinical day on social media</p>
<p>Visible tattoos</p> <p>The student with visible tattoos</p>	<p>Threats</p> <p>The student who threatens another student</p>

Dress code violations

The student who is not in proper uniform

Formative Evaluation- Development Program

Facilitator Name:
Topic of Presentation

Date:

The objectives of the presentation were clearly stated	Strongly Agree	Agree	Disagree	Strongly Disagree
The facilitator was knowledgeable about the content	Strongly Agree	Agree	Disagree	Strongly Disagree
The facilitator spoke clearly and at an appropriate pace	Strongly Agree	Agree	Disagree	Strongly Disagree
The presenter answered questions	Strongly Agree	Agree	Disagree	Strongly Disagree

As a result of attending this presentation:

Were you able to understand the concepts presented	Strongly Agree	Agree	Disagree	Strongly Disagree
Are you able to apply the concepts taught into your current role	Strongly Agree	Agree	Disagree	Strongly Disagree
Will you feel more empowered in your current role	Strongly Agree	Agree	Disagree	Strongly Disagree

Comments:

Thank you for completing this evaluation. Your feedback is important!

Summative Evaluation – Development Program

Thank you for attending this faculty development program. Please answer the questions below. Your feedback is important to me and will be used for future programming.

-
1. Did the development program meet your needs? _____yes _____no
 2. Would you recommend this program to a colleague? _____yes _____no
 3. Were the handouts useful and easy to read? _____yes _____no
 4. Was the physical environment conducive to your learning? _____yes _____no
 5. Was the registration process easy to navigate? _____yes _____no
 6. Did you complete the needs assessment? _____yes _____no
 7. Has your work empowerment increased? _____yes _____no
 8. What were the strengths of the program? _____

 9. What were the weaknesses of the program? _____

 10. What new skills do you think you will apply in your work environment?

 11. What topics would you like to see presented in the future? _____

 12. Please provide any additional comments.

Instructions for Mentoring Program:

Purpose: The purpose of this mentoring program is to provide a collaborative network between an adjunct faculty member (mentee) and full-time faculty member (mentor).

Goal: The goal of this mentoring program is to provide the necessary skills and information to empower the new faculty member and ease their transition into the role of nurse educator.

Overview:

1. Confidentiality, respect, and trust are paramount to the success of this program.
2. The role of the mentor is to provide support and guidance to the mentee, not to evaluate performance.
3. The mentoring program will last for one full year

Mentor Criteria: The mentor will possess:

1. employment in a full-time position for at least three years.
2. a desire to mentor, coach, inspire, and guide.
3. sincerity and impartiality.

Mentee Criteria: The mentee will

1. be an adjunct faculty member hired to provide instruction to nursing students in the learning laboratory or clinical setting.
2. have attended a general college orientation.
3. have attended a three-day development program focused on the competencies of nurse educators.

Mentor role:

1. Facilitator
2. Guide
3. Advisor, counselor
4. Support
5. Role model

Phases of the Mentoring Process

1. Initiation
2. Develop Common Mentor Mentee Expectations
3. Work toward Professional Nursing Faculty Development
4. End the Formal Mentor/Mentee Relationship

Mentoring Guidelines:

Initial Meeting

1. Get acquainted – professionally, personally
2. Set goals for the experience

3. Identify key areas to focus on:
 - Creating a teaching portfolio
 - Principles of adult learning
 - Clarifying expectations of students
 - Evaluation of students in the practice settings
 - Providing constructive feedback
 - Dealing with disruptive students
 - Forming relationships with staff at clinical agency
 - Forming relationships with other adjunct faculty members
 - Time management
 - Forms specific to nursing program
 - Course management system/Technology
4. Establish schedule for meetings
5. Review job description

Mid-First Semester Communication

1. Review portfolio and discuss problematic areas
2. Review progress on identified goals
3. Identify new areas of concern or interest
4. Complete faculty mentoring worksheet

End of First Semester Communication

1. Review portfolio and discuss problematic areas
2. Review progress on identified goals
3. Identify new areas of concern or interest
4. Discuss annual requirements of faculty regarding health requirements and performance appraisal
5. Complete faculty mentoring worksheet

Mid- Second Semester Communication

1. Review progress made thus far
2. Review goals
3. Identify new areas of concern or interest
4. Complete faculty mentoring worksheet

Final Meeting - End of Second Semester

1. Review portfolio and progress made
2. Develop an action plan if problems arise in the clinical or learning laboratory setting.
3. Identify areas of support for the mentee beyond the current mentor
4. Complete faculty mentoring worksheet

Date	Goals/Topics/Concerns	Comments
Initial meeting		
Final Meeting		Follow-up Required

Summative Evaluation-Mentoring

Thank you for attending this faculty development program. Please answer the questions below. Your feedback is important to me and will be used for future programming.

1. Did the mentoring program meet your needs? _____yes _____no
2. Would you recommend this mentor program to a colleague? _____yes _____no
3. Were you able to meet four times with your mentor? _____yes _____no
4. Did you accomplish all of the goals you set? _____yes _____no
5. Did you formulate new teaching strategies to use? _____yes _____no
6. Will you feel comfortable evaluating students? _____yes _____no
7. Has your work empowerment increased? _____yes _____no

8. What were the strengths of the program? _____

9. What were the weaknesses of the program? _____

10. What new skills do you think you will apply in your work environment? _____

11. Please provide any additional comments. _____

Appendix B: Request for Faculty Names from ADN Program Director

██████████ MSN, MBA, MED, RN, CNE
Associate Degree Nursing Program Coordinator

Re: Names of Adjunct Faculty Members

Dear Ms. ██████████,

I am currently a doctoral student at Walden University. I am seeking approval to request the names of all adjunct faculty members teaching in learning laboratory and clinical courses within the Associate Degree Nursing Program in order to complete my Doctoral Study Project. The purpose of this research is to examine factors that could influence empowerment of these adjunct faculty members to perform their work in the learning laboratory and clinical setting. These faculty members will be asked to complete a survey measuring their access to opportunity, information, support, and resources in their current positions. Based on the results of this survey, an educational program will be developed to assist these adjunct faculty members in their current work setting. Ultimately, this may increase student success as they will have an enhanced ability to apply concepts taught in theory into the learning laboratory and clinical setting.

I look forward to hearing your thoughts. If you have any further question, please feel free to contact me via email or cell phone. I thank you in advance for your time and cooperation.

██████████ MSN RN
Walden University Doctoral Candidate

██████████
██████████

Appendix C: Request for Names from Clinical Placement Liaison

██████████ MBA, BSN, RN
Clinical Coordinator

Re: Names of Adjunct Faculty Members

Dear Ms. ██████████,

I am currently a doctoral student at Walden University. I am requesting the names of all adjunct faculty members teaching in clinical courses within the Associate Degree Nursing Program in order to complete my Doctoral Study Project. The purpose of this research is to examine factors that could influence empowerment of these adjunct faculty members to perform their work in the clinical setting. These faculty members will be asked to complete a survey measuring their access to opportunity, information, support, and resources in their current positions. Based on the results of this survey, an educational program will be developed to assist these adjunct faculty members in the clinical setting. Ultimately, this may increase student success as they will have an enhanced ability to apply concepts taught in theory into the clinical setting.

I look forward to hearing your thoughts. If you have any further question, please feel free to contact me via email or cell phone. I thank you in advance for your time and cooperation.

██████████ MSN RN
Walden University Doctoral Candidate
██████████
██████████

Appendix D: Request for Names from Learning Laboratory Coordinator

██████████ MSN, RN
Learning Laboratory Coordinator

Re: Names of Adjunct Faculty Members

Dear Ms. ██████████,

I am currently a doctoral student at Walden University. I am requesting the names of all adjunct faculty members teaching in learning laboratory courses within the Associate Degree Nursing Program in order to complete my Doctoral Study Project. The purpose of this research is to examine factors that could influence empowerment of these adjunct faculty members to perform their work in the learning laboratory setting. These faculty members will be asked to complete a survey measuring their access to opportunity, information, support, and resources in their current positions. Based on the results of this survey, an educational program will be developed to assist these adjunct faculty members in the learning laboratory setting. Ultimately, this may increase student success as they will have an enhanced ability to apply concepts taught in theory into the laboratory setting.

I look forward to hearing your thoughts. If you have any further question, please feel free to contact me via email or cell phone. I thank you in advance for your time and cooperation.

██████████ MSN, RN
Walden University Doctoral Candidate

████████████████████
██████████

Appendix E: Demographic Survey

Demographic Survey

Age:

25-35

36-45

46-55

56-65

66 -75

Gender:

Female

Male

Ethnicity:

African American

Asian/Pacific Islander

Caucasian

Hispanic

Native American/Eskimo

Other

Do you teach in the learning laboratory or clinical setting?

Learning laboratory

Clinical

Highest level of education obtained:

BSN

MSN

Other: _____ please provide credentials

Years in nursing education:

0-2 years

3- 5 years

5-10 years

>than 10 years

Years in teaching at Lorain County Community College:

0-2 years

3-5 years

5-10 years

>than 10 years

Appendix F: The Survey

The Conditions of Work Effectiveness Questionnaire – II**How much of each kind of opportunity do you have in your present job?**

1 = None 2 3= Some 4 5=A Lot

- | | | | | | |
|--|---|---|---|---|---|
| 1. Challenging work | 1 | 2 | 3 | 4 | 5 |
| 2. The chance to gain new skills and knowledge on the job? | 1 | 2 | 3 | 4 | 5 |
| 3. Tasks that use all of your own skills and knowledge | 1 | 2 | 3 | 4 | 5 |

How much access to information do you have in your present job?

1 = No Knowledge 2 3= Some Knowledge 4 5= Know A Lot

- | | | | | | |
|-------------------------------------|---|---|---|---|---|
| 1. The current state of the college | 1 | 2 | 3 | 4 | 5 |
| 2. The values of top management | 1 | 2 | 3 | 4 | 5 |
| 3. The goals of top management | 1 | 2 | 3 | 4 | 5 |

How much access to support do you have in your present job?

1 = None 2 3=Some 4 5=A Lot

- | | | | | | |
|---|---|---|---|---|---|
| 1. Specific information about things you do well | 1 | 2 | 3 | 4 | 5 |
| 2. Specific comments about things you could improve | 1 | 2 | 3 | 4 | 5 |
| 3. Helpful hints or problem solving advice | 1 | 2 | 3 | 4 | 5 |

How much access to resources do you have in your present job?

1=None 2 3=Some 4 5=A Lot

- | | | | | | |
|--|---|---|---|---|---|
| 1. Time available to do necessary paperwork | 1 | 2 | 3 | 4 | 5 |
| 2. Time available to accomplish job requirements | 1 | 2 | 3 | 4 | 5 |
| 3. Acquiring temporary help when needed | 1 | 2 | 3 | 4 | 5 |

In my work setting/job:

					(JAS)				
1=None	2	3=Some	4	5=A Lot	1	2	3	4	5
1. the rewards for innovation on the job are					1	2	3	4	5
2. the amount of flexibility in my job is					1	2	3	4	5
3. the amount of visibility of my work-related activities within the institution is					1	2	3	4	5

How much opportunity do you have for these activities in your present job?

					(ORS)				
1=None	2	3=Some	4	5=A Lot	1	2	3	4	5
1. Collaborating on educational strategies with full-time faculty					1	2	3	4	5
2. Being sought out by peers for help with problems					1	2	3	4	5
3. Being sought out by administration for help with problems					1	2	3	4	5
4. Seeking out ideas from professionals other than faculty					1	2	3	4	5

How much of each kind of opportunity do you have in your present job?

1=Strongly disagree	2	3	4	5= Strongly Agree	1	2	3	4	5
1. Overall, my current work environment empowers me to accomplish my work in an effective manner					1	2	3	4	5
2. Overall, I consider my workplace to be an empowering environment					1	2	3	4	5

Appendix G: Invitation to Participate in Survey

To *Participant's Name*,

I am excited to invite you to participate in a doctoral research study. The purpose of this study is to measure your access to opportunity, support, information, and resources in your current work setting at Lorain County Community College. If you choose to participate in this research, you will be asked to complete an electronic Survey Monkey questionnaire. This survey should take less than 20 minutes to complete. You will be asked to complete this survey one time. Reminder e-mails will be sent.

Please feel free to contact me if you have any additional questions. If you choose to participate, you will be given an informed consent to review. Participation in the study by completing the survey will validate informed consent. All of the answers received will be kept anonymous and confidential. No retribution will occur related to your decision to participate, answers received, or decision to withdraw from the study. I look forward to hearing from you and I hope you will participate in the study.

██████████ MSN RN
Walden University Doctoral Candidate
██████████
██████████

Appendix H: Two Week Follow-up Reminder

To *Participant's Name*,

I am sending this email as a follow-up to a request sent two weeks ago to participate in a doctoral research study. The purpose of this study is to measure your access to opportunity, support, information, and resources in your current work setting at Lorain County Community College. If you choose to participate in this research, you will be asked to complete an electronic Survey Monkey questionnaire. This survey should take less than 20 minutes to complete. You will be asked to complete this survey one time.

If you have already returned the survey or chosen not to participate, please disregard this email and I thank you for your cooperation and consideration to participate.

If you have not completed the survey yet and choose to participate, you will be given an informed consent to review. Participation in the study by completing the survey will validate informed consent. All of the answers received will be kept anonymous and confidential. No retribution will occur related to your decision to participate, answers received, or decision to withdraw from the study. I look forward to hearing from you and I hope you will participate in the study. Feel free to contact me with any questions.

██████████ MSN RN
Walden University Doctoral Candidate
██████████

Appendix I: Final Reminder to Participate Letter

To *Participant's Name*,

I am sending this email as a follow-up to a request sent two weeks ago to participate in a doctoral research study. The purpose of this study is to measure your access to opportunity, support, information, and resources in your current work setting at Lorain County Community College. If you choose to participate in this research, you will be asked to complete an electronic Survey Monkey questionnaire. This survey should take less than 20 minutes to complete. You will be asked to complete this survey one time.

If you have already returned the survey or chosen not to participate, please disregard this email and I thank you for your cooperation and consideration to participate.

If you have not completed the survey yet and choose to participate, you will be given an informed consent to review. Participation in the study by completing the survey will validate informed consent. All of the answers received will be kept anonymous and confidential. No retribution will occur related to your decision to participate, answers received, or decision to withdraw from the study. I look forward to hearing from you and I hope you will participate in the study. Feel free to contact me with any questions.

██████████ MSN RN
Walden University Doctoral Candidate
██████████

Appendix J: Permission to Use the CWEQ-II Survey

Dear Lisa Murthy

Thank you for your interest in my work. Attached is the signed request form along with the CWEQ scale you have requested. Please note that the ORS and JAS scales are included in the CWEQ which has also been attached. If you have any further questions please do not hesitate to contact me. Good luck with your study, Heather

Date: July 2, 2013



Dr. Heather K. Spence Laschinger, Distinguished University Professor

Arthur Labatt Family Chair in Health Human Resource Optimization
School of Nursing, University of Western Ontario
London, Ontario, Canada N6A 5C1



On 06/29/13, murthylisa@att.net wrote:
NURSING WORK EMPOWERMENT SCALE
Request Form

I request permission to copy the Nursing Work Empowerment Scale as developed by Dr. G. Chandler and Dr. Heather K. Spence Laschinger. Upon completion of the research, I will provide Dr. Laschinger with a brief summary of the results, including information related to the use of the Nursing Work Empowerment Scale used in my study.

Questionnaires Requested:

Conditions of Work Effectiveness-I (includes JAS and ORS):

Conditions of Work Effectiveness-II (includes JAS-II and ORS-II): Yes

Job Activity Scale (JAS) only:

Organizational Relationship Scale (ORS) only:

Organizational Development Opinionnaire
or Manager Activity Scale:

Other Instruments:

Please complete the following information:

Date: 06/29/2013

Name: Lisa Murthy RN

Title: Effect of Adjunct Faculty Level of Expertise on Engagement

University/Organization: Currently an EdD student at Walden University

[REDACTED]

E-mail: [REDACTED]

Description of Study: The purpose of this quantitative research study is to evaluate if there is a difference between novice and expert adjunct faculty members' levels of engagement with the nursing program. Factors that affect engagement will also be explored.

Research Question 1: What are the factors that affect the adjunct faculty members' engagement to the nursing program?

Research Question 2: Do novice adjunct faculty members differ from expert adjunct faculty members in terms of engagement at this local community college?

The setting for this study is the associate degree nursing program at the local community college. The sample of participants are novice and expert adjunct faculty members who are currently employed to design, deliver, and evaluate instruction of nursing students in the clinical setting. Approximately 75 individuals will be asked to participate in the study.

Thank you for taking the time to review this request.

Appendix K: Consent Form to Participate

CONSENT FORM

You are invited to take part in a research study measuring access to opportunity, support, information, and resources in your current work setting. The researcher is inviting all adjunct faculty members teaching in the learning laboratory and clinical setting of the associate degree nursing program to be in the study. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Lisa Murthy, who is a doctoral student at Walden University. You may already know the researcher as a faculty member, but this study is separate from that role.

Background Information:

The purpose of this study is to identify and measure the factors that influence empowerment in your current work setting at Lorain County Community College.

Procedures:

If you agree to be in this study, you will be asked to:

- Complete an online Survey Monkey request sent to your LCCC email address.
- This survey should take less than 20 minutes to complete.
- You will only be asked to complete this survey one time

Here are some sample questions:

- How much of a chance do you get in your present job to gain new skills and knowledge?
- How much access to support do you have in your present job?
- Do you feel that this workplace is an empowering environment?

Voluntary Nature of the Study:

This study is voluntary. Everyone will respect your decision of whether or not you choose to be in the study. No one at Lorain County Community College or Walden University will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time. Declining or discontinuing the study will not negatively impact your relationship with the researcher.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as stress or becoming upset. Being in this study would not pose risk to your safety or wellbeing.

The goal of this study is to provide you with the ability to voice your perception of empowerment and engagement to the institution. Based on the findings of this study, organizational changes can occur. Examples of these changes could be development of an adjunct faculty orientation or mentoring program.

Payment:

There is no payment for participation in this survey other than a heartfelt thank-you from the researcher.

Privacy:

Any information you provide will be kept anonymous. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure within Survey Monkey. The researcher, Lisa Murthy will be the only individual who has access to the survey and results. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via [REDACTED] or murthylisa@att.net. If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 612-312-1210. Walden University's approval number for this study is **08-22-14-0279353** and it expires on **August 21, 2015**.

Please print or save this consent form for your records.

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By returning a completed survey, I understand that I am agreeing to the terms described above.

Thank you for your participation,
[REDACTED]